

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

FACILITY NAME: Alameda County Juvenile Justice Center		COUNTY: Alameda	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2500 Fairmont Drive, San Leandro, CA, 94578,(510)667-4970			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL <input checked="" type="checkbox"/>	SPECIAL PURPOSE JUVENILE HALL <input type="checkbox"/>	CAMP <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 7/20/2016	
		DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jason Beebe Registered Environmental Health Specialist (510)567-6711			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Raymond Nickaloff, Food and Support Services Manager, (510)667-7463			

**Purpose**

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

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

**Instructions**

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

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

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

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

**ENVIRONMENTAL HEALTH EVALUATION**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<p><b>1464 Food Services Plan</b> Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (Cal Code). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager to prepare a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility administrator shall prepare a written food service plan.</p> <p>The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p><b>1465 Food Handlers Education and Monitoring</b> The facility administrator, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with § 113947 of the Health and Safety Code, Cal Code.</p> <p>The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p><b>1466 Kitchen Facilities, Sanitation, and Food Storage</b> Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, §113700 et seq. Cal Code.</p> <p>In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code § 114381) are (re)heated and served, the following applicable Cal Code standards may be waived by the local health officer: <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p>	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>
(a) HSC § 114130-114141;	X			
(b) HSC § 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) HSC § 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
(d) HSC § 114268-114269; and,	X			
(e) HSC § 114279-114282.	X			
<b>1467 Food Serving and Supervision</b> Policies and site specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 10. Clothing and Personal Hygiene</b>				
<b>1480 Standard Facility Clothing Issue</b> The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provided clothing and footwear. Clothing provisions ensure that:	X			
(a) clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
(b) the standard issue of climatically suitable clothing for youth consist of but not be limited to:	X			
(1) socks and serviccable footwear;	X			
(2) outer garments; and,	X			
(3) undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
(c) clothing is laundered at the temperature required by local ordinances for commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer.	X			
<b>1481 Special Clothing</b> Provision shall be made to issue suitable additional clothing essential for minors to perform special work assignments where the issue of regular clothing would be unsanitary or inappropriate.	X			
<b>1482 Clothing Exchange</b> The facility administrator shall develop and implement written policies and site specific procedures for the cleaning and schedule exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week. Undergarments and socks shall be exchanged daily.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1483 Clothing, Bedding and Linen Supply</b> There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the facility population. Each facility shall have a written procedure for acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			
<b>1484 Control of Vermin in Minors' Personal Clothing</b> There shall be written policies and site specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin in all youths' personal clothing.	X			
Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1485 Issue of Personal Care Items</b> There shall be written policies and site specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items.	X			
Each female youth shall be provided with sanitary napkins and/or tampons as needed.	X			
Each youth to be held over 24 hours shall be provided with the following personal care items:	X			
(a) toothbrush;	X			
(b) dentifrice;	X			
(c) soap;	X			
(d) comb; and,	X			
(e) shaving implements.	X			
Youth shall not be required to share any personal care items listed in items (a) through (d). Liquid soap provided through a common dispenser is permitted.	X			
Youth shall not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, CCR.	X			
<b>1486 Personal Hygiene</b> There shall be written policies and site specific procedures developed and implemented by the facility administrator for showering/bathing and brushing of teeth.	X			
Youth shall be permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
<b>1487 Shaving</b> Male youth shall be allowed to shave their faces daily, unless their appearance must be maintained for reasons of identification in Court. Female youth shall be allowed to shave their underarms and legs once per week. The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1488 Hair Care Services</b> Written policies and site specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, CCR. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	X			
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	X			
<b>Article 11. Bedding and Linens</b>				
<b>1500 Standard Bedding and Linen Issue</b> Clean laundered, suitable bedding and linens, in good repair, shall be provided for each minor entering a living area who is expected to remain overnight, shall include, but not be limited to:	X			
(a) one mattress or mattress-pillow combination which meets the requirements of Title 15 § 1502;	X			
(b) one pillow and a pillow case unless provided for in (a) above;	X			
(c) one mattress cover and a sheet or two sheets;	X			
(d) one towel; and,	X			
(e) one blanket or more depending upon climatic conditions.	X			
<b>1501 Bedding and Linen Exchange</b> The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels shall be exchanged for a clean replacement at least once each week.	X			
The covering blanket shall be cleaned or laundered once a month.	X			
<b>1502 Mattresses</b> Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	X			Mattresses with tears greater than 3 inches were observed in the following cells: Unit 3 room 18 Unit 5 room 10
Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase.	X			
<b>Article 12. Facility Sanitation and Safety</b>				
<b>1510 Facility Sanitation, Safety and Maintenance</b> The facility administrator shall develop and implement written policies and site specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	X			
<b>1511 Smoke Free Environment</b> The facility administrator shall develop 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 shall assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code</b> Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			The first floor drinking fountain in Unit 1 was not functioning properly. The tile in the corner of the first floor shower in Unit 3 needs to be sealed.
<b>Title 24, Uniform Building Code</b> Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			Graffiti observed in the following cells: Unit 5 Rooms 13 and 16. Painting needed in Unit 4 room 3 and Unit 6 room 13. The metal stairways in all units need to be cleaned.
<b>Title 24, Part 1, 13-201(c)6</b> There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			Observed partial blockage of ventilation ports in the following cells: Unit 3 rooms 8, 17 and 18, Unit 4 room 3, Unit 5 rooms 16 and 19 and Unit 6 room 27.
<b>Title 24, Uniform Plumbing Code</b> Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>CA Safe Drinking Water Act</b> Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b> Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC and CCR Titles 22 and 24 Relating to Public Pools</b> Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
<b>Health and Safety Code, § 1803 and 2271</b> (Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b> The facility is free of structural and other safety hazards.	X			

**Summary of environmental evaluation:**

**Environmental Health JJC Inspection Notes**

On July 20<sup>th</sup> and 21<sup>st</sup> 2016 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. Food Service including the receiving area, cold storage, dry storage, ware washing, food preparation and garbage. 2. Units and rooms including the intake 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 120 degrees F. at the 3 compartment sink) (The water at the food prep sink measured 110 F. It has been repaired to provide 120 F.) Milk and cheese in the walk in cooler were probed at 39 F. No food temperature violations were found in the facility.

The kitchen was clean and organized. Meals are sent from the kitchen to the units for service to the population. A meal was probed after rethermalization and measured 180 F. Refrigerators store milk and fruit in the units and all were maintaining food at 41 F or less. A mechanical dish washer is used and reached above 180 F during the final rinse cycle. The garbage and receiving areas were clean. The staff are well trained and knowledgeable about safe food handling.

**Units:**

There are 10 units each with approximately 26 rooms. 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 due to the 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, that are linked to the unit's heating and air conditioning system. 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 are 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 (120 F.) and the walk in cooler was keeping food at proper temperatures. (Milk at 39F.)

**Problems/ issues:**

**Food service:**

Observed water temperature at food prep sink at 110 F. Repair to provide 120 F. at tap.  
Observed gap in wall material inside right hand door of walk in cooler. Seal wall  
Observed a hole in the door of the ice machine. Replace door.  
Observed a hose bib without a back flow prevention device. Install backflow prevention device on hose bib.  
Observed cracks and chips in coving next to walk in cooler. Repair coving.

**Units:**

Unit 1: First floor drinking fountain not functioning. Repair drinking fountain.  
Unit 2: No issues  
Unit 3: Room 8 soap in vent, downstairs shower corner needs to be sealed, shower ceiling peeling. Scrape ceiling and repaint, clear vent and seal corner of shower. Rooms 17 and 18 vents were obstructed and mattress torn. Clear vents and replace mattresses.  
Unit 4: Room 3 vent obstructed and wall needs paint. Room 25 vent obstructed. Clear vents and paint wall in room 3.  
Unit 5: Room 10 had a ripped mattress, rooms 13 and 16 had graffiti on wall and rooms 16 and 19 had vents obstructed. Replace mattress, remove graffiti and clear vents.  
Unit 6: Room 13 had paint scraped off the wall. Repaint room 13 wall. Room 23 light was blinking and Room 27 vent was obstructed. Repair light in room 23, and clear vent in room 27.  
Units 7 through 10 were vacant.  
The metal grated stairways in all of the units were dirty between the grates. Pressure wash the stairways.

**Camp Sweeney:**

No issues identified

Intake: No issues identified.

As of August 3<sup>rd</sup> 2016 all issues have been corrected except for the painting which is scheduled to be done.

County of Alameda  
 Department of Environmental Health  
 1131 Harbor Bay Parkway, Suite 200  
 Alameda, CA 94502-6577  
 510-567-6708 <http://www.aegov.org/aceh>

# OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 7/20/16  
 Time In: 8:30 AM  
 Time Out: \_\_\_\_\_

Page 1 of 2

Facility Name: ALAMEDA COUNTY JUVENILE JUSTICE CENTER Address: 2500 FAIRMONT DR City: SAN LEANDRO CT: 305

Permit #: 0307770 Exp Date: 7/3/17 PR: 0006723 SR: \_\_\_\_\_ CO: \_\_\_\_\_ Inspection Type

Permit Holder: Co. of Alameda Food Safety Cert Name: Rene Burrell Exp Date: 2/12/19 FBL# \_\_\_\_\_ FL: \_\_\_\_\_ C/O Consult

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
<b>Demonstration of Knowledge</b>				<b>Supervision</b>			
1. Demonstration of food safety knowledge		2		24. Person in Charge present & performs duties		1	
<b>Employee Health &amp; Hygienic Practices</b>				<b>Personal Cleanliness</b>			
2. Compliance w/ Communicable disease procedures		4		25. Personal cleanliness & hair restraints		1	
3. No discharge from eyes, nose & mouth		2		<b>General Food Safety Requirements</b>			
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	
<b>Time &amp; Temperature Relationships</b>				29. Toxic substances properly identified, stored, used		1	
7. Proper hot and cold holding temperatures		4/2		<b>Food Storage/Display/Service</b>			
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		<b>Equipment/Utensils/Linens</b>			
<b>Protection from Contamination</b>				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	
<b>Food from Approved Sources</b>				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	
<b>Conformance with Approved Procedures</b>				<b>Physical Facilities</b>			
18. Compliance with variance, specialized process & HACCP Plan		2		41. Plumbing: proper backflow devices	✓	1	-1
<b>Consumer Advisory</b>				42. Garbage and refuse properly disposed; facilities maintained		1	
19. Consumer advisory for raw undercooked foods and foods with 25 or 1% alcohol		2		43. Toilet facilities cleaned, supplied, maintained		1	
<b>Highly Susceptible Populations</b>				44. Premises: personal/cleaning items; vermin-proofing		1	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered		4		<b>Permanent Food Facilities</b>			
<b>Water/ Hot Water</b>				45. Floor, walls and ceilings are maintained and clean	✓	1	-1
21. Hot and cold water available <u>120°/110°(food Temp safe)</u> ✓		4/2	-2	46. No living or sleeping quarters inside facility		1	
<b>Liquid Waste Disposal</b>				<b>Signs/ Requirements</b>			
22. Sewage and wastewater properly disposed		4/2		47. Signs and permits posted; last inspection reports and food safety certificates available		1	
<b>Vermin</b>				<b>Compliance &amp; Enforcement</b>			
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]



County of Alameda  
 Department of Environmental Health  
 1131 Harbor Bay Parkway, Suite 200  
 Alameda, Ca 94501-6577  
 510-567-6700  
 http://www.aecgov.org/aceh

# OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 7/20/16  
 Time In: 8:30 AM  
 Time Out: \_\_\_\_\_  
 Page 2 of 21

Facility Name: ALAMEDA COUNTY JUVENILE DETENTION CENTER Address: 2500 FAIRMONT DR City: SAN LEANDRO CA: 94505

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 (Y)	Process/ Holding Location	Food Discarded (Amount)	Food Item	Temp (F)	Temp Violation (Y)	Process/ Holding Location	Food Discarded (Amount)
<u>FREEZER</u>	<u>-10°</u>		<u>AMBIENT</u>		<u>HIGH TEMP DISHWASHER</u>	<u>180°</u>			
<u>MILK</u>	<u>39°</u>		<u>WALK IN</u>		<u>WALK IN</u>	<u>39°</u>		<u>AMBIENT</u>	
<u>CHEESE</u>	<u>39°</u>		<u>FREEZER</u>						
<u>HAMBURGER</u>	<u>185°</u>		<u>HIGH TEMP (WITS)</u>						

OBSERVATIONS AND CORRECTIVE ACTIONS

- (25) OBSERVED HOT WATER IN FOOD PREP SINK AT 110°F. (HOT WATER WAS AVAILABLE AT OTHER SINKS). REPAIR BOILER TO PROVIDE MINIMUM 120°F WATER AT FOOD PREP SINK.
- (45) OBSERVED GAP IN WALL MATERIAL INSIDE RIGHT HAND DOOR OF WALK-IN COOLER SEAL GAP.
- (35) OBSERVED A HOLE BROKEN ON DOOR OF ICE MACHINE. EQUIPMENT MUST BE IN GOOD REPAIR. REPAIR OR REPLACE ICE MACHINE DOOR.
- (40) OBSERVED A HOSE BIB ON SIDE OF A PILLAR IN KITCHEN WITH NO PROPER BACKFLOW PREVENTION DEVICE. CONNECTIONS TO POTABLE WATER MUST BE FITTED WITH A BACKFLOW PREVENTION DEVICE. INSTALL DEVICE.
- (45) OBSERVED CRACKS AND CHIPS IN ~~WALL~~ COVING, FLOORS, WALLS AND CEILING-S MUST BE IN GOOD REPAIR. REPAIR ~~WALL~~ COVING, ALONG THE WALL NEAR WALK IN COOLER. (Repair immediately)

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 Nickaloff  
 Name & Title (Print): RAY NICKALOFF - FOOD SERVICES MGR  
 EHS: John [Signature]  
 Phone: (510) 567-6711

County of Alameda  
 Department of Environmental Health  
 11311 Harbor Bay Parkway, Suite 200  
 Alameda, Ca 94502-6577  
 510-567-6700  
 http://www.aegov.org/aceh

# OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 9.20.16  
 Time In: 8:30  
 Time Out: 1245  
 Page 3 of 4

Facility Name: Alameda Co Juvenile Justice Center 2500 Farwood Dr San Leandro CA 94588

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 (V)	Process/Holding Location	Food Discarded (Amount)	Food Item	Temp (°F)	Temp Violation (V)	Process/Holding Location	Food Discarded (Amount)
Milk Unit 1	41		refrigerator		Milk Unit 5	39		refrigerator	
" Unit 2	39		"		" Unit 6	40		refrigerator	
" Unit 3	40		"						
" Unit 4	39		"						

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Unit 1 Units:  
 First floor drinking fountain not functioning.  
 Repair drinking fountain

Unit 2 okay

Unit 3 Room 8 Soap in vent  
 Downstairs shower corner needs to be sealed &  
 Seal shower tile in corner  
 Downstairs shower ceiling peeling, scrap & paint  
 Room 17 air vent obstructed, clean vent, ceiling  
 Room 18 air vent obstructed & mattress torn.  
 - clear vent & replace mattress

Unit 4 Room 3 vent obstructed wall needs paint.  
 Rm 25 vent obstructed.

Unit 5 Rm 10 ripped mattress  
 Rm 13 Graffiti  
 Rm 16 Graffiti on wall & vent obstructed.  
 Rm 19 Vent obstructed with paper

Unit 6 Rm 13 Paint scraped off wall - Repair  
 Rm 23 Light blinking  
 Rm 27 Vent obstructed

**ACTIONS/STATUS**

50. Food/Equipment Impounded or VCD (1)   
 51. Permit Suspension / Require Closure (3)   
 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 NICKELOFF - Food Service Mgr  
 EHS: [Signature]  
 Phone: (510) 567-6711

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

# OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 7-20-16  
 Time In: 8:30 AM  
 Time Out: 12:45 P  
 Page 4 of 4

Facility Name: Alameda Co DJC Address: 2500 Fremont Dr San Leandro CA 94588

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 (FF)	Temp Violation (V)	Process/ Holding Location	Food Discarded (Amount)	Food Item	Temp (FF)	Temp Violation (V)	Process/ Holding Location	Food Discarded (Amount)

OBSERVATIONS AND CORRECTIVE ACTIONS

Unit 7 vacant.

All units graded staircases ~~had~~ had dirt between the grates. Power wash stairs to remove dirt.

Camp Sweeney: No issues identified

Intake: No issues identified during inspection

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 Nichols  
 Name & Title (Print): JRAY NICHOLS - Food Service Mgr  
 FHS: James Paul  
 Phone: (510) 567-6711

**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: July 20 & 21, 2016	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Laverty, MPH, RD 510-595-6446			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Kim Doyle, Director, Revolution Foods Nutrition and Compliance <a href="mailto:kdoyle@revolutionfoods.com">kdoyle@revolutionfoods.com</a> Cammon Wun, RD, Revolution Foods Nutrition and Compliance <a href="mailto:cwun@revolutionfoods.com">cwun@revolutionfoods.com</a> Mary Oser, Program & Services Manager, Revolution Foods Nutrition and Compliance <a href="mailto:moser@revolutionfoods.com">moser@revolutionfoods.com</a> Jenny alber, Kidango Jocelyn Velez, Kidango 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 510-667-7463			
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
<b>Article 9. Food</b>				
<b>1460 Frequency of Serving</b>				Meal times were noted to be: 7:30am (breakfast), 12:30pm (lunch), and 5:00pm (dinner).
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 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 closed system is in place to insure that minors are provided with their prescribed meals.
<b>1461 Minimum Diet</b> <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>				The menu analysis of the new two week cycle (including snacks) reveals the following nutrient breakdown: 2,230 Calories 2,201mg sodium Protein, Carbohydrate, and Fat content is within dietary requirements for the School Food Program, Dietary Guidelines for Americans, and California Title 15 Standards.
The minimum diet that is provided in the facility is based on the nutritional and calorie 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			
Religious and vegetarian diets conform to these nutritional standards.	X			
<b>Protein Group.</b> 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 0.5 serving of legumes served six days per week.
One serving equals 14 or more grams of protein.	X			
<b>Milk Group.</b> There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	X			Each day contains a minimum of four servings of milk/milk equivalent (range from 4 to 5.5 servings).
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			
<b>Vegetable-Fruit Group.</b> There are at least six servings each day, including the specified type and frequency in each of the following categories:	X			Nine (9) to 11 fruit and vegetable servings 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
<u>Grain Group.</u> There are at least six servings each day, at least three of which are made with some whole grain products.	X			A minimum of six servings of whole grains are served daily.
<u>Calories.</u> <i>Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i>  The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.	X			Average caloric value is 2,230 Kcal. Additional food (wheat bread, peanut butter, jelly, and milk) is provided on the unit as needed.
Total dietary fat does not exceed 30% of total calories on a weekly basis.	X			
<b>1462 Medical Diets</b>  Only the attending physician prescribes a medical diet.	X			According to the Kidango Diet Manual, the guidelines for therapeutic diet prescription includes orders written not only by the physician, but also a LVN, RN, Nurse Practitioner, and Registered Dietitian. 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			The Revolution Foods Diet and Nutrition Manual and Kidango Therapeutic Diet Manual was available at the time of inspection. It had been reviewed by all required staff (JJC Deputy Chief, Children's Hospital Clinical Director, CPNP, and JJC Food and Support Management), and signed on 6/14/16.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			The diet manual was approved by the
<b>1463 Menus</b>  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			The menu provides a variety of cultural foods, which accommodates a variety of ethnicities at the facility.
A registered dietitian approves menus before they are used.	X			
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	X			Meals only deviate when there is an emergency shortage with suppliers. The partner is notified in advance of any deviation. Substitutions are very rare.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.
<b>1464 Food Services Plan</b>				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.
There is a written food services plan that complies with the applicable sections of California Retail food Code ( CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.	X			
The plan includes, but is not limited to the following policies and procedures:				
menu planning;	X			
purchasing;	X			
storage and inventory control;	X			
food preparation;	X			
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			An emergency feeding plan has been developed and is available in the Revolution Foods Manual, Section 1327.4 Juvenile Hall Manual Chapter III Disaster Procedures #8 (Water) and #15 (Food). Additionally, there is an arrangement with two food vendors to supply food on a priority basis.
waste management; and,	X			
maintenance and repair.	X			Documentation records of all service and repair activities are kept in the GSA office.
<b>1465 Food Handlers Education and Monitoring</b>				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.
<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>				
There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967,113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.			Do not identify compliance with this regulation here. See comments.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1466 Kitchen Facilities, Sanitation, and Food Storage</b></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. 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><b>1467 Food Serving and Supervision</b></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 July 20<sup>th</sup> and 21<sup>st</sup>, 2016. This Nutritional Health Evaluation reviewed all departments relating to nutritional provisions of minors housed at this facility, including food service, medical, and housing units. Findings of this inspection showed improvement over the previous year's inspection and is in full compliance in regards to the Nutritional Health Evaluation.

Approximately 102 minors were housed in the main facility at the time of inspection. Minors held at this facility are generally in good health or have minimal health issues. Twenty-two (22) of the 102 minors (22%) are on a special therapeutic diet. Special diets ordered for minors are predominantly 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 meals are made and packaged at an off-site (ordering food, performing administrative duties and documenting activities during food production) location. The two week cycle menu is in compliance with USDA NSLP Guidelines for age/grade groups 6-8 and 9-12 and Title 15 Dietary Guidelines for 11-18 year old youth. Kidango, a non-profit organization funded by the USDA Child and Adult Care Food Program, 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-therm 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. Fruit and milk is available at all times to minors.



A new snack regimen was started, providing snacks at 10:00am, 2:00pm, and 6:00pm. Peanut butter and jelly and bread is available (except during meal time) to quench minor's hunger.

Kidango does not use any of the following in its therapeutic meals: beef, pork, fish, deep fried foods, high fructose corn syrup, highly processed foods, added sugar and added salt.

There is a tightly-monitored system in place to insure that minors who require a therapeutic diet actually receive their prescribed special diets. Medical diet orders are processed within four hours of being faxed to the food service department. 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 have received their 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, and 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. JIOs participated in a two hour training on nutrition and safe food handling. Topics included in this training were: meal service, wellness policy, extra food distribution procedure, medical diets, standard diets, special diet receipt form, food handling safety tips, nutrition requirements and standards, Title 15, and the two-week menu cycle. The JIOs then completed a safe food handling quiz and a course evaluation. This training proved to be successful, based on the knowledge and standards awareness noted by each JIO who was interviewed during this inspection.

Twelve (12) medical charts were reviewed. Of these 10 minors (all of which represented a minor receiving a therapeutic diet) had already been discharged from the facility, making it difficult to follow through on accuracy of meals served and whether they met the physician's special diet order for the minors. It also made it difficult to check whether the special diet orders had been prepared according to the special dietary needs. Of the two charts reviewed of minors who were still in custody, both minors were receiving their intended special diet as prescribed. Of the 12 charts reviewed 100% had either a physician's order or a nurse practitioner order for a special diet and 100% had a Medical Diet Order (MDO) form.

Taste tests of two hot samples (chicken pasta marinara bake and hamburger) were conducted by the inspection team. Ironically, these were the same meals tasted during the prior years' inspection. The appearance of both sample meals was outstanding, as they were last year. The pasta bake and the side dishes of both meals tasted very good. It is difficult to cook pasta ahead of time, and re-therm it so it still comes out al dente and not pasty. Revolution Foods does a good job of preparing this pasta meal. The hamburger was dry and bland tasting; though the coloring was much improved over last year's sample taste test. Overall, the quality of the meals is very good!

Two minors were interviewed to check for consistency of medical and nutritional care. Based on the interview responses, the minors are receiving their meals and snacks as intended with just a few inaccuracies.

### **Review of 2015 Findings and Recommendations**

**Recommendation 1:** 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. **(Compliant)**

**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. **(Compliant)**

**Recommendation 3:** A 3 day emergency feeding plan needs to be created and filed in the Policy and Procedure Manuals, should an emergency occur. **(Compliant)**

### **2016 Findings and Recommendations**

The two week menu cycle set in place by Revolution Foods continues to work well at this facility. The food quality remains high and the food offered is appealing. Kidango strives to work closely with Revolution Foods to prepare special diets for minors on prescribed therapeutic diets in alignment with the two week menu cycle. Both companies do an amazing job in providing appealing and tasty food for their teenage audience.

The Food Service department was remarkably organized again this year. The efforts of Mr. Nickaloff, Ms. Brunell, and Ms. Lee are to be commended. The JIO training that was developed and conducted earlier this year provided important food handling and food service procedure topics that have helped to align meal practices in each unit.

The recommendations made at the 2015 inspection regarding the diet manual and the emergency feeding plan were addressed and now the Alameda County Juvenile Justice Center is in full compliance with Health and Safety Code Section 101045, 1462, 1463, and 1464.

I am pleased to announce that no recommendations need to be made at this time.

**For questions, contact:**

Annette Lavery, MPH, RD

Alameda County Nutrition Services

510-595-6446 [Annette.Lavery@acgov.org](mailto:Annette.Lavery@acgov.org)

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				SERIES 100 REV. 6/10/15
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			SERIES 100/JUVENILE SUPPORT SERVICES
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				SERIES 100 J-105 REV.6/10/15
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				SERIES 200 J-201 REV. 5/9/16
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			
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				SERIES 200
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>				SERIES 500 J-501 REV. 6/2/16
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			
(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.				
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>				SERIES 300 REV. 6/10/15
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:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			SERIES 500 REV. 6/2/16
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			SERIES 600
<b>1206.5 Management of Communicable Diseases</b>  There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			SERIES300
Intake health screening procedures;	X			SERIES 300 REV.5/9/16
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;				
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				SERIES 300 REV. 5/19/16
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC § 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; 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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1208 Access to Treatment</b>				SERIES 300 REV. 5/9/2016
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.				
<b>1209 Transfer to a Treatment Facility</b> (Not applicable Type I and IV.)				SERIES 300 REV. 5/9/2016
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			SERIES 300
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.				
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lantierman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				SERIES 300 REV. 6/10/2015
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			SERIES 300 REV. 6/10/2015
<b>1211 Sick Call</b>				SERIES 300 REV. 6/10/2015
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				SERIES 300
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				SERIES 300 REV. 6/10/2015
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			
<b>1214 Informed Consent</b>				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			SERIES 600
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1215 Dental Care</b>				SERIES 300
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				SERIES 400 REV. 6/2/16
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			J-401
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			

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 (see regulation text). 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			CONT'D SERIES 600
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1217 Psychotropic Medications</b> <i>(Not applicable Type IV.)</i>				SERIES 400 REV. 6/2/16
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record following a clinical evaluation in person or by telephone. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>				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			
<b>1220 First Aid Kits</b>				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
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>				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			
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>				SERIES 300
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>				SERIES 300 CARE AND TX
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)		X		
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding inmates in excess of 24 hours.)		X		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			SEREIS 300
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 <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8, MINORS IN JAILS</b>				
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. SERIES 300
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b></p> <p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. SERIES 300 J-314 REV. 5/9/16
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>	X			
<p><b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b></p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. SERIES 300
<p>is received from the sending facility;</p>	X			
<p>is reviewed by designated health care staff at the receiving facility; and,</p>	X			
<p>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.</p>	X			
<p><b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b></p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>	X			
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>	X			
<p><b>1125 PSYCHOTROPIC MEDICATIONS</b></p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. SERIES 400

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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			
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25- Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				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			
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate - Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			

Summary of medical/mental health evaluation: