

Summary of Findings/Recommendations:

This document includes a brief summary of noted deficiencies. Any items not listed herein are considered to be free of deficiencies. For more details, please see the inspection reports.

2020 Inspections**Juvenile Hall:**

Medical: The Juvenile Hall Detention Center meets all applicable Title 15 Standards for Medical and Mental Health, except:

Title 15 Section 1404 Health Care Staff Qualifications Section (c).

Title 15 Section 1413 Individualized Treatment Plans Section (d) (e) (f).

Title 15 Section 1430 Medical Clearance/Intake Health and Screening Section (c)

Nutrition:

The Juvenile Hall Detention Center meets all applicable Title 15 Standards for Nutrition, except:

Title 15 Section 1461 Minimum Diet, Section (b) Dairy Group; Section (e) Calories Section (2);

Title 15 Section 1462 Medical Diets;

Title 15 Section 1463 Menus;

Title 15 Section 1464 Food Service Plan Section (g) Orientation and Ongoing Training; Section (j) Documentation and Recordkeeping; Section (l) Waste Management; Section (m) Maintenance and Repair; Section (n) Hazard Analysis Critical Control Point Plan;

Title 15 Section 1247 Disciplinary Separation Diet Section (b);

Monroe Detention Center:

Medical: The Monroe Detention Center meets all applicable Title 15 Standards for Medical and Mental Health, except 1030. Suicide Prevention Program. Section (h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.

Nutrition:

The Monroe Detention Center meets all applicable Title 15 Standards for Nutrition, except:

Title 15 Section 1241 Minimum Diet, Section (b) Dairy Group;

Title 15 Section 1243 Food Service Plan Section (g) Orientation and Ongoing Training; Section (j) Documentation and Recordkeeping; Section (l) Waste Management; Section (m) maintenance and repair.

Title 15 Section 1247 Disciplinary Separation Diet Section (b);

Title 15 Section 1248 Medical Diets;

Yolo County Court Holding Facility:

Nutrition: The Monroe Detention Center provides all food services to Yolo County Court Holding Facility and meets all applicable Title 15 Standards for Nutrition, except: Title 15 Section 1241 Minimum Diet, Section (b) Dairy Group;

Title 15 Section 1243 Food Service Plan Section (g) Orientation and Ongoing Training; Section (j) Documentation and Recordkeeping; Section (l) Waste Management; Section (m) maintenance and repair.

Title 15 Section 1247 Disciplinary Separation Diet Section (b);

Title 15 Section 1248 Medical Diets;

2021 Inspections

Monroe Detention Center:

Nutrition: The Monroe Detention Center meets all applicable Title 15 Standards for Nutrition, except: Title 15 Section 1242 Menus

2022 Inspections

Monroe Detention Center:

Nutrition: The Monroe Detention Center meets all applicable Title 15 Standards for Nutrition, except: Title 15 Section 1242 Menus

West Sacramento Police Department Temporary Holding Facility:

Medical: The West Sacramento Police Department meets all applicable Title 15 Standards for Medical/Mental Health, except: Title 15 Section 1207 Medical Receiving Screening Section 1051 Communicable Diseases

2023 Inspections

Monroe Detention Center:

Environmental Health: The Monroe Detention Center meets all applicable Title 15 Standards for Environmental Health, except: Reviewed policies were last updated 06/09/2016.

Nutrition: The Monroe Detention Center meets all applicable Title 15 Standards for Nutrition, except: Title 15 Section 1242 Menus

West Sacramento Police Department Temporary Holding Facility:

Medical: The West Sacramento Police Department meets all applicable Title 15 Standards for Medical/Mental Health, except: Title 15 Section 1207 Medical Receiving Screening, Section 1051 Communicable Diseases.

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

CSA #: _____

FACILITY NAME: City of West Sacramento Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 Jefferson Blvd West Sacramento, Ca 95605		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 10/7/20 - Initial
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): David Limburg, REHS Environmental Health Specialist III (530) 666-8646		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Joe Escobar, Administrative Analyst II (916) 617-4929 (o), (916) 267-0725 (c), josephe@cityofwestsacramento.org		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 12/07/2020
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Daria Moore, MS, RN, PHN Senior Public Health Nurse (530) 601-1403		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Bryan Fritsch (916) 380-7988 bryanf@cityofwestsacramento.org		

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

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.			✓	Four to six hour maximum detainment prior to transfer to Monroe Detention Center.
1. Food is prepared at another city or county detention facility.			✓	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			✓	
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			✓	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			✓	
HSC § ; 114130-114141, 114163			✓	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			✓	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			✓	
HSC § 114268-114269 floors and,			✓	
HSC §. 114279-114282 storage area cleaning supplies			✓	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			✓	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue (Not applicable for CH.)			✓	
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:				
One serviceable mattress which meets the requirements of Title 15 § 1272;			✓	
One mattress cover or one sheet;			✓	
One blanket, or more, depending upon climatic conditions.	✓			Disposable blanket provided.
1272 Mattresses (Not applicable for CH.)			✓	
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).				
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			✓	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	✓			No Changes: Policy & Procedure 1.21-A Hydrogen peroxide viroicide & QAC
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	✓			City custodial services and Community Service Officer used for general and emergency cleaning.
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	✓			5 holding cells
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	✓			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	✓			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	✓			
Traps contain water to prevent escape of sewer gas.	✓			
Grids and grates are present.	✓			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	✓			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	✓			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	✓			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	✓			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	✓			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	✓			Red bagged and transported to Yolo County Coroner Office.
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	✓			Pest control by Woodland/Davis Pest Control every other month.
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	✓			

Summary of environmental health evaluation:

Facility meets requirements.

David Limburg, REHS
Environmental Health Specialist III

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			900.1.1 900.3.1 900.4 900.5
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening			X	All medical screening is done at the County Jail or Woodland Memorial Hospital and UC Davis Medical Center No screening form utilized, based upon training and experience.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.			X	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.			X	
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).			X	
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.			X	
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.			X	
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			900.3.1 900.4 900.5.1 900.5.2 900.7 900.10 Taken Directly to Woodland Memorial Hospital or the Main Jail
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			900.3.1 (e)
3. Crisis intervention services;	X			
4. Basic mental health services provided, as clinically indicated;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Medication support services; and,	X			900.3.1 (b)
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.	X			900.4 Woodland Memorial Hospital
Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.			X	Woodland Memorial Hospital
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:			X	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;			X	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;			X	
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control (Not applicable to CH) The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			900.4
1213 Detoxification Treatment (Not applicable to CH) The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Take directly to Woodland Memorial Hospital or the Main Jail
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			900.5.2 First aid kit on site.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			Outside Contract
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			900.9
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			323.12 (g)
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			900.3.1 (h) 900.4 Suspicion of any communicable disease results in transport to Sutter Davis Hospital. In response to SARS-CoV-2, citations are issued "in the field" to all non-violent misdemeanors. Violent misdemeanors and felonies are to be masked and transported directly to the County Jail. Officers exposed for 15 or more minutes in a 24 hour period are required to notify their supervisor and quarantine for 14 days.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			900.3.1 (j) and (k)
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.			X	
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	No safety cell
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.	X			900.3.1 (m) Woodland Memorial Hospital
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.	X			
Such observation shall be documented.	X			
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			900.3.1 (j)
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Policy 900.3.1 (l) Policy 900.5.1 (d) Policy 900.6 Policy 900.6.1
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			900.3.1 (b) 900.6.1 305.3.2
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			305.3.2
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

Summary of medical evaluation:

The West Sacramento Police Department (WSPD) partners with the Health and Human Services Agency. SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county Health Officer. Officers undergo regular training regarding mental health issues and the department utilizes Woodland Memorial Hospital for all medical and mental health concerns.

Policy and Forms Reviewed and on File with Yolo County:

West Sacramento Police Department COVID-19 Operational Handbook
 324 Temporary Custody of Juveniles
 900 Temporary Custody of Adults

Recommendations:

- Continue to partner with the Health and Human Services Agency
- Continue to provide Mental Health trainings for the Officers.
- Pursue obtaining a Epinephrine auto-injector.
- Develop a screening form to guide medical, mental health, and substance use related transfers.

III. MEDICAL/MENTAL HEALTH EVALUATION

Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			900.1.1 900.3.1 900.4 900.5
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening			X	All medical screening is done at the County Jail or Woodland Memorial Hospital and UC Davis Medical Center No screening form utilized, based upon training and experience.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.			X	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.			X	
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).			X	
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.			X	
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.			X	
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			900.3.1 900.4 900.5.1 900.5.2 900.7 900.10 Taken Directly to Woodland Memorial Hospital or the Main Jail
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			900.3.1 (e)
3. Crisis intervention services;	X			
4. Basic mental health services provided, as clinically indicated;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Medication support services; and,	X			900.3.1 (b)
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.	X			900.4 Woodland Memorial Hospital
Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.			X	Woodland Memorial Hospital
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:			X	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;			X	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;			X	
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			900.4
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Take directly to Woodland Memorial Hospital or the Main Jail
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			900.5.2 First aid kit on site.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			Outside Contract
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			900.9
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			323.12 (g)
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			900.3.1 (h) 900.4 Suspicion of any communicable disease results in transport to Sutter Davis Hospital. In response to SARS-CoV-2, citations are issued "in the field" to all non-violent misdemeanors. Violent misdemeanors and felonies are to be masked and transported directly to the County Jail. Officers exposed for 15 or more minutes in a 24 hour period are required to notify their supervisor and quarantine for 14 days.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			900.3.1 (j) and (k)
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.			X	
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	No safety cell
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.	X			900.3.1 (m) Woodland Memorial Hospital
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.	X			
Such observation shall be documented.	X			
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			900.3.1 (j)
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Policy 900.3.1 (l) Policy 900.5.1 (d) Policy 900.6 Policy 900.6.1
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			900.3.1 (b) 900.6.1 305.3.2
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			305.3.2
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

Summary of medical evaluation:

The West Sacramento Police Department (WSPD) partners with the Health and Human Services Agency. SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county Health Officer. Officers undergo regular training regarding mental health issues and the department utilizes Woodland Memorial Hospital for all medical and mental health concerns.

Policy and Forms Reviewed and on File with Yolo County:

West Sacramento Police Department COVID-19 Operational Handbook

324 Temporary Custody of Juveniles

900 Temporary Custody of Adults

Recommendations:

Continue to partner with the Health and Human Services Agency

Continue to provide Mental Health trainings for the Officers.

Pursue obtaining a Epinephrine auto-injector.

Develop a screening form to guide medical, mental health, and substance use related transfers.

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

CSA #: _____

FACILITY NAME: City of Woodland Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Lincoln Avenue Woodland, CA 95695 (530) 661-7800		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 10/7/20 - Initial
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): David Limburg, REHS Environmental Health Specialist III (530) 666-8646		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Dallas Hyde (530) 661-7868, Dallas.Hyde@cityofwoodland.org		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 12/04/2020
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Daria Moore, MS, RN, PHN Senior Public Health Nurse (530) 601-1403		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Victoria Danzl (530) 661-7860 Victoria.danzl@cityofwoodland.org Sergeant Dallas Hyde (530) 661-7868 dallas.hyde@cityofwoodland.org		

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

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			900
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening	X			900.3.1 900.4 Arrestee Classification and Screening Form
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			900.4 Arrestee Classification and Screening Form
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	X			Arrestee Classification and Screening Form
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			900
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			900.3 900.5 Woodland Memorial Hospital
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			900
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			900.10 Woodland Memorial Hospital

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1. Identification and referral of inmates with mental health needs;	X			900.3 Arrestee Classification and Screening Form
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.			X	900.3
3. Crisis intervention services;	X			900.9
4. Basic mental health services provided, as clinically indicated;	X			900.3
5. Medication support services; and,	X			900.5.3
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.	X			900.3 Woodland Memorial Hospital
Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			Arrestee Classification and Screening Form
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:			X	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;			X	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;			X	
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			900.4
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Woodland Memorial 900.3-f Continuous monitoring Arrestee Classification and Screening Form
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	900.3 900.5
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			900.5.3

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			Maintained every 2 months via outside contract
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			900.9 Death-Serious Injury Procedure form
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			324.12-g
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			661-7868
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			Woodland Police Department COVID-19 Operational Handbook Arrestee Classification and Screening Form 900.3.1-h 900.4
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			Arrestee Classification and Screening Form

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			Woodland Memorial Hospital Arrestee Classification and Screening Form 900.3 900.3.1-k 900.4
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.			X	
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	900.3.1
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			Taken directly to Monroe Facility Arrestee Classification and Screening Form 900.3.1
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.			X	
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Woodland Memorial Hospital 900.3.1-1 900.5.3 900.6 900.6.1 306.3 306.3.1 324.1.1-a,b
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			900.5.3
In no case shall restraints be used for punishment or as a substitute for treatment.	X			306.2

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			306
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.	X			Woodland Memorial Hospital
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	306.3.3
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			900.4.1-b, a
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			900.4.1-b
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			306.3.2 Arrestee Classification and Screening Form
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			306.3.2-a
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			306.3.2-b
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			306.3.2-c

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			306.3.2-d

Summary of medical evaluation:

The Woodland Police Department (WPD) partners with the Health and Human Services Agency. The facility utilizes the language line to assist with interpretation when necessary. Based upon the recommendation of the last inspection, WPD has successfully obtained a Automated External Defibrillator (AED). SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county Health Officer.

Policy and Forms Reviewed and on File with Yolo County:

Woodland Police Department COVID-19 Operational Handbook

Arrestee Classification and Screening Form

324 Temporary Custody of Juveniles

900 Temporary Custody of Adults

Recommendations:

Continue to partner with the Health and Human Services Agency

Continue to provide Mental Health trainings for the Officers.

Pursue obtaining a Epinephrine auto-injector.

Continue to pursue revenue sources to purchase an AED for the WPD building.

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.			✓	Retail fast food purchased as necessary.
1. Food is prepared at another city or county detention facility.			✓	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			✓	
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			✓	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			✓	
HSC § ; 114130-114141, 114163			✓	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			✓	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			✓	
HSC § 114268-114269 floors and,			✓	
HSC §. 114279-114282 storage area cleaning supplies			✓	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			✓	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i>			✓	
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:				
One serviceable mattress which meets the requirements of Title 15 § 1272;			✓	
One mattress cover or one sheet;			✓	
One blanket, or more, depending upon climatic conditions.	✓			Disposable blankets available
1272 Mattresses <i>(Not applicable for CH.)</i>			✓	
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).				
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			✓	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	✓			Policies and procedures, 1016.3.6, 1016.3.8 and 900.5.3 Sanizide Plus Germicidal Solution, QAT
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	✓			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	✓			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	✓			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	✓			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	✓			
Traps contain water to prevent escape of sewer gas.	✓			
Grids and grates are present.	✓			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	✓			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	✓			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	✓			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	✓			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	✓			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	✓			Hazardous Materials are red bagged then pickup by Steericycle medical Waste Systems. YCPARMIA provides annual training on prevention and cleanup of waste spills.
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	✓			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	✓			

Summary of environmental health evaluation:

Cells inspected: 1-4.

Facility meets requirements.

David Limburg, REHS
Environmental Health Specialist III

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			900
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening	X			900.3.1 900.4 Arrestee Classification and Screening Form
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			900.4 Arrestee Classification and Screening Form
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	X			Arrestee Classification and Screening Form
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			900
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			900.3 900.5 Woodland Memorial Hospital
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			900
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			900.10 Woodland Memorial Hospital
1. Identification and referral of inmates with mental health needs;	X			900.3 Arrestee Classification and Screening Form
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.			X	900.3
3. Crisis intervention services;	X			900.9
4. Basic mental health services provided, as clinically indicated;	X			900.3

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Medication support services; and,	X			900.5.3
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.	X			900.3 Woodland Memorial Hospital
Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			Arrestee Classification and Screening Form
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:			X	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;			X	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;			X	
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			900.4
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Woodland Memorial 900.3-f Continuous monitoring Arrestee Classification and Screening Form
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	900.3 900.5
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			900.5.3

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			Maintained every 2 months via outside contract
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			900.9 Death-Serious Injury Procedure form
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			324.12-g
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			661-7868
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			Woodland Police Department COVID-19 Operational Handbook Arrestee Classification and Screening Form 900.3.1-h 900.4
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			Arrestee Classification and Screening Form

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			Woodland Memorial Hospital Arrestee Classification and Screening Form 900.3 900.3.1-k 900.4
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.			X	
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	900.3.1
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			Taken directly to Monroe Facility Arrestee Classification and Screening Form 900.3.1
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.			X	
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Woodland Memorial Hospital 900.3.1-1 900.5.3 900.6 900.6.1 306.3 306.3.1 324.1.1-a,b
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			900.5.3
In no case shall restraints be used for punishment or as a substitute for treatment.	X			306.2

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			306
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.	X			Woodland Memorial Hospital
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	306.3.3
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			900.4.1-b, a
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			900.4.1-b
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			306.3.2 Arrestee Classification and Screening Form
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			306.3.2-a
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			306.3.2-b
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			306.3.2-c

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			306.3.2-d

Summary of medical evaluation:

The Woodland Police Department (WPD) partners with the Health and Human Services Agency. The facility utilizes the language line to assist with interpretation when necessary. Based upon the recommendation of the last inspection, WPD has successfully obtained a Automated External Defibrillator (AED). SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county Health Officer.

Policy and Forms Reviewed and on File with Yolo County:

Woodland Police Department COVID-19 Operational Handbook
Arrestee Classification and Screening Form
324 Temporary Custody of Juveniles
900 Temporary Custody of Adults

Recommendations:

Continue to partner with the Health and Human Services Agency
Continue to provide Mental Health trainings for the Officers.
Pursue obtaining a Epinephrine auto-injector.

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

CSA #: _____

FACILITY NAME: Yolo County Court Holding Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Main Street Woodland, CA 95695 (530) 666-8892		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 9/29/20
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): David Limburg, REHS Environmental Health Specialist III (530) 666-8646		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sgt. Sam Machado (530) 848-2800, sam.machado@yolocounty.org		
NUTRITIONAL EVALUATION		DATE INSPECTED: 12/22/2020
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D. Supervising Public Health Nutritionist (530) 666-8448		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Drella Hunter, Lieutenant, (530) 668-5221 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 12/11/2020
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Daria Moore, MS, RN, PHN Senior Public Health Nurse (530) 601-1403		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Sam Machado (530) 406-6913 sam.machado@yolocounty.org		

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

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		×		Bag lunches provided by the Monroe facility Basement lunch refrigerator: Meat sandwich, milk – both 40 F
1. Food is prepared at another city or county detention facility.	×			
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		×		
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	×			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			×	
HSC § ; 114130-114141, 114163			×	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			×	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			×	
HSC § 114268-114269 floors and,			×	
HSC §. 114279-114282 storage area cleaning supplies			×	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			×	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue (<i>Not applicable for CH.</i>)				Nine hours maximum jury trial stay
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			×	
One serviceable mattress which meets the requirements of Title 15 § 1272;			×	
One mattress cover or one sheet;			×	
One blanket, or more, depending upon climatic conditions.			×	
1272 Mattresses (<i>Not applicable for CH.</i>)				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			×	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			×	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				Inmates do the cleaning twice a week. Infectious waste is red bagged then taken to Monroe facility. Policy & Procedure L-100
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	×			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>			×	Court holding does not have desks or grooming areas in cells.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>			×	No overnight occupancy.
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Toxic waste is red bagged and transported to Monroe Detention Facility.
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Note: Courthouse facility has 6 floors (basement, 1-5) with holding cells on all floors except the 3rd. The floors with holding cells contain 2 holding suites each. A holding suite includes 4 cells: 2 interview, 1 single person cell and one multi-person (group) cell.

Areas inspected: Basement: holding cells, B-7, 12, 23; 2nd floor court: cells 206 and 208; 5th floor court: cells 502, 503.

Facility meets requirements.

David Limburg, REHS
Environmental Health Specialist III

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

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control (Not applicable to CH) The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.			X	
1213 Detoxification Treatment (Not applicable to CH) The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			D-07 Checked Quarterly and After Every Use
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			A-09 A-09B
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:			X	
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.			X	
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.			X	
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			B-02 B-03 Placed in a cell by themselves, until they can be evaluated.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			Non-Emergent: sent to Monroe Holding facility where the Health Screening form and assessment are completed by a Well-Path Nurse. Emergent: sent directly to Woodland Healthcare.
The response shall be noted on the booking form and/or screening device.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			E-02 E-04 E-05 E-09
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.			X	
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	A safety cell is not present.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	A sobering cell is not present.
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			A-01 E-01 E-05 G-02
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.			X	
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			F-05 G-01 When restraint is unavoidable, inmates are immediately transported to either the Monroe facility, or Woodland Memorial Hospital.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.				
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.			X	
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.			X	
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			F-05 G-01
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.			X	
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.			X	
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.			X	

Summary of medical evaluation:

Court Holding is utilized as a temporary waiting area for Monroe or Juvenile Hall inmates awaiting court proceedings or arrestees that have received a sentencing. Inmates are held in the courthouse facility for approximately two hours. Officers complete annual CPR training and fit testing, as well as eight hours of CIT training every two years. SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county Health Officer.

Updated Policy and Forms Reviewed and on File with Yolo County:

B-02 Infectious Disease Prevention and Control

B-05 Suicide Prevention and Intervention Program

F-4 4 Medically Supervised Withdrawal and Treatment

Recommendations:

1. Continue to partner with Yolo County Health and Human Services Agency in areas of medical and mental health services support.
2. Pursue obtaining a Epinephrine auto-injector.

II. NUTRITIONAL HEALTH EVALUATION
Adult Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1240 Frequency of Serving Food is served three times in any 24-hour period.	X			Menu's show meals are served for breakfast, lunch and dinner.
At least one meal includes hot food.	X			Menu's show 1-2 meals a day are served hot
If more than 14 hours passes between these meals, supplemental food is served.	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Supplemental food is served in less than the 14-hour period for inmates on medical diets.	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with substitute meal and beverage	X			Per Food Service Coordinator response, inmates who miss their meal are provided with pre-made sack lunch.
Inmates on medical diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			Per Food Service Coordinator response, prescribed meal is held in a warmer in the kitchen and provided to inmate when they are available.
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.				
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Per Consultant Registered Dietitian evaluation, menus provide an average of 113 gm protein per day and legumes are included at least 3 servings per week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.		X		Per 5 week Menu cycle, 8 oz of 1%, Nonfat milk or milk alternative is served with meals three times a day. Pregnant inmates receive an additional serving of dairy with snack. Per milk label provided, milk and lactose free milk meets requirements. Cal-15 drink alternative meets calcium requirement however soymilk substitute does not.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Per Consultant Registered Dietitian evaluation, menus provide a daily average of 295 mg of Vitamin C.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Per Consultant Registered Dietitian evaluation, Vitamin A for menus provide 3083 mcg RE average per day.
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	X			
Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.		X		Per Consultant Registered Dietitian evaluation, sodium levels show slight improvement however remain higher than recommended.
1243 Food Service Plan This regulation requires Temporary Holding facilities to have a food service plan; however, the intent is that policies and procedures only address those areas that apply to the facility operation.		X		Follows Adult Jail food service plan however some pieces are missing. See Adult Jail audit for details.

Summary of nutritional health evaluation:

Since the Adult Jail provides food services to the Holding Facility, recommendations are the same as noted in the Adult Jail inspection report.

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

FACILITY NAME: Yolo County Juvenile Hall		COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	SPECIAL PURPOSE JUVENILE HALL ☐	CAMP ☐
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 9/30/20 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☒ NO ☐	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): David Limburg, REHS Environmental Health Specialist III (530) 666-8646			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): David Holtz Deputy Probation Officer (530) 406-5380(d), david.holtz@yolocounty.org Oscar Ruiz Assistant Superintendent (530) 406-5383(d), 681-7333 (c), oscar.ruiz@yolocounty.org			

Purpose

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

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

Instructions

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

Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC'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_fsoresources). Please contact the BSCC Field Representative assigned to your county at the number below or through e-mail access on the web site.

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

ENVIRONMENTAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1464 Food Services Plan Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (Cal Code). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager to prepare a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility administrator shall prepare a written food service plan. The plan 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.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
1465 Food Handlers Education and Monitoring The facility administrator, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with § 113947 of the Health and Safety Code, Cal Code. The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	x			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.
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, §113700 et seq. Cal Code. 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>	x			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. Main course open food is prepared at Monroe Detention Facility and carried over hot or cold. Some pre-packaged foods are stored onsite.
(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	
1467 Food Serving and Supervision 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.
Article 10. Clothing and Personal Hygiene				
1480 Standard Facility Clothing Issue 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			All clothing replaced daily
(a) clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	x			Laundered cleaned onsite
(b) the standard issue of climatically suitable clothing for youth consist of but not be limited to:	x			
(1) socks and serviceable 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			
1481 Special Clothing 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			Separate uniforms provided for laundry duty
1482 Clothing Exchange 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
1483 Clothing, Bedding and Linen Supply 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			
1484 Control of Vermin in Minors' Personal Clothing 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			Incoming minors are cleared by Medical
Infested clothing shall be 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 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			Disposal razors one time use
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			
1486 Personal Hygiene There shall be written policies and site specific procedures developed and implemented by the facility administrator for showering/bathing and brushing of teeth.	x			
Youth shall be permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	x			
1487 Shaving 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
1488 Hair Care Services Written policies and site specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, CCR. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	x			Outside barber provided 1X per month
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	x			
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue Clean laundered, suitable bedding and linens, in good repair, shall be provided for each 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			
1501 Bedding and Linen Exchange The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	x			
Washable items such as sheets, mattress covers, 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			Blankets bi-monthly, sheets once a week or on demand
1502 Mattresses Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	x			
Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase.	x			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance The facility administrator shall develop and implement written policies and site specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	x			County of Yolo Safety Manual
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			Daily cleaning by kids and staff

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			
1511 Smoke Free Environment 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			
Other Applicable Codes				
Title 24, Uniform Building Code Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	x			
Title 24, Uniform Building Code Floors, walls, windows, grillwork and ceilings are clean and in good repair.	x			
Title 24, Part 1, 13-201(c)6 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			
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			Red bagged then picked up by Steri-cycle Company
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			Pest control provide by: Applied Pest Management.
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	x			

Summary of environmental evaluation:

See Page 8

Evaluation Summary:

Areas inspected: Pod B #1, 9, 12, 13; Pod C #2, 6, 8, 12; Pod A is closed.

Hot water at janitor's sink measured 125 F. Showers and handsinks measured 113 F.

Reading light for the above pod cells ranged from 25 - 46 foot candles (fc). Minimum requirement is 20 fc.

QAT Sanitizer measured >200 ppm.

Facility meets requirements.

David Limburg, REHS
Environmental Health Specialist III

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

FACILITY NAME: Yolo County Juvenile Hall		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
MEDICAL/MENTAL HEALTH EVALUATION		DATE EVALUATED: 12/14/2020 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES X NO ☐
MEDICAL/MENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE):		
Erin Ross, FNP Senior Public Health Nurse (530) 601-6652 Daria Moore, RN Senior Public Health Nurse (530) 601-1403		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
Sherri Garcia (530) 668-5218 Sherri.Garcia@Wellpath.us Katelyn Lee (530) 668-5218 Katelyn.Lee@Wellpath.us		

Purpose

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

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

Instructions

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

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

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

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

III. MEDICAL/MENTAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility for Health Care Services				Y -A -01 Y -A -02 Y- A- 03 Y -A -04
The facility administrator shall ensure that health care services are provided to all youth.	X			
The facility shall have a designated health administrator who, in cooperation with the behavioral/mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:	X			
(a) develop policy for health care administration;	X			
(b) identify health care providers for the defined scope of services;	X			
(c) establish written agreements as necessary to provide access to health care;	X			
(d) develop mechanisms to assure that those agreements are properly monitored; and,	X			
(e) establish systems for coordination among health care service providers.	X			
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.	X			
1401 Patient Treatment Decisions	X			Y- A- 03
Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.				
Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.	X			
1402 Scope of Health Care	X			Y-C-01 Y-C-02 Y-C-04 Y-E-08
(a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:				
(1) at least one health care provider to provide treatment; and,	X			
(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	X			Facility is IMQ accredited

(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.	X			Y-D-03
(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law.	X			
1403 Health Care Monitoring and Audits	X			Y-A-04 Y-A-06
(a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.				
(b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.	X			Peer review conducted at least 2 times per year.
(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			Y-A-05 Y-A-04
(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.	X			
(c) Medical, behavioral/mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.	X			Y-A-04 Y-A-06
1404 Health Care Staff Qualifications	X			Y-C-02 Y-C-03 Y-C-05 Y-C-06 Y-C-07 Y-C-08 Y-C-09
(a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.				
(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the	X			Y-A-05 Y-C-01

facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to youth.				
(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.		X		Credentials are kept electronically and were not accessible for review.
(d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.	X			Y-C-01
1405 Health Care Staff Procedures The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.	X			Y-A-02 Y-A-03 Y-B-05 Y-G-02.3
1406 Health Care Records In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:	X			Y-Z-08 Y-C-09 Y-H-01 Y-H-02 Y-H-03 Y-H-04
(a) intake health screening form;	X			Y-H-01 A
(b) health appraisals/medical examinations;	X			Y-H-01
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	X			
(d) complaints of illness or injury;	X			
(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			Y-H-01,6.
(f) location where treatment is provided;	X			Y-H-01,6.
(g) medication records in conformance with Title 15, Section 1438;	X			Y-E-12A Y-H-02
(h) progress notes;	X			Y-H-01,6
(i) consent forms;	X			
(j) authorizations for release of information;	X			
(k) copies of previous health records;	X			
(l) immunization records;	X			
(m) laboratory reports; and,	X			
(n) individual treatment plan.	X			
Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record.	X			Y-H-02

Health care records shall be retained in accordance with community standards.	X			Y-H-04
1407 Confidentiality				Y-H-02
(a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the youth's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or others, management of the facility, maintenance of security, and preservation of safety and order.	X			
(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.	X			
(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.	X			Y-H-02
1408 Transfer of Health Care Summary and Records	X			Y-A-07 Y-A-08 Y-B-05 Y-D-01 Y-E-03 Y-E-08 Y-E-10 Y-E-12
The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officer, when applicable.				
Policies shall include:				
(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;	X			"
(b) relevant health records are forwarded to the health care staff of the receiving facility;	X			Y-H-01
(c) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases;	X			
(d) applicable authorization from the youth and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
(e) confidentiality of health records is maintained.	X			

1408.5 Release of Health Care Summary and Records After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.	X			
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.			X	Healthcare staff is present at Juvenile hall Monday thru Friday, 0700 to 2300
1409 Health Care Procedures Manual For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.	X			Policy and Procedure Manual Yolo County California-Juvenile Hall
Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			They are maintained electronically and accessible to all staff via any work computer.
Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs.	X			
The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.	X			
1410 Management of Communicable Diseases The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:	X			Y-A-09 Pandemic Plan Y-B-01 Infection Prevention and Control Program Y-B-05 Y-C-04 Y-G-01 Y-H-01 Y-I-04
(a) intake health screening procedures;	X			Y-E-02
(b) identification of relevant symptoms;	X			
(c) referral for medical evaluation;	X			
(d) treatment responsibilities during detention;	X			
(e) coordination with public and private community-based resources for follow-up treatment;	X			Y-E-12
(f) applicable reporting requirements; and,	X			
(g) strategies for handling disease outbreaks.	X			
The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.	X			
1411 Access to Treatment	X			Y-A-01

The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.				
1412 First Aid/AED and Emergency Response				Y-A-07 Y-C-04 Y-E-08
The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.	X			
(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	X			Every "pod". Contents checked monthly, or PRN. Facility also has an emergency bag with more comprehensive medical supplies, sealed with a pull- tight plastic seal that is documented and logged. Seals are checked monthly, and replaced if contents are used.
(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.	X			
Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.	X			Yearly
1413 Individualized Treatment Plans	X			Y-B-01 Y-E-12.1 Individual Treatment Plans are kept in the minor's Electronic Medical Record
With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns.				
Policies and procedures shall assure:	X			
(a) Health care treatment plans are considered in facility program planning.	X			
(b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.	X			
(c) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.	X			
(d) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	X			
Treatment planning by health care providers shall address:				Y-E-13
(a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or	X			

communication with community providers to ensure continuity of care.				
(b) Participation in relevant programs upon return into the community to ensure continuity of care.	X			
(c) Youth and family participation (if applicable and available).	X			
(d) Cultural responsiveness, awareness and linguistic competence.		X		
(e) Physical and psychological safety.		X		Addresses mental health needs
(f) Traumatic stress and trauma reminders when applicable.		X		
1414 Health Clearance for in-Custody Work and Program Assignments The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.			X	Minors attend school, but they do not work at this facility.
1415 Health Education With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth.	X			Y-F-01 Y-G-08 Y-G-08.1 Y-G-09
The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.	X			Health Education information is received from various community agencies such as: Yolo County Health and Human Services Agency, Center for Disease Control and Prevention, and Local Medical facilities.
1416 Reproductive Services and Sexual Health For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines	X			Y-G-08 Y-H-03
Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.	X			
Section 1417. Pregnant/Post-Partum Youth With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222.	X			Y-G-09 Y-H-03 Y-I-01

Written policies and procedures shall also include the following: (a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.	X			Y-G-09 Y-H-03 Y-I-01
(b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,	X			
(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.	X			
(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.	X			
1418. Youth with Developmental Disabilities Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.	X			Y-A-01 Y-A-08 Y-E-01 Y-G-02
1430 Medical Clearance/Intake Health and Screening The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.	X			Y-B-05 Y-C-08 Y-E-02 Y-F-02 Y-G-02.1 Y-G-08.1 Y-G-09
For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.	X			Y-G-06
The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth.	X			Y-G-06
Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in	X			Y-E-02 Y-G-06

need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.				
Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.	X			
Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.	X			Y-E-02 ER Medical Report.
Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every youth booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained youth supervision staff.	X			
Screening procedures shall include but not be limited to:				Y-E-02
(a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;	X			
(b) Health conditions that require treatment while the youth is in the facility; and,	X			Y-E-02
(c) Identification of the need for accommodations, e.g., physical or developmental disabilities, gender identity or medical holds.		X		Developmental disabilities addressed. Gender identity and medical holds not addressed.
Any youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by healthcare staff.	X			Y-B-01 Y-E-02
Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.	X			Y-E-02 6.16.3
1431 Intoxicated Youth and Youth With a Substance Use Disorder				Y-G-06 Y-G-07 This facility does not house during detoxification.
(a) The responsible health administrator/physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with Section 1430.	X			

(b) Policy and procedures shall address:				Y-E-02
(1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;	X			Intoxicated Minors are taken to the emergency room.
(2) designated housing, including use of any intoxicated youth;	X			
(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;	X			
(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
(5) medical responses to youth experiencing intoxication or withdrawal reactions;	X			
(6) management of pregnant youth who use alcohol or other substances;	X			Y-G-09
(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355;	X			
(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.	X			
(9) how, when and by whom the youth will be monitored when intoxicated;	X			
(10) the frequency of monitoring and the documentation required;	X			
(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,	X			
(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation			X	Intoxicated minors are taken immediately to the hospital and not admitted or booked into Juvenile Hall.
1432 Health Assessment				Y-A-02 Y-A-03 Y-E-07 Y-G-02.3
The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth	X			
(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.	X			Y-E-04,3.
(1) At a minimum, the health assessment shall include, but is not limited to, health history, examination, laboratory and	X			

diagnostic testing, and immunization reviews as outlined below:				
(A) The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			Y-E-02 Y-E-04 Y-F-01,6.6.2 states education materials are made available.
(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.	X			
(C) Laboratory and diagnostic testing includes, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			Y-E-04,6.2.
(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.	X			
(2) The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and	X			

immunization review should be done within 96 hours of admission excluding holidays.				
(3) Physical exams shall be updated annually for all youth.	X			Y-E-04 6.5
(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical assessment. If this assessment cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for communicable disease.	X			Y-E-04, 6.2
(c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health assessment:	X			
(1) is received from the sending facility at or prior to the time of transfer;	X			
(2) is reviewed by designated health care staff at the receiving facility; and,	X			
(3) is identified and any missing required assessments are scheduled within 96 hours.	X			
(d) The health administrator/responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
1433 Requests for Health Care Services The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.	X			Y-C-08 Y-E-07 Y-F-02 Y-G-01
(a) Youth shall be provided the opportunity to confidentially convey either through, written or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made for youth who have language or literacy barriers.	X			
(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.	X			
(c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness.	X			

(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical and behavioral/mental health care services.	X			Y-E-08
(e) Provision shall be made for any youth requesting medical, dental and behavioral/mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.	X			
(f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.	X			
1434 Consent and Refusal for Health Care The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.	X			Y-A-09 Y-B-05 Y-I-04 Y-E-04 Y-E-12 Y-E-13 Y-G-04.3 Y-G-08
(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.	X			
(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.	X			Y-E-13,3,6.2
(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.	X			
(d) Conservators can provide consent only within limits of their court authorization.	X			Y-H-04
Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.	X			After 1 psychiatric medication refusal, the minor will be evaluated. If 3 or more medications are refused, the prescribing physician is notified.
1435 Dental Care The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to require that dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist. Treatment shall not be limited to extractions.	X			Y-E-04 Y-E-06 Y-E-09 Y-F-01 Y-G-10 Dental services are twice a month.
Annual dental exams shall be provided to any youth detained for longer than one year.	X			Y-E-06
1436 Prostheses and Orthopedic Devices (a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			Y-G-10 Will not be denied, must be approved by the custody officer.

(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.	X			
(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.	X			
1437 Mental Health Services The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:	X			Y-A-06 Y-A-08 Y-B-05 Y-E-01 Y-E-05 Y-G-02 Y-G-04 Y-G-05
(a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs	X			Y-E-02
(b) assessment by a behavioral/mental health provider when indicated by the screening process;	X			Y-I-02 Y-I-04
(c) therapeutic services and preventive services where resources permit;	X			
(d) crisis intervention and the management of acute psychiatric episodes;	X			
(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	X			Y-G-04
(f) initial and periodic medication support services;	X			Y-E-12,A
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.	X			Y-I-02 Y-I-04
(h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.	X			
Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.	X			

1437.5 Transfer to a Treatment Facility The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:	X			Y-E-12B
(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and	X			
(b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.	X			
1438 Pharmaceutical Management For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.	X			Y-D-01.1 thru .9 Y-I-02
(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:	X			Y-D-01.6.7
(1) securely lockable cabinets, closets, and refrigeration units;	X			
(2) a means for the positive identification of the recipient of the prescribed medication;	X			
(3) administration/delivery of medicines to youth as prescribed;	X			
(4) confirmation that the recipient has ingested the medication;	X			
(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) prohibition of the delivery of medication from one youth to another;	X			
(7) limitation to the length of time medication may be administered without further medical evaluation;	X			
(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;	X			Y-D-01 6.2.1 48-72 hours
(9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication;			X	Non-licensed personnel do not deliver medications.

(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; and,	X			
(11) transition planning, including plan for uninterrupted continuation of medication.	X			
(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			Y-D-02
(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.	X			Y-D-01.6
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			Y-D-02 6.16
(4) Preparation of labels can be done by licensed physician, dentist, pharmacist or other personnel, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth. Labels shall be prepared in accordance with Section 4076 and 4076.5 of the Business and Professions Code.	X			Y-D-01 6.18.4
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.	X			Y-D-01 6.15
1439 Psychotropic Medications				Y-D-01.2 Y-I-02
The health administrator/responsible physician, in cooperation with the behavioral/mental health	X			

director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.				
(a) These policies and procedures shall include, but not be limited to:	X			
(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	X			Y-I-02
(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;	X			Y-I-02,3
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider	X			Y-E-02 Y-I-02
(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;	X			
(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,	X			Y-I-02.6.1.2
(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.	X			Y-I-02
(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			Informed consent with side effects, benefits and related to diagnosis given to parent/guardian.
(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.	X			
(c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.	X			Minors are sent to Woodland Memorial Hospital
(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not	X			

allowed for coercion, discipline, convenience or retaliation.				
1452 Collection of Forensic Evidence The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth.	X			
1453 Sexual Assaults The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
1454 Participation in Research The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require assurances for the safety of the youth and informed consent.	X			Y-I-05
Participation shall not be a condition for obtaining privileges or other rewards in the facility. The court, health administrator, and facility administrator shall be informed of all such proposed actions.			X	The use of juveniles for medical, pharmaceutical, or cosmetic experiments is prohibited.
1329 Suicide Prevention Plan The facility administrator, in collaboration with the healthcare and behavioral/mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk.	X			Y-G-05
The plan shall include the following elements: (a) Suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.	X			
(b) Screening, Identification Assessment and Precautionary Protocols	X			

(1) All youth shall be screened for risk of suicide at intake and as needed during detention.	X			
(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.	X			
(3) All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.	X			
(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.	X			
(c) Referral process to behavioral/mental health staff for assessment and/or services.	X			
(d) Procedures for monitoring of youth identified at risk for suicide.	X			
(e) Safety Interventions	X			
(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:	X			
(A) Housing consideration	X			
(B) Treatment strategies including trauma-informed approaches	X			
(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.	X			
(f) Communication				
(1) The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.	X			Y-E-02
(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.	X			
(g) Debriefing of Critical Incidents Related to Suicides or Attempts	X			
(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.	X			
(2) Process for a debriefing event with affected staff.	X			
(3) Process for a debriefing event with affected youth.	X			
(h) Documentation	X			
(1) Documentation processes shall be developed to ensure compliance with this regulation	X			
Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.	X			

Section 1357 Use of Force The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	X			Medical staff do not use force.
(a) At a minimum, each facility shall develop policies and procedures which: (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility.	X			
(2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.	X			
(3) describe force options or techniques that are expressly prohibited by the facility.	X			
(4) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.	X			
(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved.	X			
(6) Include an administrative review and a system for investigating unreasonable use of force.	X			
(7) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians.	X			
(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that: (1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.	X			JDF Article 5, Section 1357a
(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.	X			
(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have	X			

been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.				
(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.	X			
(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.	X			
(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address: (1) known medical and behavioral health conditions that would contraindicate certain types of force;	X			
(2) acceptable chemical agents and the methods of application.	X			
(3) signs or symptoms that should result in immediate referral to medical or behavioral health.	X			
(4) instruction on the Constitutional Limitations of Use of Force.	X			
(5) physical training force options that may require the use of perishable skills.	X			
(6) timelines the facility uses to define regular training.	X			
1358 Use of Physical Restraints The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.	X			Y-G-05 Y-G-09 Y-I-01
Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.	X			Y-G-05 3.5.1 Y-I-01 JDF Article 5, Section 1357
In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			Y-G-09 6.4 Y-I-01 6.10 JDF Article 5, Section 1357

The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.	X			
Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.	X			JDF Article 5, Section 1358
A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.	X			Y-I-01 6.10
A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment.	X			Y-I-01 6.3 – 6.7 Therapeutic Seclusion Y-I-01 6.11 JDF Article 5, Section 1358
Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded.	X			Y-I-01 6.10
In addition to the requirements above, policies and procedures shall address:				Y-I-01
(a) documentation of the circumstances leading to an application of restraints.	X			JDF Article 5, 1358 Use of Physical Restraints
(b) known medical conditions that would contraindicate certain restraint devices and/or techniques.	X			Y-I-01 6.9
(c) acceptable restraint devices.	X			
(d) signs or symptoms which should result in immediate medical/mental health referral.	X			
(e) availability of cardiopulmonary resuscitation equipment.	X			
(f) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.	X			JDF Article 5, Section 1358
(g) provision for hydration and sanitation needs.	X			
(h) exercising of extremities.	X			JDF Article 5, Section 1358
1358.5 Use of Restraint Devices for Movement and Transportation Within the Facility The Facility Administrator, in cooperation with the responsible physician and behavioral/mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:	X			Y-I-01
(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.	X			

(b) the circumstances leading to the application of restraints must be documented.	X			
(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	X			
(d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.	X			
(e) the use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
1359 Safety Room Procedures				Facility does not have a safety room at this time.
(a) The facility administrator, and where applicable, in cooperation with the responsible physician, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, Section 1230.1.13. The room shall be used to hold only those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:			X	
(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;			X	
(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;			X	
(3) provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;			X	
(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;			X	
(5) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,			X	
(6) provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.			X	
(b)The placement of a youth in the safety room shall be accomplished in accordance with the following:			X	
(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.			X	
(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.			X	

(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.			X	
(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:			X	
(1) return the youth to general population.			X	
(2) consult with mental health or medical staff,			X	
(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.			X	
(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.			X	

Summary of Medical Evaluation:

SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the County Health Officer. Officers undergo regular training regarding mental health issues and the facility partners with Woodland Memorial Hospital for all medical and mental health concerns. The Yolo County Juvenile Hall partnered with the Health and Human Services Agency in a detailed discussion of items requiring attention in this review.

Revised Policies Reviewed and on File:

Y-A-09 Pandemic Plan
Y-B-02 Infection Prevention and Control Program
Y-B-05 Federal Sexual Abuse Regulation and Response to Sexual Assault
B-06 Contraception
D-04 Diagnostic Services
E-02 Receiving Screening
E-04 Health Assessment
E-10 Patient Escort
E-13 Discharge Planning
Y-F-01 Healthy Lifestyle Promotion
F-05 Counseling and Care of the Pregnant
F-06 Response to Sexual Abuse
F-01 Patients with Chronic Disease and Other Special Needs
G-02 Patients with Special Health Needs
G-02A Gender Dysphoria
G-05 Suicide Prevention Program
G-08 Contraception and Family Planning
I-01 Restraint and Seclusion
I-02 Emergency Psychotropic Medication
JDF Article 5, Section 1357 Use of Force
JDF Article 5, 1357a Chemical Agents
JDF Article 5, 1358 Use of Physical Restraints
JDF Article 5, 1358.5 Physical Restraints for Movement and Transportation

Recommendations:

1. Continue to maintain close communication with the Yolo County Health and Human Services Agency in relationship to medical and mental health facility guidelines.
2. Revise the Contraception and Family Planning Services policy to offer all services to all served, removing the requirement of the juvenile to request certain items.
3. Coordinate and integrate policies, where applicable, with the custody team.

II. NUTRITIONAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 E. Gibson Road, Woodland, CA 95776		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION		DATE EVALUATED: 12/22/20 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☒ NO ☐
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Marbella Colimote R.D., Supervising Public Health Nutritionist (530) 666-8448		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent, (530) 406-5383, (530) 681-7333 Drella Hunter, Lieutenant, (530) 668-5221 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200		

Purpose

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

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

Instructions

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

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

Checklists and regulations are available on the BSCC website (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/>

NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving Meals shall be served at least three times in any 24-hour period.	X			Menu's show meals are served for breakfast, lunch, and dinner.
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	X			Menu's show 1-2 meals a day are served hot. Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service" reviews frequency of meals served including diets prescribed by physician.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	X			Stated practice per Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings." Per Superintendent response, dinner is provided at 4 pm and evening snack is at 7 pm.
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	X			Stated practice per Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings" and confirmed by Superintendent response.
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	X			Per Superintendent response, although missed meals are a rare occurrence, missed meals are refrigerated and offered to the youth upon return.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	X			Per Superintendent response, youth will receive their medically prescribed diet upon returning.
1461 Minimum Diet Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.	X			Menu's are planned with consultation of Registered Dietitian.
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	X			Included in Yolo County Juvenile Detention Facility Article 6, Section 1372 "Religious Program."
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.				
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:	X			Per Consultant Registered Dietitian evaluation, menus provide an average of 133 gm Protein per day and legumes are included in at least 3 servings per week

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.		X		Per 5-week menu cycle, 8 oz of 1% or nonfat milk or milk alternative is served with meals three times a day. Youth receive an additional serving of dairy with snack. Per milk label provided, milk and lactose free milk meets requirements. Per soymilk food label provided, it does not contain calcium.
All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.		X		Four servings offered daily however if youth drinks soymilk instead of cow's milk it will not meet this requirement. Per soymilk food label provided, not fortified with vitamin A and D.
One serving equals, but is not limited to, one of the following examples:				
8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	X			
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	X			
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:	X			
(1) One serving of a fresh fruit or vegetable.	X			
(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the foods described in the regulation.	X			Per consultant Registered Dietitian evaluation menus provide a daily average of 221 mg of Vitamin C.
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals but is not limited to the foods described in the regulation.	X			Per consultant Registered Dietitian evaluation menus provide 2870 mcg RE average per day.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	X			
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	X			Per consultant Registered Dietitian, average calories per day are 2682.
(1) Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 76928 effective 7/15/2019.
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.		X		Fat and added sugars are below recommended amounts however sodium content remains higher than recommended per consultant Registered Dietitian evaluation.
1462 Medical Diets Only the attending physician shall prescribe a medical diet.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 76928 effective 7/15/2019.
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.		X		Wellpath Yolo County California-Juvenile Policies and Procedures "Nutrition and Medical Diets" reference 76928 effective 7/15/2019 indicate the available diets for Juvenile Facility include Renal, Pregnant, Liquid, however no evaluation noted of these diets by consultant Registered Dietitian.
The facility manager shall comply with any medical diet prescribed for a youth.	X			Per Food Service Coordinator response, she ensures the Medical Board is updated daily so communication reaches the cook.
Diet orders shall be maintained on file for at least one year.	X			
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Per Superintendent, diet manual is available to medical staff in the units. Per Food Service Coordinator, diet manual is kept in the main kitchen office accessible to cooks.
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.		X		Documentation presented for last review and approval was dated September 2018.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1463 Menus Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	X			Facility uses 5-week cycle menu and they are reviewed and approved by dietitian.
Menus shall be approved by a registered dietitian before being used.	X			Last approval was September 2020.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	X			Per Food Service Coordinator response, any changes are noted on the menu and initialed by the Food Service Coordinator.
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.		X		Consultant Registered Dietitian last menu review was September 2020 meets requirements however per Food Service Coordinator response, documentation on menu changes are retained for 6 months.
1464 Food Service Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:				
(a) menu planning;	X			Included in Yolo County's Sherriff's Department Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service."
(b) purchasing;	X			Included in Yolo County's Sherriff's Department Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes expectations for management of food costs.
(c) storage and inventory control;	X			Included in Yolo County Sherriff's Department Detention Division Policy Manual S.O. No K-600 "Food Services Inventory and Product Procurement".
(d) food preparation;	X			Included in Yolo County Sherriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service." Additional guidelines for food preparation are provided in the Kitchen Training Manual.
(e) food serving;	X			Included in Yolo County Sherriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service" and Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan" and Article 9 Section 1467 "Food Serving and Supervision."
(f) transporting food;	X			Included in Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan".

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) orientation and on-going training;		X		Yolo County Sherriff's Department Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services"-Policy includes topics required for training at minimum, and expectation for continuous on the job training conducted by Food Service Coordinator and facility uses Yolo County Sheriff's Office Detention Facility Kitchen Training Manual. No indication on policy outlining requirement for orientation upon employment or frequency of ongoing formal training.
(h) personnel supervision;			X	Food is prepared at Monroe Detention Center under supervision of foodservice personnel. Food service staff do not work in the juvenile facility.
(i) budgets and food costs accounting;	X			Included in Yolo County Sherriff's Department Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates".
(j) documentation and record keeping;		X		No policy or procedure presented that outlines all food service operations that must maintain records and documentation. (Example: frequency and timeframe for completing and keeping temperature logs, inventory logs, purchasing records, storing and filing diet orders, etc.)
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply". In addition, note from Foodservice Coordinator dated 12/15/20, outlines who can cover kitchen duties if employees call in sick or there are no inmates able to work. It also includes a contingency menu.
(l) waste management; and,		X		Note from Office Support Specialist indicates trash, organic, and recyclable pick up frequency and waste management instructions are included in Kitchen Staff Training Manual however no formal policy or procedure written as part of the food service plan.
(m) maintenance and repair.		X		Kitchen Staff Training Manual includes Cleaning Log for Jail Kitchen which has minimal instructions on Dishwasher maintenance and cleaning. Yolo County Sheriff's Department Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 identifies individuals responsible for sanitation inspection program and lists areas to inspect however does not include plan for maintenance and repair of equipment.
(n) hazard analysis critical control point plan; and,		X		HACCP Procedure form used to identify critical control points, monitoring and corrective action presented however no written policy or procedure stating who is responsible for monitoring and frequency of monitoring.
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service"

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.				
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:				
(a) Health and Safety Code Sections 114130-114141;				
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;				
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(d) Health and Safety Code Sections 114268-114269; and,				
(e) Health and Safety Code Sections 114279-114282.				
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.				

Summary of nutritional evaluation:

After reviewing documentation and responses from both the Food Service operation and Juvenile Facility, recommendations are similar to what was provided in the 2019 inspection with additional items as follows:

1. Diet manual was reviewed and approved September 2018. This was a finding from the 2019 inspection and should be updated immediately as it is 2 years past due. Annual review and approval is required.
2. Although menus were reviewed by registered dietitian in the last year, the facility should plan to keep any menu changes for one year for review purposes. Menus, as planned and including changes are required to be retained for one year and evaluated by registered dietitian.
3. The Food Service Coordinator should replace currently used soymilk with different product that is fortified with Vitamin A, Vitamin D and at least 250 mg (25%) of Calcium. If soymilk is offered in place of cow's milk, it would not meet the minimum requirements.
4. The Food Service Coordinator should continue to work on developing written policies and procedures missing from the food service plan which include kitchen staff orientation and ongoing training, documentation and record keeping, waste management, maintenance and repair, and hazard analysis critical control point (HACCP).
5. Per Wellpath policy this facility offers Renal, Pregnant and Liquid diets however there is no review of these diets by the Registered Dietitian. Requirements are that all diets must be planned, prepared and served with consultation of Registered Dietitian. Creating menus for each diet offered can help ensure that all menus for all types of diets are ready for use when ordered.
6. The Food Service Coordinator should continue to work with Consultant Registered Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with variety in the menu but may also help reduce food costs.
7. Since this facility handles snack items that are not monitored by the main kitchen, it is recommended that a facility policy or procedure be implemented that includes how these foods are purchased, stored, maintained, handled and served. This can help ensure food safety and provide guidance for youth on medical diets.

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

CSA #: _____

FACILITY NAME: Monroe Detention Center		COUNTY: Yolo		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive Woodland, CA 95776 (530) 668-5245				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 10/6/2020 - Initial		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Lewis Kimble, MS REHS Supervising Environmental Health Specialist (530) 666-8646				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Drella Hunter (530) 668-5221, 650-5460 (c), drella.hunter@yolocounty.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: 12/22/2020		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Marbella Colimote R.D. Supervising Public Health Nutritionist (530) 666-8448				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Drella Hunter, Lieutenant, (530) 668-5221 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 12/14/2020		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Erin Ross, NP Senior Public Health Nurse (530) 601-6652 Daria Moore, RN Senior Public Health Nurse (530) 601-1403				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sherri Garcia (530) 668-5218 Sherri.Garcia@Wellpath.us Katelyn Lee (530) 668-5218 Katelyn.Lee@Wellpath.us				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	×			
1. Food is prepared at another city or county detention facility.		×		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		×		
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.	×			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	×			
1243 Food Service Plan There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan. The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	×			Food Service clothing provided
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	×			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	×			
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	×			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	×			Red bagged and labeled biohazard. Serviced by Daniels Co.
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	×			Clothes are bagged and tagged as contaminated.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	×			
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	×			
Each female inmate is issued sanitary napkins and/or tampons as needed.	×			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	×			
Toothbrush;				
Dentifrice;	×			
Soap;	×			
Comb; and,	×			
Shaving implements.	×			Shared and Clippicide™ disinfectant.
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	×			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	×			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	×			
1267 Hair Care Services				
Hair care services are available.	×			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	×			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	×			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	×			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	×			
One mattress cover or one sheet;	×			
One towel; and,	×			
One blanket or more, depending upon climatic conditions.	×			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	×			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	×			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	×			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	×			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	×			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	×			The cleaning of cells and common areas is done by inmates.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)	×			Cells inspected had adequate light illumination for reading. See comments at end of report.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)	×			
	×			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Biohazard red bagged. Steri Cycle, Inc., is used for disposal.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 1803 The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Areas inspected: **Unit A1**/cells 103, 202, 312, 406; **Unit A2**/cells 112, 216, 302, 406; **Unit B1**/cells 112, 201, 308, 409; **Unit B2**/cells 105, 203, **Unit H1**/cells 105, 203. Each unit inspection included shower and janitorial sinks nearest the cell.

Corrections needed:

- 1) Paper product blocking vent in cells was corrected onsite during the inspection.
- 2) Plumbing repairs needed: **A1**- near 103, janitorial sink faucet's backflow prevention valve has broken. **A-2** – near 302 janitor's sink faucet hot water is not functioning; **A2**- hot water sink valve not shutting off in cell 112, **B-2** The electrical lights are not illuminating at shower and janitor sink areas upper and lower.

Correct within 30 days.

Note: Brighter LED lighting has been planned for installation in the inspected areas. Work orders were requested during the inspection by staff.

Lewis Kimble, MS REHS
Supervising Environmental Health Specialist

III. MEDICAL/MENTAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates.	X			Wellpath Policy and Procedure Manual: A-02 A-03
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively.	X			A-03
Security regulations applicable to facility personnel also apply to health personnel.	X			A-03, 6.4
Each facility shall have at least one physician available to treat physical disorders.	X			
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.			X	
In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			A-02 A-03
1202 Health Service Audits The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			A-04 A-05 Internal and outside audits
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	X			A-06 Quarterly Peer reviews. Dr. Kathy Fritz reviews mental health care.
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	X			A-06
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			A-06
1203 Health Care Staff Qualifications State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	X			C-01 C-02 C-03 C-04 C-05 C-06 C-07 C-08 C-09
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	X			C-01
1204 Health Care Procedures Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	X			C-07 C-08 C-09
1205 Health Care Records	X			A-09 A-10

(a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:				A-11 E-01 E-02
(1) Receiving screening form/history	X			E-02 E-03 E-04
(2) Health evaluation reports;	X			E-04
(3) Complaints of illness or injury;	X			E-07
(4) Names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			Staffing roster.
(5) Location where treated; and,	X			
(6) Medication records in conformance with Title 15 §1216.	X			IMQ accreditation.
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	X			Y-H-02
The health authority shall ensure the confidentiality of each inmate's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records.	X			D-02 E-08 Medical unit storage and doors are locked
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			E-08 A-08 A-07
(c) Written authorization by the inmate is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	X			E-09 E-10
(d) Inmates shall not be used for health care recordkeeping.	X			
1206 Health Care Procedures Manual The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:	X			Wellpath Policy and Procedure Manual Yolo County California-Adult
(a) Summoning and application of proper medical aid;	X			E-07 Pink colored "health services request slips"
(b) Contact and consultation with other treating health care professionals;	X			
(c) Emergency and non-emergency medical and dental services, including transportation;	X			E-08 Emergency services are provided 24/7
(d) Provision for medically required dental and medical prostheses and eyeglasses;	X			E-06
(e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			A-09,6.1.1
(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	X			E-02 E-03 E-04 A Communicare provider comes on-site when a pregnant woman is in custody and follow up is

necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;				scheduled as the practitioner sees appropriate. Deliveries are taken to Sutter Davis, per attending practitioner preference. High risk women are sent to UC Davis Medical Center.
(g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			E-05
(h) Implementation of special medical programs;	X			
(i) Management of inmates suspected of or confirmed to have communicable diseases;	X			E-09 B-02 B-09A
(j) The procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;	X			D-01 D-02
(k) Use of non-physician personnel in providing medical care;	X			
(l) Provision of medical diets;	X			D-05
(m) Patient confidentiality and its exceptions;	X			A-09 Personnel provide healthcare services and advocate.
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each inmate is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease.	X			E-03 E-04 E-05 E-06
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	X			
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	X			Confidential transfer of Medical Information Transfer Sheet.
Necessary inmate medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport;	X			B-02 Universal precautions checkbox shown for transporters
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates;	X			G-04
(p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407;	X			G-01.6.G
(q) Other services mandated by statute; and,	X			G-01.7
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services, and no-cost access to contraception and STD treatment, for inmates who have reported	X			F-06

sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.				
1206.5 Management of Communicable Diseases (a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	X			A-09 Pandemic Plan E-02 E-04 B-02
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	X			E-02 E-04
The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.	X			E-04
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	X			E-04
(1) The types of communicable diseases to be reported;	X			E-04.6
(2) The persons who shall receive the medical reports;	X			E-04.6.6.5
(3) Sharing of medical information with inmates and custody staff;	X			
(4) Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			E-02 Tuberculosis screening test completed for all inmates incarcerated for more than 7 days
(5) Medical confidentiality requirements;	X			A-07
(6) Housing considerations based upon behavior, medical needs, and safety of the affected inmates;		X		Due to extensive renovations, they no longer have a negative pressure room, so all inmates suspected to have active TB are sent to Woodland Health Care.
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			
(8) Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake	X			E-02 E-03 E-04 E-05 E-09 E-09-B
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening.	X			A-09

The training depends on the role staff are expected to play in the receiving screening process.	X			A-09
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			E-07
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1207.5 Special Mental Disorder Assessment An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.	X			E-01.4 E-03 E-04 E-05 F-05
1208 Access to Treatment The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.	X			E-01 E-02 E-04 E-05
The written plan shall also include the assessment and treatment of such inmates as described in Title 15, Section 1207, Medical Receiving Screening.	X			
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.	X			C-01 C-04 C-09
1208.5. Health Care Maintenance For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place within the inmate's second anniversary of incarceration.	X			F-01 Health assessments are conducted at 6 months and every 12 months thereafter
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate.	X			
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.	X			
1209 Mental Health Services and Transfer to a Treatment Facility (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			E-03
1. Identification and referral of inmates with mental health needs;	X			E-05

2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			E-05 G-04
3. Crisis intervention services;	X			F-03
4. Basic mental health services provided, as clinically indicated;	X			F-03 F-03-A
5. Medication support services; and,	X			
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			Woodland Memorial Hospital
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	X			
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	X			
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	X			
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;	X			G-01
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	X			
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility	X			

housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and				
6. Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans (a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.	X			E-09
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			
(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			E-09 E-10
1211 Sick Call There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.	X			E-07 Pink request medical services slips are picked up by nurses twice a day.
1212 Vermin Control The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			B-02.6.2.5
1213 Detoxification Treatment The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			F-04 F-04A F-04B Inmates are taken to medical unit and sent to E.R. as needed.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such	X			

facilities shall arrange for immediate transfer to an appropriate medical facility.				
1214 Informed Consent The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate.	X			G-05
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.			X	All inmates are 18 years old or older.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.	X			Refusal form signed by two witnesses.
1215 Dental Care The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.	X			E-06 Examination within 12 months of incarceration. Dental services are provided 2 times a month.
1216 Pharmaceutical Management (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	X			D-01 D-02 D-03 D-04
(1) Securely lockable cabinets, closets and refrigeration units:	X			G-07
(2) A means for the positive identification of the recipient of the prescribed medication;	X			D-01.1
(3) Procedures for administration/delivery of medicines to inmates as prescribed;	X			D-01
(4) Confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, Section 1216(d);	X			
(5) That prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) Prohibiting the delivery of drugs by inmates;	X			
(7) Limitation to the length of time medication may be administered without further medical evaluation; and,	X			7 days
(8) Limitation to the length of time required for a physician's signature on verbal orders.	X			The prescribing physician must sign verbal order for narcotics within 72 hours and within 7 days for all other orders.

(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	X			
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			
(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	X			
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.			X	
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	X			Original pharmacy labels only.
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	X			
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	X			
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	X			
(c) Policy and procedures on "over-the-counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			D-01.3 D-01.6.23.3

(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:			X	
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.			X	
(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.			X	
(3) Prescribing health care staff document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding self-administration.			X	
(6) Provisions are made for health care staff to perform documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	X			D-01 D-02 G-03
An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	X			G-03
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	X			
An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent.	X			G-03

It is not necessary for harm to take place prior to treatment.				
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.	X			G-03
Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	X			
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1220 First Aid Kits	X			D-07
First aid kit(s) shall be available in all facilities.	X			
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE 4, RECORDS AND PUBLIC INFORMATION

1046 Death in Custody				A-09 A-09B
(a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:			X	
(1) the administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.			X	

(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.			X	

ARTICLE 3, TRAINING, PERSONNEL AND MANAGEMENT

1030. Suicide Prevention Program. The facility shall have a comprehensive written suicide prevention program developed by the facility administrator, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those inmates who present a suicide risk.	X			B-05
(a) Suicide prevention training for all staff that have direct contact with inmates.	X			
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	X			
(c) Provisions facilitating communication among arresting/transporting officers, facility staff, medical and mental health personnel in relation to suicide risk.	X			
(d) Housing recommendations for inmates at risk of suicide.	X			
(e) Supervision depending on level of suicide risk.	X			
(f) Suicide attempt and suicide intervention policies and procedures.	X			
(g) Provisions for reporting suicides and suicides attempts.	X			
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.		X		

ARTICLE 5, CLASSIFICATION AND SEGREGATION

1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			A-09: Pandemic Plan B-02 B-03 Placed in a cell by themselves, until they can be evaluated by the physician.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if	X			E-02 E-04 E-05 E-09

he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.				
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.	X			
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	G-02A No safety cells at this time due to site construction.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.	X			
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care	X			

staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.				
Such observation shall be documented.	X			
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			A-01 E-01 E-05 G-02
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			Onsite mental health staff will make the contact.
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			F-05 G-01
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.	X			
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.	X			
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the	X			

safety and well-being of the inmate. Such observation shall be documented.				
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 Restraints and Pregnant Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			F-05 G-01
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

Summary of Medical Evaluation:

SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the County Health Officer. Officers undergo regular training regarding mental health issues and the facility partners with Woodland Memorial Hospital for medical and mental health concerns. The facility has initiated last year's recommendation to obtain an XDEA waiver to get a special license to dispense Methadone treatment. At the time of review, the waiver had been obtained by the Nurse Practitioner and Psychiatrist, and the Medical Doctor was in progress.

Revised Policies Reviewed and on File:

Y-A-09 Pandemic Plan

B-02 Infection Prevention and Control Program

B-05 Suicide Prevention and Intervention Program

F-04 Medically Supervised Withdrawal and Treatment

Recommendations:

1. Continue to maintain close communication with the Yolo County Health and Human Services Agency in relationship to medical and mental health facility guidelines.
2. Coordinate and integrate policies, where applicable, with the custody team.

II. NUTRITIONAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>
1240 Frequency of Serving In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	X			Menu's show meals are served for breakfast, lunch and dinner.
At least one of these meals shall include hot food.	X			Menu's show 1-2 meals a day are served hot.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			Yolo County Sheriff's Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Per Food Service Coordinator response, inmates who miss their meal are provided with pre-made sack lunch. Sack lunch is available for officers to provide at booking. If inmate is on a medical diet, prescribed meal is held in a warmer in the kitchen and provided to inmate when they are available.
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served. (a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Per consultant RD evaluation, menus provide an average of 113 gm protein per day and legumes are included at least 3 servings per week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.		X		Per 5 week Menu cycle, 8 oz of 1%, Non fat milk or milk alternative is served with meals three times a day. Pregnant inmates receive an additional serving of dairy with snack. Per milk label provided, milk and lactose free milk meets requirements. Cal-15 drink alternative meets calcium requirement however soymilk substitute does not.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Per consultant Registered Dietitian evaluation, menus provide a daily average of 295 mg of Vitamin C.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Per consultant Registered Dietitian evaluation, Vitamin A for menus provide 3083 mcg RE average per day.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels		X		Added sugars are well below recommended amounts. Per consultant Registered Dietitian evaluation, sodium levels show slight improvement however remain higher than recommended.
1242 Menus Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.	X			Facility uses 5-week cycle menu and they are reviewed and approved by dietitian.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			Per Food Service Coordinator response, any changes are noted on the menu and initialed by the Food Service Coordinator.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			Last evaluation by Registered Dietitian was September 2020.
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:				
(a) menu planning;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service."
(b) purchasing;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" - Includes expectations for management of food costs.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) storage and inventory control;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement"- Includes Food Service Coordinator or designee expectations to conduct quarterly physical inventory of all supplies, products and items stored in the warehouse and freezer.
(d) food preparation;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service." Additional guidelines for food preparation are provided in the Kitchen Training Manual.
(e) food serving;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service."
(f) transporting food;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service".
(g) orientation and ongoing training;		X		Yolo County Sheriff's Department Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services"-Policy includes topics required for training at minimum, and expectation for continuous on the job training conducted by Food Service Coordinator and facility uses Yolo County Sheriff's Office Detention Facility Kitchen Training Manual. No indication on policy outlining requirement for orientation upon employment or frequency of ongoing formal training.
(h) personnel supervision;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates"- Policy includes expectations for minimum staffing pattern which includes personnel supervision.
(i) budgets and food cost accounting;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates".
(j) documentation and record keeping;		X		No policy or procedure presented that outlines all food service operations that must maintain records and documentation. (Example: frequency and timeframe for completing and keeping temperature logs, inventory logs, purchasing records, storing and filing diet orders, etc.)
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply". In addition, note from Foodservice Coordinator dated 12/15/20, outlines who can cover kitchen duties if employees call in sick or there are no inmates able to work. It also includes a contingency menu.
(l) waste management;		X		Note from Office Support Specialist indicates trash, organic, and recyclable pick up frequency and waste management instructions are included in Kitchen Staff Training Manual however no formal policy or procedure written as part of the food service plan.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(m) maintenance and repair; and,		X		Kitchen Staff Training Manual includes Cleaning Log for Jail Kitchen which has minimal instructions on Dishwasher maintenance and cleaning. Yolo County Sheriff's Department Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 identifies individuals responsible for sanitation inspection program and lists areas to inspect however does not include plan for maintenance and repair of equipment.
(n) three-day mainline sample tray.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service"
1245 Kitchen Facilities, Sanitation and Food Service				
a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:				
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
1246 Food Serving and Supervision Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.				Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates"- Policy includes expectations for minimum staffing pattern which includes personnel supervision.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1247 Disciplinary Separation Diet (a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician. Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply. The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.	X			Stated practice per Yolo County Sheriff's Department Policy Manual Disciplinary Isolation Diet S.O. No K-450. Offered twice once at breakfast and once in the evening. Per Lt. response, loaf size is 19 oz and offered with 2 slices of bread and water.
(b) The disciplinary diet loaf shall consist of the following: 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder		X		Recipe provided includes a yield of 75 loaves and if divided into individual loaves does not meet this requirement. For example, current recipe for 75 loaves includes 45 eggs and the requirement requires 1 egg per loaf.
1248 Medical Diets The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	X			Stated practice per Wellpath, Yolo County California -Adult Policy & Procedure "Medical Diets" reference 76928 effective date 6/1/2019.
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.		X		Wellpath Yolo County California Adult Policies and Procedures "Medical Diets" indicates several special diets available at the facility some which include diets such as clear liquid diet, Ketogenic, Sodium Controlled, Gluten-Free, etc. which did not have evaluation completed by Consultant Registered Dietitian.
The facility manager shall comply with any medical diet prescribed for an inmate.	X			Per Food Service Coordinator response, she ensures the Medical Board is updated daily so communication reaches the cook.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Per Food Service Coordinator response, the diet manual is accessible to cooks and kept in the medical office. Also stated in Wellpath Yolo County California-Adult Policy and Procedure on Medical Diets reference 76928 effective date 6/1/2019.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.		X		Documentation presented for last review and approval was dated September 2018.
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.	X			Stated practice per Wellpath, Yolo County California -Adult Policy & Procedure on Medical Diets reference 76928 effective date 6/1/2019. Per Lt. response, pregnant women are offered 2 servings of milk with every meal and an evening snack.

Summary of nutritional evaluation:

After reviewing documentation and responses from the Food Service operation, recommendations are similar to what was provided in the 2019 inspection with additional items as follows:

1. Diet manual was reviewed and approved September 2018. This was a finding from the 2019 inspection and should be updated immediately as it is 2 years past due. Annual review and approval is required.
2. Although menus were reviewed by registered dietitian in the last year, the facility should plan to keep any menu changes for one year for review purposes. Menus, as planned and including changes are required to be retained for one year and evaluated by registered dietitian.
3. The Food Service Coordinator should replace currently used soymilk with different product that is fortified with Vitamin A, Vitamin D and at least 250 mg (25%) of Calcium. If soymilk is offered in place of cow's milk, it would currently not meet the minimum requirements.
4. The Food Service Coordinator should work on updating the recipe for the disciplinary loaf to be consistent with ingredient amounts listed in the Title 15 recipe. Current recipe ingredient amounts for yield of 75 loaves does not meet recipe requirements.
5. The Food Service Coordinator should continue to work on developing written policies and procedures missing from the food service plan which include kitchen staff orientation and ongoing training, documentation and record keeping, waste management, maintenance and repair, and hazard analysis critical control point (HACCP). Please see comments noted in Juvenile Facility inspection report for HACCP findings.
6. Per Wellpath policy this facility offers many special diets however there is no review of these diets by the Registered Dietitian. Requirements are that all diets must be planned, prepared and served with consultation of Registered Dietitian. Creating menus for each diet offered can help ensure that all menus for all types of diets are ready for use when ordered.
7. The Food Service Coordinator should continue to work with Consultant Registered Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with variety in the menu but may also help reduce food costs.

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

CSA #: _____

FACILITY NAME: City of West Sacramento Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 Jefferson Blvd West Sacramento, Ca 95605		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: 12/16/21 - Initial	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Joe Escobar, Administrative Analyst II (916) 617-4929 (o), (916)267-0725 (c), josephe@cityofwestsacramento.org		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.			×	2 hours maximum detainment prior to transfer to Monroe Detention Center
1. Food is prepared at another city or county detention facility.			×	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			×	
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			×	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			×	
HSC § ; 114130-114141, 114163			×	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			×	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			×	
HSC § 114268-114269 floors and,			×	
HSC §. 114279-114282 storage area cleaning supplies			×	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			×	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue (Not applicable for CH.)			×	
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:				
One serviceable mattress which meets the requirements of Title 15 § 1272;			×	
One mattress cover or one sheet;			×	
One blanket, or more, depending upon climatic conditions.			×	
1272 Mattresses (Not applicable for CH.)			×	
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).				
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			×	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				412, Haz Mat Response 1017, Communicable Disease 704.3.1, Vehicle Maintenance
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			Routine cleaning performed by Universal Building Services, Richmond, Ca Sanitizer: QAC, by Top Performance 256 TM
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	×			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	×			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	×			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Hazardous waste picked up by Medi-Waste Co.
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			Pest control by Jones Brothers Sacramento, Ca
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Areas inspected: Single holding cell and adjacent restroom.

Facility meets requirements.

Boua Ly, REHS
Environmental Health Specialist II

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

CSA #: _____

FACILITY NAME: City of Woodland Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Lincoln Avenue Woodland, CA 95695 (530) 661-7800		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 12/17/21 - Initial
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Dallas Hyde (530) 661-7868, Dallas.Hyde@cityofwoodland.org		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.			✓	Retail fast food purchased as necessary.
1. Food is prepared at another city or county detention facility.			✓	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			✓	
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			✓	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			✓	
HSC § ; 114130-114141, 114163			✓	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			✓	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			✓	
HSC § 114268-114269 floors and,			✓	
HSC §. 114279-114282 storage area cleaning supplies			✓	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			✓	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue (Not applicable for CH.)			✓	
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:				
One serviceable mattress which meets the requirements of Title 15 § 1272;			✓	
One mattress cover or one sheet;			✓	
One blanket, or more, depending upon climatic conditions.	✓			Disposable blankets available
1272 Mattresses (Not applicable for CH.)			✓	
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).				
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			✓	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	✓			Policies and procedures 900. Sanizide Plus Germicidal Solution, QAT
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	✓			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	✓			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	✓			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	✓			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	✓			
Traps contain water to prevent escape of sewer gas.	✓			
Grids and grates are present.	✓			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	✓			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>		✓		1 light bulb is out in cell 3.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	✓			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	✓			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	✓			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	✓			Hazardous Materials are red bagged then pickup by Steericycle medical Waste Systems. YCPARMIA provides annual training on prevention and cleanup of waste spills.
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	✓			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	✓			

Summary of environmental health evaluation:

Cells inspected: 1-4.

Corrections needed:

- 1) Plumbing repairs needed: **Cell 4**, water is not functioning, out of order sign is posted.
- 2) Reading light did not meet the required 20-foot candle. **Cell 3** One light bulb is out.

Correct within 30 days.

Boua Ly, REHS
Environmental Health Specialist II

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

CSA #: _____

FACILITY NAME: Yolo County Court Holding Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Main Street Woodland, CA 95695 (530) 666-8892		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 12/9/2021
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sgt. Sam Machado (530) 848-2800, sam.machado@yolocounty.org		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable for CH.)</i> <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> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		×		Bag lunches provided by the Monroe facility Basement lunch refrigerator: Meat sandwich, milk – both 40 F
1. Food is prepared at another city or county detention facility.	×			
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		×		
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i> Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	×			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			×	
HSC § ; 114130-114141, 114163			×	
HSC § 114099.6, 114107 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			×	
HSC § , 114149-114149.3 provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			×	
HSC § 114268-114269 floors and,			×	
HSC §. 114279-114282 storage area cleaning supplies			×	
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			×	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue (Not applicable for CH.) The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			×	Eight hours maximum jury trial stay
One serviceable mattress which meets the requirements of Title 15 § 1272;			×	
One mattress cover or one sheet;			×	
One blanket, or more, depending upon climatic conditions.			×	
1272 Mattresses (Not applicable for CH.) Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			×	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			×	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			Inmates do the cleaning twice a week. Infectious waste is red bagged then taken to Monroe facility or picked up from Emergency Medical Response. Policy & Procedure L-100
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	×			
Title 24, Uniform Building Code – Cleanliness and Repair Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)			×	Court holding does not have desks or grooming areas in cells.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)			×	No overnight occupancy.
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Toxic waste is red bagged and transported to Monroe Detention Facility or picked up by Emergency Medical Response
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Note: Courthouse facility has 6 floors (basement, 1-5) with holding cells on all floors except the 3rd. The floors with holding cells contain 2 holding suites each. A holding suite includes 4 cells: 2 interview, 1 single person cell and one multi-person (group) cell.

Areas inspected: Basement: holding cells, B-1, 16, 17; 2nd floor court: cells 206 and 208; 5th floor court: cells 502, 503.

Facility meets Requirements.

Boua Ly, REHS
Environmental Health Specialist II

II. NUTRITIONAL HEALTH EVALUATION

Adult Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1240 Frequency of Serving Food is served three times in any 24-hour period.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Breakfast, Lunch and Dinner are offered as shown in menu's and confirmed by Food Service Coordinator.
At least one meal includes hot food.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Menu's show 2 meals a day are served hot.
If more than 14 hours passes between these meals, supplemental food is served.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Supplemental food is served in less than the 14-hour period for inmates on medical diets.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice. Per Food Service Coordinator, kitchen receives notification and prepares snack items ahead to be ready for PM snack.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with substitute meal and beverage	X			Per Food Service Coordinator inmates who miss their scheduled meal are provided a sack lunch with 8 oz 1% milk.
Inmates on medical diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			Prescribed meals are saved for inmates and offered when they return.
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.				
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Per Consultant Dietitian evaluation of menus, the standard and diabetic menu provides daily average of 114 grams of Protein, Kosher/Halal menu provides daily average 120 grams of Protein, Lacto-ovo vegetarian menu provides daily average of 102 grams of Protein, which meets above the minimum requirement. Menus show fourth serving of legumes at least 3 times per week.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X	X		Per Consultant Dietitian evaluation and menu, 8 oz servings of milk or milk equivalents are given 3 times a day. Per Food Service Coordinator, an additional serving of milk is offered to pregnant inmates at meal and snack time as ordered by medical staff. Food labels show milk and lactose milk meet minimum requirements for Calcium, Vitamin A and Vitamin D. Facility is using different brand of Soymilk (previously Pacific Foods Barista Series and now using Silk Aseptic Prisma) which now meets requirements for calcium however does not contain Vitamin A and D. Cal-15 drink mix meets calcium requirement for fortified item. Addendum 3/31/22- Soy milk product replaced and meets requirements for calcium, vitamin A and D.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			Menus show five or more servings of fruits and vegetables are served daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Menus show fresh fruit and/or vegetable is served daily
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Menus show Oranges, pineapple, and mixed fruit sources.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Per Consultant Dietitian evaluation, regular and diabetic menus provide an average of 3082 mcg RE/day of Vitamin A, Kosher/Halal Menus provide 2188mcg RE/day and Lacto-ovo vegetarian menu provides 3070 mcg RE/day of Vitamin A.
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	X			Menus show at 6 servings or more of whole or enriched grains are offered daily and 3 or more of those servings include whole grain sources.
Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.	X			Per Consultant Dietitian evaluation, saturated fat content for regular/diabetic, Kosher/Halal and Lacto-ovo vegetarian on average meet the requirement for being under 10%.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1243 Food Service Plan This regulation requires Temporary Holding facilities to have a food service plan; however, the intent is that policies and procedures only address those areas that apply to the facility operation.	X	✗		This facility follows same food service plan as the main jail. Some pieces related to orientation and ongoing training, waste management, equipment maintenance and repair are missing. See adult Type II audit form for details. Addendum 3/31/22: policies updated to include orientation, ongoing training, waste management, equipment maintenance and repair.

Summary of nutritional health evaluation:

The main adult jail facility provides food services to the holding facility from the main kitchen, hence recommendations for this facility are the same. See Nutritional Health Evaluation Adult Type II audit form for details.

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

FACILITY NAME: Yolo County Juvenile Hall		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
ENVIRONMENTAL HEALTH EVALUATION	DATE EVALUATED: 12/21/21 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☐ NO ☒	
ENVIRONMENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Boua Ly Environmental Health Specialist II (530) 666-8583		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz Assistant Superintendent (530) 406-5382 (d) Oscar.ruiz@yolocounty.org		

Purpose

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

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

Instructions

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

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

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

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1464 Food Services Plan Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures: (a) menu planning; (b) purchasing; (c) storage and inventory control; (d) food preparation; (e) food serving; (f) transporting food; (g) orientation and on-going training; (h) personnel supervision; (i) budgets and food costs accounting; (j) documentation and record keeping; (k) emergency feeding plan; (l) waste management; (m) maintenance and repair; (n) hazard analysis critical control point plan; and, (o) provision for maintaining three days of meals for testing in the event of food-borne illness.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	x			The Environmental health inspector retains primary responsibility to determine compliance with section 1465. Compliance should be assessed with consultation with the Nutrition Inspector so that the findings on the Environmental health Evaluation reflect the observations, expertise and consensus of both parties.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:	X			The Environmental health inspector retains primary responsibility to determine compliance with section 1465. Compliance should be assessed with consultation with the Nutrition Inspector so that the findings on the Environmental health Evaluation reflect the observations, expertise and consensus of both parties. Main course open food is prepared at Monroe Detention Facility and carried over hot or cold. Some pre-packaged foods are stored onsite. - Refrigerated milk measured 41 degrees F.
(a) Health and Safety Code Sections 114130-114141;			X	
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;			X	
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
(d) Health and Safety Code Sections 114268-114269; and,			X	
(e) Health and Safety Code Sections 114279-114282.			X	
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.			X	The Environmental health inspector retains primary responsibility to determine compliance with section 1467. Compliance should be assessed with 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 The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.	X			Clothing replaced daily and as needed.
Clothing provisions shall ensure that:	X			
(a) clothing is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) The standard issue of climatically suitable clothing for youth shall consist of but not be limited to: (1) socks and serviceable footwear; (2) outer garments; (3) new non-disposable underwear which shall remain with the youth throughout their stay, and; (4) undergarments, that are freshly laundered and free of stains, including tee shirts and bras.	x			
(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			
(d) suitable clothing is issued to pregnant youth.	x			
1481 Special Clothing 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			Separate uniforms provided for any special work assignments.
1482 Clothing Exchange The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled 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.	x			
Tee shirts, bras, and underwear shall be exchanged daily; youth shall receive their own underwear back at exchange.	x			
1483 Clothing, Bedding and Linen Supply 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. Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.	x			
1484 Control of Vermin in Minors' Personal Clothing There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing.	x			Incoming minors are cleared by Medical
Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	x			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1488 Hair Care Services				Outside barber provided once per month.
Written policies and site-specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	x			
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	x			
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Clean laundered, suitable bedding and linens, in good repair, shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but not be limited to:	x			
a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;	x			
(b) one pillow and a pillow case unless provided for in (a) above;	x			
(c) one mattress cover and a sheet or two sheets;	x			
(d) one towel; and,	x			
(e) one blanket or more, upon request.	x			
1501 Bedding and Linen Exchange				
The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	x			
Washable items such as sheets, mattress covers, pillow cases and towels shall be exchanged for clean replacement at least once each week.	x			
The covering blanket shall be cleaned or laundered once a month.	x			Blankets bi-monthly, sheets once a week or on demand.
1502 Mattresses				
Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	x			
Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase.	x			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				County of Yolo Safety Manual
The facility administrator shall develop and implement written policies and site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The plan shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	x			Daily cleaning by kids and staff.
The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).	x			
Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	x			
1511 Smoke Free Environment				
The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.	x			

Summary of environmental health evaluation:

Areas inspected: Pod B #4, 5, 11, 14; Pod C #5, 6, 8, 12; Pod A #9. Each unit inspection included shower and janitorial sink in the cell.

Hot water at janitor's sink measured 101 F -104F. Showers and handsinks measured 97F-103F.

Reading light for the above pod cells ranged from 25 - 59 foot candles (fc). Minimum requirement is 20 fc.

Note: This report has been amended 4/14/22. The Juvenile Hall Pod A violation have been moved to Monroe's report since operations in Pod A is under the Monroe facility.

- 1) Plumbing: **B14** toilet is not flushing completely. Per Assistant Superintendent Ruiz, maintenance would be contacted immediately.

Boua Ly, REHS
Environmental Health Specialist II

II. NUTRITIONAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 E. Gibson Rd, Woodland, CA 95776		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION	DATE EVALUATED: 12/21/21, updated 3/31/22 & 4/22/22 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☒ NO ☐	
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D., Supervising Public Health Nutritionist (530) 666-8448		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent (530) 406-5383 Tina Day, Lieutenant, (530) 668-5229 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200		

Purpose

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

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

Instructions

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

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

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

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

NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving Meals shall be served at least three times in any 24-hour period.	X			Per facility Superintendent, meals are served at approximately 0630, 1100, and 1630. Menu's also show plan for 3 meals a day served.
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	X			As per facility Superintendent hot meals are offered twice a day and food is offered at the time of booking and within the first hour of arrival. Snacks are offered at 1415 ad 1930. When medical diets are prescribed, they are documented on pod population status and request is sent to kitchen for delivery.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	X			Per Superintendent response, dinner is provided at approximately 1630 and snacks are offered at 1930 which meets requirement. Also stated practice in Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	X			Per Superintendent response, youth are provided a minimum of 20 minutes for meals and assigned pod staff ensure additional time is allowed when prescribed. Also stated practice in Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	X			Per Superintendent response, a sack meal is offered if youth misses scheduled facility meal.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	X			Per Superintendent response, a sack lunch is provided. Meal is saved for youth on medical diets and provided when they return.
1461 Minimum Diet Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.	X			Regular menus are reviewed and planned with consultation of Consultant Dietitian.
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	X			Included in Yolo County Juvenile Detention Facility Article 6, Section 1372 "Religious Program."
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:	X			Per Consultant Dietitian evaluation of standard Juvenile menu, the daily average for protein is 132 grams, which is above the minimum requirement.
2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.	X			Per Consultant Dietitian evaluation and menu, four 8 oz servings of 1% milk, nonfat milk or milk equivalents are offered a day.
All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.	X	X		Food labels show milk and lactose free milk meet minimum requirements for Calcium, Vitamin A and Vitamin D. Facility is using different brand of Soymilk (previously Pacific Foods Barista Series and now using Silk Aseptic Prisma) which now meets requirements for calcium however does not contain Vitamin A and D. Addendum 3/31/22- Soy milk product replaced and meets requirements for calcium, vitamin A and D.
One serving equals, but is not limited to, one of the following examples:	X			
8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	X			
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:	X			Menus show five or more servings of fruits and vegetables are served daily and additional fruit is offered at snack time
(1) One serving of a fresh fruit or vegetable.	X			Menus show fresh fruit and/or vegetable is served daily
(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the foods described in the regulation.	X			Menus show Oranges, pineapple, and mixed fruit sources.
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to the foods described in the regulation.	X			
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	X			Menus show 6 servings or more of whole or enriched grains are offered daily and 4 or more of those servings include whole grain sources.
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	X			Per Consultant Dietitian review of menu, the average calories per day is 2665 which is within required amount.
(1) Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019.
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.	X	X		Per Consultant Dietitian evaluation of menu, daily meal average is 6% of total calories which is within requirement. Sodium levels show slight improvement however remain above the recommended range and higher than the regular adult menu. Addendum 4/22/22: Per Food Service Coordinator, sodium and sugar levels have been adjusted and reduced by 10% in recipes. Facility has replaced turkey lunch meat for a lower sodium option.
1462 Medical Diets Only the attending physician shall prescribe a medical diet.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.	X			When medical diet requests are made, substitutions for foods are indicated in meal transmittal sheet for communication to facility staff. Food Service Coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modification requests.
The facility manager shall comply with any medical diet prescribed for a youth.	X			Per Superintendent, there are several places medical diets are noted to communicate with staff and ensure diet gets to youth. Medical Treatment Orders are placed behind staff console area, documented on population status, documented in meal transmittal sheets, and kitchen labels all medical diets.
Diet orders shall be maintained on file for at least one year.	X			Per Superintendent, diet orders are kept in youth file and purged 3-5 years after youth reach 18 years of age.
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical diet manuals are kept in the kitchen office and in the Wellpath office.
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.	X			Last diet manual approval was 12/15/2021
1463 Menus Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	X			For the regular youth diet, facility uses 5 week cycle menus which have been planned well over 1 month in advanced.
Menus shall be approved by a registered dietitian before being used.		X		Consultant Dietitian reviewed and approved regular menu for youth this year however no review of other medical diets noted. Wellpath Yolo County California-Juvenile Policies and Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019 indicate the available diets for Juvenile Facility include Renal, Pregnant, Liquid.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	X			Changes are noted at the bottom of the menu with Food Services Coordinators initials.
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.	X			Consultant Dietitian reviews available menus once a year. Last evaluation was completed 9/23/2021.
1464 Food Service Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:				The main kitchen provides meals to the adult and juvenile facility so follow same Food Service Plan with exception of a few food items kept on site.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) menu planning;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service" includes menu planning considerations and requirements. Noted policy states menus to be planned at least 1 week in advance of service however Title 15 requires to be planned at least 1 month in advance of use and approved by registered dietitian.
(b) purchasing;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" reviews expectations for record keeping of food costs and management expectations. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-600, "Food Services Inventory and Product Procurement" reviews guidelines when purchasing and how orders are placed.
(c) storage and inventory control;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement" and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-300 "Safety and Sanitation for Food Services" includes guidelines for food provided by the main kitchen. Yolo County Juvenile Detention Facility Policy and Procedure Manual Article 9, Section 1464a "Food Service Plan" describes receiving process, how to store food items, and rotating food items by expiration dates. Facility follows these guidelines for snack items stored on site.
(d) food preparation;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service" and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K 300 "Safety and Sanitation for Food Services. Also Yolo County Juvenile Detention Facility Policy and Procedure Manual Article 9, Section 1464a "Food Service Plan" describes personal hygiene requirements for food handlers and preparation of snacks.
(e) food serving;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service" and Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan" and Article 9 Section 1460 "Frequency of Servings".
(f) transporting food;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" mentions that after inmates have finished their meal, trays are picked up and returned to the cart. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) orientation and on-going training;	X	X		Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes list of training topics required at a minimum, and expectation for continuous on the job training conducted by Food Service Coordinator. Per Food Service Coordinator, all cooks and herself go through Serv Safe Certification Training and inmates who work in the kitchen review safety and food handling videos prior to working in the kitchen. Inmates and cooks received additional on the job training as needed to become familiar how to prepare foods and use kitchen equipment safely. Facility also continues to use County Sheriff's Office Detention Facility Kitchen Training Manual. This manual includes checklist for Food Service Coordinator to use when doing staff observations in the kitchen. The policy does not outline requirement for orientation upon employment or frequency of ongoing formal training. Addendum 3/31/22- Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and mentions safety and sanitation training is provided at orientation and a continual process of "on-the-job" training by Food Service Coordinator. Also outlines topics employees receive annual refresher training on.
(h) personnel supervision;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates" reviews staffing patterns and personnel supervision.
(i) budgets and food costs accounting;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes frequency for creating budget plan for procurement of foods, supplies and equipment. Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan" includes additional details.
(j) documentation and record keeping;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations such as food expenditure costs, food requirements, proof of effective procurement procedures, records of food storage, number of meals served daily, menus, average food cost per person. No guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply".
(l) waste management; and,	X	X		Per Lieutenant and Food Service Coordinator, facility has a process for removing different types of waste at the facility however there is no formal policy written as part of the food service plan. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. L-200 "Waste Disposal and Pest Control" updated and includes procedure for removing different types of waste at the facility including food waste.
(m) maintenance and repair.	X	X		Yolo County Sheriff's Office Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 includes individuals responsible for sanitation inspection program and areas to inspect however does not include written plan for maintenance and repair of equipment. Per Food Service Coordinator, kitchen equipment is fairly new as has not needed repairing. Facility does schedule regular preventative maintenance for kitchen equipment such as dishwasher, hoods, stoves and ovens. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and reviews the facilities practice for maintaining and repairing kitchen equipment. Also includes process for relocating or disposing affected food due to the temporary loss of use of equipment.
(n) hazard analysis critical control point plan; and,		X		Per Food Service Coordinator, facility has food checkpoints to ensure food safety however there appear to be no written process.
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service" and confirmed by Food Service Coordinator trays are kept in walk in refrigerator.
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:				
(a) Health and Safety Code Sections 114130-114141;				
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;				
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(d) Health and Safety Code Sections 114268-114269; and,				
(e) Health and Safety Code Sections 114279-114282.				
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.				

Summary of nutritional evaluation:

After conducting main kitchen site visit, reviewing documentation, responses from Food Service operation, and Juvenile Facility recommendations are as follows:

1. During the 2020 inspection, soy milk used at the facility did not meet requirements for calcium, vitamin A and D. This year the facility is using a different brand of soy milk which meets calcium requirements but is not fortified with Vitamin A and D. The Food Service Coordinator should replace currently used soymilk with different product which contains a minimum of 250 mg (25%) of Calcium and is fortified with Vitamin A and D to meet this requirement.
2. The main kitchen provides meals to the adult and juvenile facility so follow same Food Service Plan. Title 15 requires facilities to have a food service plan which includes maintenance and repair or equipment, waste management,

orientation, and ongoing training. Juvenile facility Food Service Plan also includes requirement for Hazard Analysis and Critical Control Point. Per discussions with Lieutenant and Food Service Coordinator, it appears facility has a practice in place for these however should work on creating written policies which will not only help meet Title 15 requirements but also provide guidance to new staff. In addition, the following updates are recommended for each of the following:

-Food Service Plan, Menu Planning: Policy S.O. NO K-200 “Menu Planning and Meal Service” reviews menu planning however it was noted this policy states menus are to be planned at least 1 week in advance before use. This policy should be updated to match Title 15 requirements that meals should be planned at least 1 month in advance of their use and shall be approved by a registered dietitian. (See Title 15 section 1463 Menus for details).

-Food Service Plan, Transporting Food: Policy S.O. K-500 “Meal Service” mentions that trays are returned to the cart after inmates are finished however would suggest including a brief review in the policy (possibly under General information) indicating how food is transported to pods in carts to maintain appropriate temperature for clarity.

-Food Service Plan, Documentation and Record Keeping: Policy Manual S.O. No. K-100 “Nutritional Adequacy of the Diet for Inmates” includes list of some records to be maintained for food service operations however would like to see guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

3. Per Wellpath Yolo County California-Juvenile Policies and Procedures “Nutrition and Medical Diets” reference 79261 effective 7/15/2019 there appear to be other medical diets the facility uses which were not included in the review documents completed by Consultant Dietitian. Creating menus for all diets that are more commonly used at facility can help ensure that all menus meet nutritional requirements, are ready for use when ordered and meet Title 15 requirements.
4. Since there have been no significant changes to the 5-week cycle menu reviewed last year, other recommendations remain the same. Food Service Coordinator should continue to work with Consultant Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with increasing variety in the menu but may also help reduce food costs. An idea other food service establishments use is to have seasonal cycle menus which include foods that are available during that season.

Addendum 4/22/22: Since the last inspection in December 2021, the facility has replaced soymilk product with one that meets requirements for Calcium, Vitamin A and D, has worked on reducing the amount of sodium and sugar in their diets and has updated policies to meet the requirements of the food service plan for maintenance and repair of equipment, waste management, orientation and ongoing training.

II. NUTRITIONAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 E. Gibson Rd, Woodland, CA 95776		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION	DATE EVALUATED: 12/21/21, updated 3/31/22 & 4/22/22 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☒ NO ☐	
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D., Supervising Public Health Nutritionist (530) 666-8448		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent (530) 406-5383 Tina Day, Lieutenant, (530) 668-5229 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200		

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."

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Instructions

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

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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/>

NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving Meals shall be served at least three times in any 24-hour period.	X			Per facility Superintendent, meals are served at approximately 0630, 1100, and 1630. Menu's also show plan for 3 meals a day served.
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	X			As per facility Superintendent hot meals are offered twice a day and food is offered at the time of booking and within the first hour of arrival. Snacks are offered at 1415 ad 1930. When medical diets are prescribed, they are documented on pod population status and request is sent to kitchen for delivery.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	X			Per Superintendent response, dinner is provided at approximately 1630 and snacks are offered at 1930 which meets requirement. Also stated practice in Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	X			Per Superintendent response, youth are provided a minimum of 20 minutes for meals and assigned pod staff ensure additional time is allowed when prescribed. Also stated practice in Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	X			Per Superintendent response, a sack meal is offered if youth misses scheduled facility meal.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	X			Per Superintendent response, a sack lunch is provided. Meal is saved for youth on medical diets and provided when they return.
1461 Minimum Diet Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.	X			Regular menus are reviewed and planned with consultation of Consultant Dietitian.
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	X			Included in Yolo County Juvenile Detention Facility Article 6, Section 1372 "Religious Program."
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:	X			Per Consultant Dietitian evaluation of standard Juvenile menu, the daily average for protein is 132 grams, which is above the minimum requirement.
2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.	X			Per Consultant Dietitian evaluation and menu, four 8 oz servings of 1% milk, nonfat milk or milk equivalents are offered a day.
All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.	X	X		Food labels show milk and lactose free milk meet minimum requirements for Calcium, Vitamin A and Vitamin D. Facility is using different brand of Soymilk (previously Pacific Foods Barista Series and now using Silk Aseptic Prisma) which now meets requirements for calcium however does not contain Vitamin A and D. Addendum 3/31/22- Soy milk product replaced and meets requirements for calcium, vitamin A and D.
One serving equals, but is not limited to, one of the following examples:	X			
8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	X			
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:	X			Menus show five or more servings of fruits and vegetables are served daily and additional fruit is offered at snack time
(1) One serving of a fresh fruit or vegetable.	X			Menus show fresh fruit and/or vegetable is served daily
(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the foods described in the regulation.	X			Menus show Oranges, pineapple, and mixed fruit sources.
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to the foods described in the regulation.	X			
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	X			Menus show 6 servings or more of whole or enriched grains are offered daily and 4 or more of those servings include whole grain sources.
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	X			Per Consultant Dietitian review of menu, the average calories per day is 2665 which is within required amount.
(1) Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019.
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.	X	X		Per Consultant Dietitian evaluation of menu, daily meal average is 6% of total calories which is within requirement. Sodium levels show slight improvement however remain above the recommended range and higher than the regular adult menu. Addendum 4/22/22: Per Food Service Coordinator, sodium and sugar levels have been adjusted and reduced by 10% in recipes. Facility has replaced turkey lunch meat for a lower sodium option.
1462 Medical Diets Only the attending physician shall prescribe a medical diet.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.	X			When medical diet requests are made, substitutions for foods are indicated in meal transmittal sheet for communication to facility staff. Food Service Coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modification requests.
The facility manager shall comply with any medical diet prescribed for a youth.	X			Per Superintendent, there are several places medical diets are noted to communicate with staff and ensure diet gets to youth. Medical Treatment Orders are placed behind staff console area, documented on population status, documented in meal transmittal sheets, and kitchen labels all medical diets.
Diet orders shall be maintained on file for at least one year.	X			Per Superintendent, diet orders are kept in youth file and purged 3-5 years after youth reach 18 years of age.
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical diet manuals are kept in the kitchen office and in the Wellpath office.
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.	X			Last diet manual approval was 12/15/2021
1463 Menus Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	X			For the regular youth diet, facility uses 5 week cycle menus which have been planned well over 1 month in advanced.
Menus shall be approved by a registered dietitian before being used.		X		Consultant Dietitian reviewed and approved regular menu for youth this year however no review of other medical diets noted. Wellpath Yolo County California-Juvenile Policies and Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019 indicate the available diets for Juvenile Facility include Renal, Pregnant, Liquid.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	X			Changes are noted at the bottom of the menu with Food Services Coordinators initials.
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.	X			Consultant Dietitian reviews available menus once a year. Last evaluation was completed 9/23/2021.
1464 Food Service Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:				The main kitchen provides meals to the adult and juvenile facility so follow same Food Service Plan with exception of a few food items kept on site.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) menu planning;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service" includes menu planning considerations and requirements. Noted policy states menus to be planned at least 1 week in advance of service however Title 15 requires to be planned at least 1 month in advance of use and approved by registered dietitian.
(b) purchasing;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" reviews expectations for record keeping of food costs and management expectations. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-600, "Food Services Inventory and Product Procurement" reviews guidelines when purchasing and how orders are placed.
(c) storage and inventory control;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement" and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-300 "Safety and Sanitation for Food Services" includes guidelines for food provided by the main kitchen. Yolo County Juvenile Detention Facility Policy and Procedure Manual Article 9, Section 1464a "Food Service Plan" describes receiving process, how to store food items, and rotating food items by expiration dates. Facility follows these guidelines for snack items stored on site.
(d) food preparation;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service" and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K 300 "Safety and Sanitation for Food Services. Also Yolo County Juvenile Detention Facility Policy and Procedure Manual Article 9, Section 1464a "Food Service Plan" describes personal hygiene requirements for food handlers and preparation of snacks.
(e) food serving;	X			Included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-500 "Meal Service" and Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan" and Article 9 Section 1460 "Frequency of Servings".
(f) transporting food;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" mentions that after inmates have finished their meal, trays are picked up and returned to the cart. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) orientation and on-going training;	X	X		Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes list of training topics required at a minimum, and expectation for continuous on the job training conducted by Food Service Coordinator. Per Food Service Coordinator, all cooks and herself go through Serv Safe Certification Training and inmates who work in the kitchen review safety and food handling videos prior to working in the kitchen. Inmates and cooks received additional on the job training as needed to become familiar how to prepare foods and use kitchen equipment safely. Facility also continues to use County Sheriff's Office Detention Facility Kitchen Training Manual. This manual includes checklist for Food Service Coordinator to use when doing staff observations in the kitchen. The policy does not outline requirement for orientation upon employment or frequency of ongoing formal training. Addendum 3/31/22- Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and mentions safety and sanitation training is provided at orientation and a continual process of "on-the-job" training by Food Service Coordinator. Also outlines topics employees receive annual refresher training on.
(h) personnel supervision;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates" reviews staffing patterns and personnel supervision.
(i) budgets and food costs accounting;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes frequency for creating budget plan for procurement of foods, supplies and equipment. Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan" includes additional details.
(j) documentation and record keeping;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations such as food expenditure costs, food requirements, proof of effective procurement procedures, records of food storage, number of meals served daily, menus, average food cost per person. No guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply".
(l) waste management; and,	X	✗		Per Lieutenant and Food Service Coordinator, facility has a process for removing different types of waste at the facility however there is no formal policy written as part of the food service plan. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. L-200 "Waste Disposal and Pest Control" updated and includes procedure for removing different types of waste at the facility including food waste.
(m) maintenance and repair.	X	✗		Yolo County Sheriff's Office Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 includes individuals responsible for sanitation inspection program and areas to inspect however does not include written plan for maintenance and repair of equipment. Per Food Service Coordinator, kitchen equipment is fairly new as has not needed repairing. Facility does schedule regular preventative maintenance for kitchen equipment such as dishwasher, hoods, stoves and ovens. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and reviews the facilities practice for maintaining and repairing kitchen equipment. Also includes process for relocating or disposing affected food due to the temporary loss of use of equipment.
(n) hazard analysis critical control point plan; and,		X		Per Food Service Coordinator, facility has food checkpoints to ensure food safety however there appear to be no written process.
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service" and confirmed by Food Service Coordinator trays are kept in walk in refrigerator.
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:				
(a) Health and Safety Code Sections 114130-114141;				
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;				
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(d) Health and Safety Code Sections 114268-114269; and,				
(e) Health and Safety Code Sections 114279-114282.				
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.				

Summary of nutritional evaluation:

After conducting main kitchen site visit, reviewing documentation, responses from Food Service operation, and Juvenile Facility recommendations are as follows:

1. During the 2020 inspection, soy milk used at the facility did not meet requirements for calcium, vitamin A and D. This year the facility is using a different brand of soy milk which meets calcium requirements but is not fortified with Vitamin A and D. The Food Service Coordinator should replace currently used soymilk with different product which contains a minimum of 250 mg (25%) of Calcium and is fortified with Vitamin A and D to meet this requirement.
2. The main kitchen provides meals to the adult and juvenile facility so follow same Food Service Plan. Title 15 requires facilities to have a food service plan which includes maintenance and repair or equipment, waste management,

orientation, and ongoing training. Juvenile facility Food Service Plan also includes requirement for Hazard Analysis and Critical Control Point. Per discussions with Lieutenant and Food Service Coordinator, it appears facility has a practice in place for these however should work on creating written policies which will not only help meet Title 15 requirements but also provide guidance to new staff. In addition, the following updates are recommended for each of the following:

-Food Service Plan, Menu Planning: Policy S.O. NO K-200 “Menu Planning and Meal Service” reviews menu planning however it was noted this policy states menus are to be planned at least 1 week in advance before use. This policy should be updated to match Title 15 requirements that meals should be planned at least 1 month in advance of their use and shall be approved by a registered dietitian. (See Title 15 section 1463 Menus for details).

-Food Service Plan, Transporting Food: Policy S.O. K-500 “Meal Service” mentions that trays are returned to the cart after inmates are finished however would suggest including a brief review in the policy (possibly under General information) indicating how food is transported to pods in carts to maintain appropriate temperature for clarity.

-Food Service Plan, Documentation and Record Keeping: Policy Manual S.O. No. K-100 “Nutritional Adequacy of the Diet for Inmates” includes list of some records to be maintained for food service operations however would like to see guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

3. Per Wellpath Yolo County California-Juvenile Policies and Procedures “Nutrition and Medical Diets” reference 79261 effective 7/15/2019 there appear to be other medical diets the facility uses which were not included in the review documents completed by Consultant Dietitian. Creating menus for all diets that are more commonly used at facility can help ensure that all menus meet nutritional requirements, are ready for use when ordered and meet Title 15 requirements.
4. Since there have been no significant changes to the 5-week cycle menu reviewed last year, other recommendations remain the same. Food Service Coordinator should continue to work with Consultant Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with increasing variety in the menu but may also help reduce food costs. An idea other food service establishments use is to have seasonal cycle menus which include foods that are available during that season.

Addendum 4/22/22: Since the last inspection in December 2021, the facility has replaced soymilk product with one that meets requirements for Calcium, Vitamin A and D, has worked on reducing the amount of sodium and sugar in their diets and has updated policies to meet the requirements of the food service plan for maintenance and repair of equipment, waste management, orientation and ongoing training.

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

BSCC #: _____

FACILITY NAME: Monroe Detention Center		COUNTY: Yolo		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive Woodland, CA 95776 (530) 668-5245				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 12/14/21		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Tina Day (530) 668-5229, Tina.day@yolocounty.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: 12/21/22		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D> Supervising Public Health Nutritionist 530-666-8448				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Tina Day 530-668-5229 tina.day@yolocounty.org				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	×			
1. Food is prepared at another city or county detention facility.		×		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		×		
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.	×			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	×			
1243 Food Service Plan There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan. The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	×			Food Service clothing provided
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	×			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	×			
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	×			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	×			Red bagged and labeled biohazard. Serviced by Daniels Co.
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	×			Clothes are bagged and tagged as contaminated.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	×			
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	×			
Each female inmate is issued sanitary napkins and/or tampons as needed.	×			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	×			
Toothbrush;				
Dentifrice;	×			
Soap;	×			
Comb; and,	×			
Shaving implements.	×			Shared and Clippercide™ disinfectant.
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	×			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	×			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	×			
1267 Hair Care Services				
Hair care services are available.	×			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	×			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	×			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	×			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	×			
One mattress cover or one sheet;	×			
One towel; and,	×			
One blanket or more, depending upon climatic conditions.	×			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	×			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	×			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	×			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	×			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	×			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		×		The cleaning of cells and common areas is done by inmates.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>		×		Most cells inspected had adequate light illumination for reading. See comments at end of report.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	×			
	×			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Biohazard red bagged. Steri Cycle, Inc., is used for disposal.
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Areas inspected: **Unit A1**/cells 203, 308; **Unit A2**/cells 214, 302; **Unit B1**/cells 108, 301; **Unit B2**/cells 106, 206; **Unit H**/cells 102, 107, 108. Each unit inspection included shower and janitorial sinks nearest the cell.

Corrections needed:

- 1) Plumbing repairs needed: **A1**- near 301, janitorial sink faucet is leaking. **A-2** – near 302 janitor's sink faucet hot water is not functioning; **B-1** near 301 janitorial sink has no hot water **B-1** near 101 janitor sink has a leak. **B-2** 206 cold water valve not functioning. **B-2** by 201 janitorial sink has a leak. Shower near cell 101 has a drain cover missing. **H**- 107 There is an dry orange residue trailing from the fire sprinkler down to sink.
- 2) Reading light did not meet the required 20-foot candle above the desk: **A1**-308; **A2**-214, 302; Correct or repair lights.
- 3) Wall and/or ceiling pitted/deteriorating, or moldy: **B1**- Near cell 101 shower has mold growth on ceiling and tiles missing. **B1**- Shower area by 301 area missing tiles. Must keep floors, walls and ceilings in good repair so they are cleanable.
- 4) Paper product blocking vent in the following cells: **A1**-203; **B1**-108; **B2**-206. **H**- 102, 108 Must remove paper to allow proper air balancing of ventilation system.
- 5) The Juvenile Hall (currently operating under Monroe): **Pod A** middle shower is out of order, the shower does not turn on after one cycle.

Note: This report has been amended 4/14/22. The Juvenile Hall Pod A violation was previously listed under The Juvenile Hall report has been moved to Monroe's report since operations in Pod A is under the Monroe facility.

Correct within 30 days.

Boua Ly, REHS
Environmental Health Specialist II

II. NUTRITIONAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>
1240 Frequency of Serving In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Breakfast, Lunch and Dinner are offered as shown in menu's and confirmed by Food Service Coordinator.
At least one of these meals shall include hot food.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Menu's show 2 meals a day are served hot.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice. Per Food Service Coordinator, kitchen receives notification and prepares snack items ahead to be ready for PM snack.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Per Food Service Coordinator inmates who miss their scheduled meal are provided a sack lunch with 8 oz 1% milk. Prescribed meals are saved for inmates and offered when they return.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.				
The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served. (a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Per Consultant Dietitian evaluation of menus, the standard and diabetic menu provides daily average of 114 grams of Protein, Kosher/Halal menu provides daily average 120 grams of Protein, Lacto-ovo vegetarian menu provides daily average of 102 grams of Protein, which meets above the minimum requirement. Menus show fourth serving of legumes at least 3 times per week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X	X		Per Consultant Dietitian evaluation and menu, 8 oz servings of milk or milk equivalents are given 3 times a day. Per Food Service Coordinator, an additional serving of milk is offered to pregnant inmates at meal and snack time as ordered by medical staff. Food labels show milk and lactose free milk meet minimum requirements for Calcium, Vitamin A and Vitamin D. Facility is using different brand of Soymilk (previously Pacific Foods Barista Series and now using Silk Aseptic Prisma) which now meets requirements for calcium however does not contain Vitamin A and D. Cal-15 drink mix meets calcium requirement for fortified item. Addendum 3/31/22- Soy milk product replaced and meets requirements for calcium, vitamin A and D.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			Menus show five or more servings of fruits and vegetables are served daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Menus show fresh fruit and/or vegetable is served daily
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Menus show Oranges, pineapple, and mixed fruit sources.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Per Consultant Dietitian evaluation, regular and diabetic menus provide an average of 3082 mcg RE/day of Vitamin A, Kosher/Halal Menus provide 2188mcg RE/day and Lacto-ovo vegetarian menu provides 3070 mcg RE/day of Vitamin A.
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			Menus show 6 servings or more of whole or enriched grains are offered daily and 3 or more of those servings include whole grain sources. Per Consultant Dietitian evaluation, saturated fat content for regular/diabetic, Kosher/Halal and Lacto-ovo vegetarian on average meet the requirement for being under 10%.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	X	✗		Per consultant dietitian evaluation, sugar levels meet requirements for less than 10% of total calories. Sodium levels for regular, diabetic and vegetarian menus continue to show slight improvement however remain above recommendations. Kosher/Halal menu is the highest at 4131mgs of sodium on average per day. Consultant dietitian recommendation includes continuing to work on reducing sodium levels. Addendum 4/22/22: Per Food Service Coordinator, sodium and sugar levels have been adjusted and reduced by 10% in recipes. Facility has replaced some Kosher/Halal meals with lower sodium products.
1242 Menus Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.		X		Facility uses 5 week cycle menus for regular/diabetic, Kosher/Halal, Lacto-ovo Vegetarian which have been planned and reviewed by Consultant Dietitian well over 1 month in advanced. Per Food Service Coordinator facility also uses Low Sodium diet and mentioned Gluten free requests have been made however nutrition evaluation was not noted for these diets.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			Changes are noted at the bottom of the menu with Food Services Coordinators initials.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			Consultant Dietitian reviews available menus once a year. Last evaluation was completed 9/23/2021.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:				
(a) menu planning;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service" includes menu planning considerations and requirements. Noted policy states menus to be planned at least 1 week in advance of service however Title 15 requires to be planned at least 1 month in advance of use and approved by registered dietitian.
(b) purchasing;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" reviews expectations for record keeping of food costs and management expectations. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-600, "Food Services Inventory and Product Procurement" reviews guidelines when purchasing and how orders are placed.
(c) storage and inventory control;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement" reviews expectations for Food Service Coordinator or designee to complete physical inventory of products stored. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-300 "Safety and Sanitation for Food Services" includes expectations for food storage temperatures. Per Food Service Coordinator, all individuals working in the kitchen are trained to check expiration dates before using food items and when new deliveries are received, the older items are pulled forward so that they are used first.
(d) food preparation;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service" includes brief review of considerations when meals are designed. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K 300 "Safety and Sanitation for Food Services" includes guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual..

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) food serving;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" reviews how and when meals are served.
(f) transporting food;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" mentions that after inmates have finished their meal, trays are picked up and returned to the cart. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen.
(g) orientation and ongoing training;	X	X		Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes list of training topics required at a minimum, and expectation for continuous on the job training conducted by Food Service Coordinator. Per Food Service Coordinator, all cooks and herself go through Serv Safe Certification Training and inmates who work in the kitchen review safety and food handling videos prior to working in the kitchen. Inmates and cooks received additional on the job training as needed to become familiar how to prepare foods and use kitchen equipment safely. Facility also continues to use County Sheriff's Office Detention Facility Kitchen Training Manual. This manual includes checklist for Food Service Coordinator to use when doing staff observations in the kitchen. The policy does not outline requirement for orientation upon employment or frequency of ongoing formal training. Addendum 3/31/22- Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and mentions safety and sanitation training is provided at orientation and a continual process of "on-the-job" training by Food Service Coordinator. Also outlines topics employees receive annual refresher training on.
(h) personnel supervision;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates" reviews minimum staffing patterns for supervision.
(i) budgets and food cost accounting;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes frequency for creating budget plan for procurement of foods, supplies and equipment.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(j) documentation and record keeping;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations such as food expenditure costs, food requirements, proof of effective procurement procedures, records of food storage, number of meals served daily, menus, average food cost per person. No guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply".
(l) waste management;	X	✗		Per Lieutenant and Food Service Coordinator, facility has a process for removing different types of waste at the facility however there is no formal policy written as part of the food service plan. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. L-200 "Waste Disposal and Pest Control" updated and includes procedure for removing different types of waste at the facility including food waste.
(m) maintenance and repair; and,	X	✗		Yolo County Sheriff's Office Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 includes individuals responsible for sanitation inspection program and areas to inspect however does not include written plan for maintenance and repair of equipment. Per Food Service Coordinator, kitchen equipment is fairly new as has not needed repairing. Facility does schedule regular preventative maintenance for kitchen equipment such as dishwasher, hoods, stoves and ovens. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and reviews the facilities practice for maintaining and repairing kitchen equipment. Also includes process for relocating or disposing affected food due to the temporary loss of use of equipment.
(n) three-day mainline sample tray.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service" and confirmed by Food Service Coordinator trays are kept in walk in refrigerator.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:				
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
1246 Food Serving and Supervision Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1247 Disciplinary Separation Diet (a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician. Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply. The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.	X		X	Stated practice per Yolo County Sheriff's Office Policy Manual Disciplinary Isolation Diet S.O. No K-450. Per Food Service Coordinator, meal is served twice a day and includes 19 oz loaf, 2 slices of whole wheat bread. Loaf is measured on scales after baking and weighed to 19 oz. Addendum 4/22/22: Facility has discontinued use of the Disciplinary Separation Diet.
(b) The disciplinary diet loaf shall consist of the following: 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder		X	X	Disciplinary loaf recipe offered at facility with yield of 80 loaves 19 oz each was modified last year to meet egg requirements however other ingredients were not modified for increase in yield. Last year recipe yield was for 75 loaves. Addendum 4/22/22: Facility has discontinued use of the Disciplinary Separation Diet.
1248 Medical Diets The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K200 "Food Services: Menu Planning and Meal Service" reviews that special diets are provided to inmates when prescribed by medical staff. It also includes requirements for how often diet should be reviewed to determine need for continuation.
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	X			When medical diet requests are made, substitutions for foods are indicated in meal transmittal sheet for communication to facility staff. Food Service Coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modification requests.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager shall comply with any medical diet prescribed for an inmate.	X			Process is in place to make sure inmate receives appropriate diet. Medical staff send diet request to kitchen, Food Service Coordinator ensures diet is posted on the medical diet board to communicate to kitchen staff. Special diets also have transmittal sheet that helps with communication when diet is delivered.
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical Diet Manual available at facility.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	X			Signatures started for approval 12/15/2021
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.	X			Per Food Service Coordinator, in addition to the regular meal as applicable, pregnant inmates receive an additional milk portion with meals and a PM snack with milk.

Summary of nutritional evaluation:

After conducting site visit, reviewing documentation and responses from Food Service operation, recommendations are as follows:

1. The Dietary Isolation Diet was modified to meet the requirement for egg portion however all ingredients are not consistent with amounts listed in the Title 15 recipe for yield size. Per Lieutenant, there is possibility this diet may be removed as an option July 2022 however the Food Service Coordinator should work on scaling the recipe to meet requirements until then.
2. During the 2020 inspection, soy milk used at the facility did not meet requirements for calcium, vitamin A and D. This year the facility is using a different brand of soy milk which meets calcium requirements but is not fortified with Vitamin A and D. The Food Service Coordinator should replace currently used soymilk with different product which contains a minimum of 250 mg (25%) of Calcium and is fortified with Vitamin A and D to meet this requirement.
3. Title 15 requires facilities to have a food service plan which includes maintenance and repair or equipment, waste management, orientation, and ongoing training. Per discussions with Lieutenant and Food Service Coordinator, it appears facility has a practice in place for these however should work on creating written policies for these which will not only help meet Title 15 requirements but also provide guidance to new staff. In addition, the following updates are recommended for currently existing policies:

-Food Service Plan, Menu Planning: Policy S.O. NO K-200 “Menu Planning and Meal Service” reviews menu planning however it was noted this policy states menus are to be planned at least 1 week in advance before use. This policy should be updated to match Title 15 requirements that meals should be planned at least 1 month in advance of their use and shall be approved by a registered dietitian. (See Title 15 section 1242 Menus for details).

-Food Service Plan, Transporting Food: Policy S.O. K-500 “Meal Service” mentions that trays are returned to the cart after inmates are finished however would suggest including a brief review in the policy (possibly under General information) indicating how food is transported to pods in carts to maintain appropriate temperature for clarity.

-Food Service Plan, Documentation and Record Keeping: Policy Manual S.O. No. K-100 “Nutritional Adequacy of the Diet for Inmates” includes list of some records to be maintained for food service operations however would like to see guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

-Food Service Plan, Food Preparation: Policy S.O. K-300 “Safety and Sanitation for Food Services includes guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual. Would suggest adding a piece to the policy referencing the Training Manual for guidance of food preparation or adding more details to policy on what is considered to maintain food safety during food preparation.

4. The facility uses Low Sodium and Gluten free diets which were not included in the review documents completed by Consultant Dietitian. Creating menus for all diets that are more commonly used at facility can help ensure that all menus for all types of diets meet nutritional requirements, are ready for use when ordered and meet Title 15 requirements.
5. Since there have been no significant changes to the 5-week cycle menu reviewed last year, other recommendations remain the same. Food Service Coordinator should continue to work with Consultant Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with increasing variety in the menu but may also help reduce food costs. An idea other food service establishments use is to have seasonal cycle menus which include foods that are available during that season.

Addendum 4/22/22: Since the last inspection in December 2021, the facility has discontinued use of the dietary isolation diet, replaced soymilk product with one that meets requirements for Calcium, Vitamin A and D, has worked on reducing the amount of sodium and sugar in their diets and has updated policies to meet the requirements of the food service plan for maintenance and repair of equipment, waste management, orientation and ongoing training.

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

BSCC #: _____

FACILITY NAME: Monroe Detention Center			COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive Woodland, CA 95776 (530) 668-5245				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: 12/14/21	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Tina Day (530) 668-5229, Tina.day@yolocounty.org				
NUTRITIONAL EVALUATION			DATE INSPECTED: 12/21/22	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D> Supervising Public Health Nutritionist 530-666-8448				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Tina Day 530-668-5229 tina.day@yolocounty.org				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	×			
1. Food is prepared at another city or county detention facility.		×		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		×		
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.	×			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	×			
1243 Food Service Plan There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan. The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	×			Food Service clothing provided
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	×			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	×			
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	×			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	×			Red bagged and labeled biohazard. Serviced by Daniels Co.
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	×			Clothes are bagged and tagged as contaminated.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	×			
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	×			
Each female inmate is issued sanitary napkins and/or tampons as needed.	×			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	×			
Toothbrush;				
Dentifrice;	×			
Soap;	×			
Comb; and,	×			
Shaving implements.	×			Shared and Clippercide™ disinfectant.
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	×			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	×			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	×			
1267 Hair Care Services				
Hair care services are available.	×			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	×			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	×			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	×			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	×			
One mattress cover or one sheet;	×			
One towel; and,	×			
One blanket or more, depending upon climatic conditions.	×			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	×			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	×			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	×			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	×			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	×			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	×			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	×			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		×		The cleaning of cells and common areas is done by inmates.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	×			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	×			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	×			
Traps contain water to prevent escape of sewer gas.	×			
Grids and grates are present.	×			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	×			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>		×		Most cells inspected had adequate light illumination for reading. See comments at end of report.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	×			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	×			
	×			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	×			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	×			Biohazard red bagged. Steri Cycle, Inc., is used for disposal.
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	×			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	×			

Summary of environmental health evaluation:

Areas inspected: **Unit A1**/cells 203, 308; **Unit A2**/cells 214, 302; **Unit B1**/cells 108, 301; **Unit B2**/cells 106, 206; **Unit H**/cells 102, 107, 108. Each unit inspection included shower and janitorial sinks nearest the cell.

Corrections needed:

- 1) Plumbing repairs needed: **A1**- near 301, janitorial sink faucet is leaking. **A-2** – near 302 janitor's sink faucet hot water is not functioning; **B-1** near 301 janitorial sink has no hot water **B-1** near 101 janitor sink has a leak. **B-2** 206 cold water valve not functioning. **B-2** by 201 janitorial sink has a leak. Shower near cell 101 has a drain cover missing. **H**- 107 There is an dry orange residue trailing from the fire sprinkler down to sink.
- 2) Reading light did not meet the required 20-foot candle above the desk: **A1**-308; **A2**-214, 302; Correct or repair lights.
- 3) Wall and/or ceiling pitted/deteriorating, or moldy: **B1**- Near cell 101 shower has mold growth on ceiling and tiles missing. **B1**- Shower area by 301 area missing tiles. Must keep floors, walls and ceilings in good repair so they are cleanable.
- 4) Paper product blocking vent in the following cells: **A1**-203; **B1**-108; **B2**-206. **H**- 102, 108 Must remove paper to allow proper air balancing of ventilation system.
- 5) The Juvenile Hall (currently operating under Monroe): **Pod A** middle shower is out of order, the shower does not turn on after one cycle.

Note: This report has been amended 4/14/22. The Juvenile Hall Pod A violation was previously listed under The Juvenile Hall report has been moved to Monroe's report since operations in Pod A is under the Monroe facility.

Correct within 30 days.

Boua Ly, REHS
Environmental Health Specialist II

II. NUTRITIONAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>
1240 Frequency of Serving In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Breakfast, Lunch and Dinner are offered as shown in menu's and confirmed by Food Service Coordinator.
At least one of these meals shall include hot food.	X			Stated practice per Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service". Menu's show 2 meals a day are served hot.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice. Per Food Service Coordinator, kitchen receives notification and prepares snack items ahead to be ready for PM snack.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice.
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Per Food Service Coordinator inmates who miss their scheduled meal are provided a sack lunch with 8 oz 1% milk. Prescribed meals are saved for inmates and offered when they return.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.				
The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served. (a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Per Consultant Dietitian evaluation of menus, the standard and diabetic menu provides daily average of 114 grams of Protein, Kosher/Halal menu provides daily average 120 grams of Protein, Lacto-ovo vegetarian menu provides daily average of 102 grams of Protein, which meets above the minimum requirement. Menus show fourth serving of legumes at least 3 times per week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X	X		Per Consultant Dietitian evaluation and menu, 8 oz servings of milk or milk equivalents are given 3 times a day. Per Food Service Coordinator, an additional serving of milk is offered to pregnant inmates at meal and snack time as ordered by medical staff. Food labels show milk and lactose free milk meet minimum requirements for Calcium, Vitamin A and Vitamin D. Facility is using different brand of Soymilk (previously Pacific Foods Barista Series and now using Silk Aseptic Prisma) which now meets requirements for calcium however does not contain Vitamin A and D. Cal-15 drink mix meets calcium requirement for fortified item. Addendum 3/31/22- Soy milk product replaced and meets requirements for calcium, vitamin A and D.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			Menus show five or more servings of fruits and vegetables are served daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Menus show fresh fruit and/or vegetable is served daily
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Menus show Oranges, pineapple, and mixed fruit sources.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Per Consultant Dietitian evaluation, regular and diabetic menus provide an average of 3082 mcg RE/day of Vitamin A, Kosher/Halal Menus provide 2188mcg RE/day and Lacto-ovo vegetarian menu provides 3070 mcg RE/day of Vitamin A.
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			Menus show 6 servings or more of whole or enriched grains are offered daily and 3 or more of those servings include whole grain sources. Per Consultant Dietitian evaluation, saturated fat content for regular/diabetic, Kosher/Halal and Lacto-ovo vegetarian on average meet the requirement for being under 10%.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	X	✗		Per consultant dietitian evaluation, sugar levels meet requirements for less than 10% of total calories. Sodium levels for regular, diabetic and vegetarian menus continue to show slight improvement however remain above recommendations. Kosher/Halal menu is the highest at 4131mgs of sodium on average per day. Consultant dietitian recommendation includes continuing to work on reducing sodium levels. Addendum 4/22/22: Per Food Service Coordinator, sodium and sugar levels have been adjusted and reduced by 10% in recipes. Facility has replaced some Kosher/Halal meals with lower sodium products.
1242 Menus Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.		X		Facility uses 5 week cycle menus for regular/diabetic, Kosher/Halal, Lacto-ovo Vegetarian which have been planned and reviewed by Consultant Dietitian well over 1 month in advanced. Per Food Service Coordinator facility also uses Low Sodium diet and mentioned Gluten free requests have been made however nutrition evaluation was not noted for these diets.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			Changes are noted at the bottom of the menu with Food Services Coordinators initials.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			Consultant Dietitian reviews available menus once a year. Last evaluation was completed 9/23/2021.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:				
(a) menu planning;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service" includes menu planning considerations and requirements. Noted policy states menus to be planned at least 1 week in advance of service however Title 15 requires to be planned at least 1 month in advance of use and approved by registered dietitian.
(b) purchasing;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" reviews expectations for record keeping of food costs and management expectations. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-600, "Food Services Inventory and Product Procurement" reviews guidelines when purchasing and how orders are placed.
(c) storage and inventory control;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement" reviews expectations for Food Service Coordinator or designee to complete physical inventory of products stored. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-300 "Safety and Sanitation for Food Services" includes expectations for food storage temperatures. Per Food Service Coordinator, all individuals working in the kitchen are trained to check expiration dates before using food items and when new deliveries are received, the older items are pulled forward so that they are used first.
(d) food preparation;	X			Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service" includes brief review of considerations when meals are designed. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K 300 "Safety and Sanitation for Food Services" includes guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual..

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) food serving;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" reviews how and when meals are served.
(f) transporting food;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" mentions that after inmates have finished their meal, trays are picked up and returned to the cart. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen.
(g) orientation and ongoing training;	X	X		Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes list of training topics required at a minimum, and expectation for continuous on the job training conducted by Food Service Coordinator. Per Food Service Coordinator, all cooks and herself go through Serv Safe Certification Training and inmates who work in the kitchen review safety and food handling videos prior to working in the kitchen. Inmates and cooks received additional on the job training as needed to become familiar how to prepare foods and use kitchen equipment safely. Facility also continues to use County Sheriff's Office Detention Facility Kitchen Training Manual. This manual includes checklist for Food Service Coordinator to use when doing staff observations in the kitchen. The policy does not outline requirement for orientation upon employment or frequency of ongoing formal training. Addendum 3/31/22- Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and mentions safety and sanitation training is provided at orientation and a continual process of "on-the-job" training by Food Service Coordinator. Also outlines topics employees receive annual refresher training on.
(h) personnel supervision;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates" reviews minimum staffing patterns for supervision.
(i) budgets and food cost accounting;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes frequency for creating budget plan for procurement of foods, supplies and equipment.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(j) documentation and record keeping;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations such as food expenditure costs, food requirements, proof of effective procurement procedures, records of food storage, number of meals served daily, menus, average food cost per person. No guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply".
(l) waste management;	X	✗		Per Lieutenant and Food Service Coordinator, facility has a process for removing different types of waste at the facility however there is no formal policy written as part of the food service plan. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. L-200 "Waste Disposal and Pest Control" updated and includes procedure for removing different types of waste at the facility including food waste.
(m) maintenance and repair; and,	X	✗		Yolo County Sheriff's Office Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 includes individuals responsible for sanitation inspection program and areas to inspect however does not include written plan for maintenance and repair of equipment. Per Food Service Coordinator, kitchen equipment is fairly new as has not needed repairing. Facility does schedule regular preventative maintenance for kitchen equipment such as dishwasher, hoods, stoves and ovens. Addendum 3/31/22- Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" updated and reviews the facilities practice for maintaining and repairing kitchen equipment. Also includes process for relocating or disposing affected food due to the temporary loss of use of equipment.
(n) three-day mainline sample tray.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service" and confirmed by Food Service Coordinator trays are kept in walk in refrigerator.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:				
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
1246 Food Serving and Supervision Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1247 Disciplinary Separation Diet (a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician. Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply. The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.	X		X	Stated practice per Yolo County Sheriff's Office Policy Manual Disciplinary Isolation Diet S.O. No K-450. Per Food Service Coordinator, meal is served twice a day and includes 19 oz loaf, 2 slices of whole wheat bread. Loaf is measured on scales after baking and weighed to 19 oz. Addendum 4/22/22: Facility has discontinued use of the Disciplinary Separation Diet.
(b) The disciplinary diet loaf shall consist of the following: 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder		X	X	Disciplinary loaf recipe offered at facility with yield of 80 loaves 19 oz each was modified last year to meet egg requirements however other ingredients were not modified for increase in yield. Last year recipe yield was for 75 loaves. Addendum 4/22/22: Facility has discontinued use of the Disciplinary Separation Diet.
1248 Medical Diets The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K200 "Food Services: Menu Planning and Meal Service" reviews that special diets are provided to inmates when prescribed by medical staff. It also includes requirements for how often diet should be reviewed to determine need for continuation.
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	X			When medical diet requests are made, substitutions for foods are indicated in meal transmittal sheet for communication to facility staff. Food Service Coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modification requests.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager shall comply with any medical diet prescribed for an inmate.	X			Process is in place to make sure inmate receives appropriate diet. Medical staff send diet request to kitchen, Food Service Coordinator ensures diet is posted on the medical diet board to communicate to kitchen staff. Special diets also have transmittal sheet that helps with communication when diet is delivered.
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical Diet Manual available at facility.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	X			Signatures started for approval 12/15/2021
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.	X			Per Food Service Coordinator, in addition to the regular meal as applicable, pregnant inmates receive an additional milk portion with meals and a PM snack with milk.

Summary of nutritional evaluation:

After conducting site visit, reviewing documentation and responses from Food Service operation, recommendations are as follows:

1. The Dietary Isolation Diet was modified to meet the requirement for egg portion however all ingredients are not consistent with amounts listed in the Title 15 recipe for yield size. Per Lieutenant, there is possibility this diet may be removed as an option July 2022 however the Food Service Coordinator should work on scaling the recipe to meet requirements until then.
2. During the 2020 inspection, soy milk used at the facility did not meet requirements for calcium, vitamin A and D. This year the facility is using a different brand of soy milk which meets calcium requirements but is not fortified with Vitamin A and D. The Food Service Coordinator should replace currently used soymilk with different product which contains a minimum of 250 mg (25%) of Calcium and is fortified with Vitamin A and D to meet this requirement.
3. Title 15 requires facilities to have a food service plan which includes maintenance and repair or equipment, waste management, orientation, and ongoing training. Per discussions with Lieutenant and Food Service Coordinator, it appears facility has a practice in place for these however should work on creating written policies for these which will not only help meet Title 15 requirements but also provide guidance to new staff. In addition, the following updates are recommended for currently existing policies:

-Food Service Plan, Menu Planning: Policy S.O. NO K-200 "Menu Planning and Meal Service" reviews menu planning however it was noted this policy states menus are to be planned at least 1 week in advance before use. This policy should be updated to match Title 15 requirements that meals should be planned at least 1 month in advance of their use and shall be approved by a registered dietitian. (See Title 15 section 1242 Menus for details).

-Food Service Plan, Transporting Food: Policy S.O. K-500 "Meal Service" mentions that trays are returned to the cart after inmates are finished however would suggest including a brief review in the policy (possibly under General information) indicating how food is transported to pods in carts to maintain appropriate temperature for clarity.

-Food Service Plan, Documentation and Record Keeping: Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations however would like to see guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

-Food Service Plan, Food Preparation: Policy S.O. K-300 “Safety and Sanitation for Food Services includes guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual. Would suggest adding a piece to the policy referencing the Training Manual for guidance of food preparation or adding more details to policy on what is considered to maintain food safety during food preparation.

4. The facility uses Low Sodium and Gluten free diets which were not included in the review documents completed by Consultant Dietitian. Creating menus for all diets that are more commonly used at facility can help ensure that all menus for all types of diets meet nutritional requirements, are ready for use when ordered and meet Title 15 requirements.
5. Since there have been no significant changes to the 5-week cycle menu reviewed last year, other recommendations remain the same. Food Service Coordinator should continue to work with Consultant Dietitian to reduce sodium and include more variety of fruits and vegetables if possible. Incorporating seasonal fruits and vegetables may not only help with increasing variety in the menu but may also help reduce food costs. An idea other food service establishments use is to have seasonal cycle menus which include foods that are available during that season.

Addendum 4/22/22: Since the last inspection in December 2021, the facility has discontinued use of the dietary isolation diet, replaced soymilk product with one that meets requirements for Calcium, Vitamin A and D, has worked on reducing the amount of sodium and sugar in their diets and has updated policies to meet the requirements of the food service plan for maintenance and repair of equipment, waste management, orientation and ongoing training.

II. NUTRITIONAL HEALTH EVALUATION
Adult Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1240 Frequency of Serving Food is served three times in any 24-hour period.	X			Meals are served for breakfast, lunch, and dinner per cycle menus and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service".
At least one meal includes hot food.	X			Menu's show hot food offered twice a day.
If more than 14 hours passes between these meals, supplemental food is served.	X			Longest time between meals is between dinner and next day breakfast. Time does not exceed 14-hour period. Also, stated practice in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service".
Supplemental food is served in less than the 14-hour period for inmates on medical diets.	X			When supplemental food is prescribed by physician, order is sent to the kitchen. Food Service Coordinator receives notification and ensures snack item is ready for afternoon snack time. Food Service Coordinator monitors incoming orders throughout the day. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" also states this practice
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice. Food Service schedule for meals served shows more than 15 minutes is scheduled for meal service time.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with substitute meal and beverage	X			Sack meals that include 8oz 1% milk is offered when regularly scheduled meal is missed.
Inmates on medical diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			If medical diet is needed, kitchen is notified, and meal is saved and offered upon return.
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Regular/Diabetic, Pregnant Kosher/Halal and Lacto-ovo Vegetarian menus include 3 servings of protein per day and 4 th serving of protein from legumes three days a week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X			Menus show 8 oz milk offered twice a day and 8 oz milk alternative served once a day. Milk alternative Cal-15 mix meets calcium requirement for fortified item. Food label shows milk, lactose free milk, and soymilk (Kikkoman Pearl Organic Soymilk), meet requirements for calcium, Vitamin A and D. Per Food Service Coordinator, additional serving of milk is offered to youth and pregnant or lactating women in the afternoon snack.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus include 5 or more servings of fruits and vegetables daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus show fresh fruit is offered daily.
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian cycle menus show Vitamin C source is either offered daily or at least 7 servings per week
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian cycle menus show Vitamin A source is either offered daily or at least 7 servings per week.
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	X			Regular/Diabetic, Pregnant Kosher/Halal and Lacto-ovo Vegetarian menus show 6 servings or more of grains offered daily and 3 or more of those servings include whole grain sources.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.	X			Per Consultant Dietitian evaluation of Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus, show saturated fat content and added sugar is under 10% of total calorie recommendations. Consultant Dietitian recommendation is to continue working on reducing Sodium levels in diets. Evaluation shows Kosher/Halal menus continue to be highest in Sodium compared to other menus evaluated. Per Food Service Coordinator, when using ready made products lower sodium options are considered and continues to look for ways to further reduce added sodium while balancing food costs.
1243 Food Service Plan This regulation requires Temporary Holding facilities to have a food service plan; however, the intent is that policies and procedures only address those areas that apply to the facility operation.	X			

Summary of nutritional health evaluation:

The Adult Temporary Holding facility receives food from the main kitchen in the Adult Jail and follow the same food service plan. Recommendations are the same as included in the Adult Jail Facility Nutritional Health Evaluation.

II. NUTRITIONAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>
1240 Frequency of Serving In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	X			Meals are served for breakfast, lunch, and dinner per cycle menus and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200, "Food Services Menu Planning and Meal Service".
At least one of these meals shall include hot food.	X			Menu's show hot food offered twice a day.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			Longest time between meals is between dinner and next day breakfast. Time does not exceed 14-hour period. Also, stated practice in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service".
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			When supplemental food is prescribed by physician, order is sent to the kitchen. Food Service Coordinator receives notification and ensures snack item is ready for afternoon snack time. Food Service Coordinator monitors incoming orders throughout the day. Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" also states this practice
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" states this practice. Food Service schedule for meals served shows more than 15 minutes is scheduled for meal service time.
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Sack meals that include 8oz 1% milk is offered when regularly scheduled meal is missed. If medical diet is needed, kitchen is notified, and meal is saved and offered upon return.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 Minimum Diet The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.	X			
The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served. (a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			Regular/Diabetic, Pregnant Kosher/Halal and Lacto-ovo Vegetarian menus include 3 servings of protein per day and 4 th serving of protein from legumes three days a week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X			Menus show 8 oz milk offered twice a day and 8 oz milk alternative served once a day. Milk alternative Cal-15 mix meets calcium requirement for fortified item. Food label shows milk, lactose free milk, and soymilk (Kikkoman Pearl Organic Soymilk), meet requirements for calcium, Vitamin A and D. Per Food Service Coordinator, additional serving of milk is offered to youth and pregnant or lactating women in the afternoon snack.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus include 5 or more servings of fruits and vegetables daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus show fresh fruit is offered daily.
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian cycle menus show Vitamin C source is either offered daily or at least 7 servings per week.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian cycle menus show Vitamin A source is either offered daily or at least 7 servings per week.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			Regular/Diabetic, Pregnant Kosher/Halal and Lacto-ovo Vegetarian menus show 6 servings or more of grains offered daily and 3 or more of those servings include whole grain sources. Per Consultant Dietitian evaluation, saturated fat content in these menus on average is under 10% of total calories.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	X			Per Consultant Dietitian evaluation, added sugar levels in the Regular/Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus remain well under the 10% of calories recommendation. Consultant Dietitian recommendation is to continue working on reducing Sodium levels in diets. Per Consultant Dietitian evaluation, Kosher/Halal menus continue to be highest in Sodium compared to other menus evaluated. Per Food Service Coordinator, when using ready made products lower sodium options are considered and continues to look for ways to further reduce added sodium while balancing food costs.
1242 Menus Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.		X		In addition to menus reviewed last year (Regular/Diabetic, Kosher/Halal and Lacto-ovo Vegetarian), the Consultant Dietitian reviewed the Pregnant menu. Other commonly used medical diets per Food Service Coordinator include soft, puree, clear liquid, Lactose Free, Renal and Low Sodium. Menus and nutrition evaluation by Dietitian for these are not noted. Clear liquid diet is not used long term. Usually provided in before medical procedure or exam. Soft and pureed diets include the same food items that have been modified in texture as needed. Lactose Free diet uses substitutions with Lactose free milk.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			Menu changes are noted on the bottom of menu and initialed by Food Service Coordinator.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			Last evaluation of available menus completed by consultant dietitian was 10/12/22.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:				
(a) menu planning;	X			Menu planning and considerations included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-200 "Menu Planning and Meal Service".
(b) purchasing;	X			Purchasing guidelines included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-600, "Food Services Inventory and Product Procurement"
(c) storage and inventory control;	X			Expectations to complete physical inventory of products stored included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO. K-600 "Food Services Inventory and Product Procurement". Expectations for food storage temperatures included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-300 "Safety and Sanitation for Food Services" Kitchen staff are trained to check expiration dates before using food items and pull older items forward when receiving deliveries so they can be used first. It would be helpful if this practice is also included in the policy for guidance.
(d) food preparation;	X			Brief review of considerations when meals are designed are included in Yolo County Sheriff's Department Detention Division Policy Manual S.O. NO K-200 "Food Services Menu Planning and Meal Service". Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K 300 "Safety and Sanitation for Food Services includes some guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual.
(e) food serving;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service"

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(f) transporting food;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" includes brief review that trays are returned in carts. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen. Would like to see additional clarification included in policy.
(g) orientation and ongoing training;	X			Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes list of training topics required at a minimum, annual refresher training and ongoing on the job training by Food Service Coordinator.
(h) personnel supervision;	X			Minimum staffing patterns for supervision included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-100 "Nutritional Adequacy of the Diet for Inmates"
(i) budgets and food cost accounting;	X			Guidelines for creating budget plan for procurement of foods, supplies and equipment included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates"
(j) documentation and record keeping;	X			List of some records to be maintained for food service operations such as food expenditure costs, food requirements, proof of effective procurements procedures, records of food storage, number of meals served, menus, average food cost per person included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates". Does not include timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders and menu changes.
(k) emergency feeding plan;	X			Included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO. K-400 "Emergency Food Supply".
(l) waste management;	X			Procedures for removing different types of waste at facility included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. L-200 "Waste Disposal and Pest Control".

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(m) maintenance and repair; and,	X			Yolo County Sheriff's Office Detention Division Policy Manual "Sanitation Practices and Infection Control" SO NO L-100 includes individuals responsible for sanitation inspection program and areas to inspect. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No. K-300 "Safety and Sanitation for Food Services" reviews the facilities practice for maintaining and repairing kitchen equipment. Also includes process for relocating or disposing affected food due to the temporary loss of use of equipment.
(n) three-day mainline sample tray.	X			Stated practice per Yolo County Sheriff's Department Policy Manual SO NO K-200 "Menu Planning and Meal Service" and kept in walk in refrigerator.
1245 Kitchen Facilities, Sanitation and Food Service				
a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:				
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
1246 Food Serving and Supervision Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1247 Disciplinary Separation Diet (a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician. Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply. The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.			X	Facility is no longer using disciplinary separation diet however policies still reflect this is something that is offered. Recommendations include to update policies which include mention of this diet. Specifically noted in the following policy: Yolo County Sheriff's Office Detention Division Policy Manual "Food Services: Menu Planning and Meal Service" S.O. NO: K-200.
(b) The disciplinary diet loaf shall consist of the following: 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder			X	Facility not using disciplinary isolation diet
1248 Medical Diets The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	X			Policy in place which identify who is authorized to prescribe medical diet. Yolo County Sherriff's Office Detention Division Policy Manual S.O. NO K200 "Food Services: Menu Planning and Meal Service"
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	X			When medical diet requests are made, substitutions for foods are indicated in meal transmittal sheet for communication to facility staff. Food Service Coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modification requests.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager shall comply with any medical diet prescribed for an inmate.	X			Process is in place to ensure inmate receives medical diet when prescribed. Medical diet notification is sent to kitchen, Food Service Coordinator ensured diet is posted on medical diet board to communicate to kitchen staff. Diet trays are labeled with inmate name to ensure it is delivered to the correct person.
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical Diet Manual available in food service office and medical unit.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	X			Last approval 12/2021. Due for approval 12/2022
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.	X			Doctor places order and Medical Diet notification is sent to main kitchen. Main kitchen prepares meal and adds tag on tray with inmate's name in hot holding cart to be transported and delivered to inmate.

Summary of nutritional evaluation

After conducting site visit, reviewing documentation and responses from Food Service operation, recommendations are as follows:

1. This year, Regular/Diabetic, Lacto-ovo Vegetarian, Kosher/Halal, Juvenile and Pregnant Menus were reviewed and approved by Consultant Dietitian. Other commonly used diets that would benefit from having planned menus reviewed by Consultant Dietitian include the Low Sodium and Renal diets. This can help ensure that menus for most commonly used diets at facility meet nutritional requirements, are ready for use when ordered and meet Title 15 guidelines to be reviewed and approved by Dietitian before use.
2. Ensure diet manual is reviewed by dietitian and approved by responsible physician this year (2022). Last review and approval completed December 2021.
3. Update Yolo County Sheriff's Office Detention Division Policy Manual "Food Services: Menu Planning and Meal Service" S.O. NO: K-200. to remove use of Disciplinary Isolation Diet as facility is no longer using.
4. Facility has a Food Service Plan that includes policy topics as listed in section 1243 in the checklist above. The following should be updated for clarity on facility procedures:

-Storage and Inventory Control: Policy S.O. K-600 "Food Services Inventory and Product Procurement" reviews expectations to complete physical inventory of products stored. Suggest adding First in First Out method (FIFO) is used when storing and pulling out food items for cooking.

- Transporting Food: Policy S.O. K-500 "Meal Service" mentions that trays are counted before the cart leaves the pod however would suggest adding clarification to indicate how food is transported. For example, could include a brief review (possibly under General information) indicating food is heated in the main kitchen and transported to pods in hot holding carts to maintain appropriate temperature.

- Documentation and Record Keeping: Policy Manual S.O. No. K-100 "Nutritional Adequacy of the Diet for Inmates" includes list of some records to be maintained for food service operations. Would like to see guidelines included on timeframe for keeping records for other aspects of food service operation such as temperature logs, inventory logs, purchasing records, diet orders, and menu changes.

- **Food Preparation:** Policy S.O. K-300 “Safety and Sanitation for Food Services includes some guidelines when preparing foods and additional guidelines are provided in the Kitchen Training Manual. Suggest adding a piece to the policy referencing the Training Manual for further guidance on food preparation.

5. Per Consultant Dietitian evaluation, sodium levels remain above the recommended range and the Kosher/Halal diet shows highest levels. Recommendation to reduce sodium levels in menus and increase variety is ongoing. Food Service Coordinator has been working on identifying ways to further reduce sodium and increase variety of fruits and vegetables while balancing food costs and meeting nutritional requirements per Title 15.

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

FACILITY NAME: Yolo County Juvenile Hall		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
ENVIRONMENTAL HEALTH EVALUATION	DATE EVALUATED: 11/18/22 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☐ NO ☒	
ENVIRONMENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Boua Ly Environmental Health Specialist II (530) 666-8583		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz Superintendent (530) 406-5382, Oscar.ruiz@yolocounty.org		

Purpose

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

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

Instructions

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

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

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

Board of State and Community Corrections; **Attn: Compliance Monitor Analyst**
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; Email: analyst@bscc.ca.gov

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1464 Food Services Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures: (a) menu planning; (b) purchasing; (c) storage and inventory control; (d) food preparation; (e) food serving; (f) transporting food; (g) orientation and on-going training; (h) personnel supervision; (i) budgets and food costs accounting; (j) documentation and record keeping; (k) emergency feeding plan; (l) waste management; (m) maintenance and repair; (n) hazard analysis critical control point plan; and, (o) provision for maintaining three days of meals for testing in the event of food-borne illness.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	x			The Environmental health inspector retains primary responsibility to determine compliance with section 1465. Compliance should be assessed with consultation with the Nutrition Inspector so that the findings on the Environmental health Evaluation reflect the observations, expertise and consensus of both parties.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:	X			The Environmental health inspector retains primary responsibility to determine compliance with section 1465. Compliance should be assessed with consultation with the Nutrition Inspector so that the findings on the Environmental health Evaluation reflect the observations, expertise and consensus of both parties. Main course open food is prepared at Monroe Detention Facility and carried over hot or cold. Some pre-packaged foods are stored onsite. Refrigerated milk measured 41 degrees F.
(a) Health and Safety Code Sections 114130-114141;			X	
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;			X	
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
(d) Health and Safety Code Sections 114268-114269; and,			X	
(e) Health and Safety Code Sections 114279-114282.			X	
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.			X	The Environmental health inspector retains primary responsibility to determine compliance with section 1467. Compliance should be assessed with 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 The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.	X			Clothing replaced daily and as needed.
Clothing provisions shall ensure that:	X			
(a) clothing is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) The standard issue of climatically suitable clothing for youth shall consist of but not be limited to: (1) socks and serviceable footwear; (2) outer garments; (3) new non-disposable underwear which shall remain with the youth throughout their stay, and; (4) undergarments, that are freshly laundered and free of stains, including tee shirts and bras.	x			
(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			
(d) suitable clothing is issued to pregnant youth.	x			
1481 Special Clothing 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			Separate uniforms provided for any special work assignments.
1482 Clothing Exchange The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled 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.	x			
Tee shirts, bras, and underwear shall be exchanged daily; youth shall receive their own underwear back at exchange.	x			
1483 Clothing, Bedding and Linen Supply 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. Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.	x			
1484 Control of Vermin in Minors' Personal Clothing There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing.	x			
Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	x			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1488 Hair Care Services				
Written policies and site-specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	x			
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	x			
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Clean laundered, suitable bedding and linens, in good repair, shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but not be limited to:	x			
a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;	x			
(b) one pillow and a pillow case unless provided for in (a) above;	x			
(c) one mattress cover and a sheet or two sheets;	x			
(d) one towel; and,	x			
(e) one blanket or more, upon request.	x			
1501 Bedding and Linen Exchange				
The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	x			
Washable items such as sheets, mattress covers, pillow cases and towels shall be exchanged for clean replacement at least once each week.	x			
The covering blanket shall be cleaned or laundered once a month.	x			
1502 Mattresses				
Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	x			
Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase.	x			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				
The facility administrator shall develop and implement written policies and site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The plan shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	x			
The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).	x			
Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	x			
1511 Smoke Free Environment				
The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.	x			

Summary of environmental health evaluation:

Facility meets requirements.

Boua Ly, REHS
Environmental Health Specialist II

II. NUTRITIONAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 E. Gibson Rd. Woodland, CA 95776		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL ☒	CAMP ☐
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION		DATE EVALUATED: 11/29/22 DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☐ NO ☒
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D., Supervising Public Health Nutritionist (530) 666-8448		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent (530) 406-5383 Alycia Reyes, Food Service Coordinator, (530) 406-5166, (530) 668-5200 Dallas Timm, Lieutenant (530) 668-5229		

Purpose

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

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

Instructions

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

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Board of State and Community Corrections; **Attn: Compliance Monitor Analyst**
 2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
 Phone: 916-445-5073; Email: analyst@bscc.ca.gov

NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving Meals shall be served at least three times in any 24-hour period.	X			Meals are served for breakfast, lunch, and dinner per cycle menus.
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	X			Menus show hot meals are offered twice a day. Food is offered at the time of booking and within first hour of arrival. Scheduled meals are served at approximately 0630, 1100, and 1630. Longest time between meals is between dinner and next day breakfast and does not exceed more than 14 hours. When medical diets are prescribed, notification is sent to kitchen and kitchen labels tray with youth name for delivery.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	X			Dinner is offered at approximately 1630 and snack is offered at approximately 1930. Also stated practice in Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	X			If additional time is prescribed, pod staff ensure additional time is allowed. Stated practice per Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	X			Sack lunch is offered if youth miss scheduled meal.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	X			Medical diet is saved on site and offered when youth return.
1461 Minimum Diet Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.	X			
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	X			Included in Yolo County Juvenile Detention Facility Article 6, Section 1372 "Religious Program.". Yolo County Juvenile Detention Facility Article 8, Section 1433 includes review on how medical requests can be made by youth. Per Food Service Superintendent, dietary concerns or questions can be addressed through this process. Kosher/Halal menu reviewed by consultant dietitian.
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:	X			Regular/Diabetic, Pregnant Kosher/Halal and Lacto-ovo Vegetarian menus include over 2 servings of protein per day and 3 rd serving of protein from legumes three days a week.
2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.	X			8 oz of fluid milk, lactose free milk, or soy milk are offered which contain 250 mg of calcium as observed in food labels.
All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.	X			Food labels show milk is pasteurized. Milk, Lactose free milk and soy milk are fortified with Vitamins A and D.
One serving equals, but is not limited to, one of the following examples:	X			
8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	X			Menu shows 8 oz of fluid milk provided at each meal and during afternoon snack.
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	X			
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:	X			Regular, Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus include at least 6 servings of fruits and vegetables as day.
(1) One serving of a fresh fruit or vegetable.	X			Regular, Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus show fresh fruit is offered daily.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the foods described in the regulation.	X			Regular, Diabetic, Pregnant, Kosher/Halal, Lacto- ovo Vegetarian cycle menus show Vitamin C source is either offered daily or at least 7 servings per week.
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to the foods described in the regulation.	X			Regular, Diabetic, Pregnant, Kosher/Halal, Lacto- ovo Vegetarian cycle menus show Vitamin A source is either offered daily or at least 7 servings per week.
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	X			Regular, Diabetic, Pregnant, Kosher/Halal, Lacto- ovo Vegetarian cycle menus show at least 6 servings of grains offered and at least 4 include whole grain sources daily.
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	X			Regular, Pregnant, and Kosher/Halal meet requirements per Consultant Dietitian evaluation. Diabetic and Lacto-ovo Vegetarian cycle menus reviewed by Consultant Dietitian show under 2500 calories however should meet calorie requirements with scheduled snack offered to youth.
(1) Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures “Nutrition and Medical Diets” reference 79261 effective 7/15/2019. Per Food Service Coordinator, medical diet notification is sent to kitchen, Food Service Coordinator ensures it is communicated to kitchen staff, label is added to youth tray with name so that it is delivered to correct person.
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.	X			Per Consultant Dietitian evaluation, added sugar levels in the Regular, Diabetic, Pregnant, Kosher/Halal, Lacto-ovo Vegetarian menus remain well under the 10% of calories recommendation. Consultant Dietitian recommendation is to continue working on reducing Sodium levels in diets. Per Consultant Dietitian evaluation, Kosher/Halal menus continue to be highest in Sodium compared to other menus evaluated. Per Food Service Coordinator, when using ready made products lower sodium options are considered and continues to look for ways to further reduce added sodium while balancing food costs.
1462 Medical Diets Only the attending physician shall prescribe a medical diet.	X			Stated practice per Wellpath, Yolo County California-Juvenile Policies & Procedures “Nutrition and Medical Diets” reference 79261 effective 7/15/2019.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.	X			Food service coordinator uses diet manual for guidance and reaches out to dietitian for guidance on diet modifications. Menus and nutrition evaluation by Dietitian noted for Diabetic, Lacto-ovo Vegetarian, and pregnant. No menus or nutrition evaluation noted for additional medical diets offered at facility.
The facility manager shall comply with any medical diet prescribed for a youth.	X			Process is in place to ensure inmate receives medical diet when prescribed. Medical diet notification is sent to kitchen, Food Service Coordinator ensured diet is posted on medical diet board to communicate to kitchen staff. Diet trays are labeled with youth name to ensure it is delivered to the correct person.
Diet orders shall be maintained on file for at least one year.	X			Diet orders kept in youth file are purged 3-5 years after youth reach 18 years old.
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			Medical diet manual kept in food service office at adult jail facility and in medical unit at juvenile facility. Juvenile facility does not have food service office.
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.	X			Juvenile facility uses same diet manual as adult facility. This manual was last approved 12/22.
1463 Menus Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	X			Regular, Diabetic, Kosher/Halal and Lacto-ovo Vegetarian, Pregnant menus planned by adult jail main kitchen over one month in advanced.
Menus shall be approved by a registered dietitian before being used.	X			Consultant Dietitian reviewed and approved available menus for Regular, Diabetic, Kosher/Halal and Lacto-ovo Vegetarian, Pregnant. Yolo County California Juvenile Policies and Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019 indicates that the facility has Renal diet available however no menu or nutrition evaluation is noted. Per discussion with Superintendent, Juvenile facility has not had a need for Renal diet. Adult Jail Facility main kitchen provides and plans meals for Juvenile facility as needed.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	X			Menu changes are noted on the bottom of menu and initialed by Food Service Coordinator.
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.	X			Last evaluation of available menus completed by consultant dietitian was 10/12/22.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1464 Food Service Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:	X			
(a) menu planning;	X			Details included in adult jail inspection checklist
(b) purchasing;	X			Included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage for snack items purchased directly by Juvenile facility. Additional details for foods offered per menu are included in adult jail inspection checklist.
(c) storage and inventory control;	X			Storage guidelines for food items stored at Juvenile facility included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage". Additional details for foods offered per menu are included in adult jail inspection checklist.
(d) food preparation;	X			Personal hygiene requirements for food handlers and preparation included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage. Additional details for foods offered per menu are included in adult jail inspection checklist.
(e) food serving;	X			Included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage as well as in Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan".
(f) transporting food;	X			Included in Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan".
(g) orientation and on-going training;	X			Details included in adult jail inspection checklist.
(h) personnel supervision;	X			Details included in adult jail inspection checklist
(i) budgets and food costs accounting;	X			Details included in adult jail inspection checklist
(j) documentation and record keeping;	X			Details included in adult jail inspection checklist
(k) emergency feeding plan;	X			Details included in adult jail inspection checklist
(l) waste management; and,	X			Details included in adult jail inspection checklist
(m) maintenance and repair.	X			Details included in adult jail inspection checklist
(n) hazard analysis critical control point plan; and,			X	Not required per guideline and confirmed by Environmental Health.
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	X			Details included in adult jail inspection

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1465 Food Handlers Education and Monitoring The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.				
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:				
(a) Health and Safety Code Sections 114130-114141;				
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;				
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(d) Health and Safety Code Sections 114268-114269; and,				
(e) Health and Safety Code Sections 114279-114282.				
1467 Food Serving and Supervision Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.				

Summary of nutritional evaluation:

Juvenile facility does not have an onsite kitchen. The adult jail main kitchen delivers food to this facility. Juvenile facility has onsite refrigeration and stores some snacks in cold and dry storage. They have a food service plan that pertains to receiving food items from the main kitchen and storing snack items. Other aspects of the food service plan are managed by the main kitchen at the adult facility. The Juvenile facility menus are the same as the adult menus with an additional snack. Since this facility does not have a kitchen where food is prepared on site and there are no food items delivered that meet the criteria for high-risk items, in consultation with Yolo County Environmental Health representative it was determined that HACCP plan is not required at this time. Juvenile facility plans for possible closure next year. Recommendations with this consideration are as follows:

1. Ensure diet manual is reviewed by dietitian and approved by responsible physician this year (2022). Last review and approval completed December 2021.
2. The juvenile facility does not appear to have a need to use other medical diets other than the menus that have already been reviewed by the consultant dietitian at this time. If the facility remains open and there is a future need for another diet that will be used more often, it is encouraged juvenile facility maintain communication with adult main kitchen facility to ensure these diets have planned menus that are reviewed by Consultant Dietitian. This can help ensure commonly used diets at facility meet nutrition guidelines.

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

BSCC #: _____

FACILITY NAME: Monroe Detention Center		COUNTY: Yolo		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive Woodland, CA 95776 (530) 668-5245				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 11/3/22		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Boua Ly, REHS Environmental Health Specialist II (530) 666-8583				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Dennis Gaines and Sergeant Steven Praest (530) 601-6814, Dennis.Gaines@yolocounty.org				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): 				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): 				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): 				

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

I. ENVIRONMENTAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties
(a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	x			
(b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:	x			
1) HSC §114130-114141.	x			
2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	x			Hi temperature dishwasher disk measured at 167 degrees F in 1 of 2 dishwashers.
3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	x			
4) HSC § 114268-114269; and,	x			
5) HSC § 114279-114282	x			
1246 Food Serving and Supervision Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	x			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing The standard issue of climatically suitable clothing to inmates held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to:	x			
(a) Clean socks and footwear;	x			
(b) Clean outer garments; and,	x			
(c) Clean undergarments;				
1) for males - shorts and undershirt, and	x			
2) for females - bra and two pairs of panties.				
The inmates' personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.	x			
Clothing is reasonably fitted, durable, easily laundered and repaired.	x			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Showering There shall be written policies and procedures developed by the facility administrator for inmate showering/bathing.	x			
Inmates shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.	x			
1267 Hair Care Services (a) Hair care services shall be available.	x			
(b) Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave daily and receive hair care services at least once a month. The facility administrator may suspend this requirement in relation to inmates who are considered to be a danger to themselves or others.	x			
(c) Equipment shall be disinfected, after each use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, Sections 979 and 980, California Code of Regulations.	x			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue The standard issue of clean suitable bedding and linens, for each inmate entering a living area who is expected to remain overnight, shall include, but not be limited to:	x			
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	x			
(b) one mattress cover or one sheet;	x			
(c) one towel; and,	x			
(d) one blanket or more depending upon climatic conditions. Two blankets or sleep bag may be issued in place of one mattress cover or one sheet.	x			
1271 Bedding and Linen Exchange There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	x			
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	x			
If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.	x			
1272 Mattresses Any mattress issued to an inmate in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds.	x			

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

Summary of environmental health evaluation:

Facility meets requirements.

Boua Ly, REHS
Environmental Health Specialist II

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

BSCC #: _____

FACILITY NAME: West Sacramento Police Department		COUNTY: Yolo County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 Jefferson Blvd West Sacramento, CA 95605		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 4/29/2022
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP (408)790-7366		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Administrative Analyst II Joseph Escobar josephe@cityofwestsacramento.org 1-916-617-4929 (o) 1-916-267-0725 (c)		

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

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities
WEST SACRAMENTO POLICE DEPARTMENT

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			All staff at the West Sacramento Police Department are CPR/First Aid/AED trained. Fire Department is the primary medical responder.
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening		X		Receiving screening is NOT performed on inmates at the time of intake, only a COVID-19 pre-booking screening (see summary).
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.		X		
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.		X		The screening is not performed for inmates.
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).		X		No written policy and procedure for medical screening (see summary).
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.		X		No written plan on policy and procedure to provide care at receiving screening for inmates who appear to need medical, mental health or are developmentally disabled.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.		X		No screening protocol in this PD.
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			Officers transfer inmates with mental health needs to the jail or hospital.
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.			X	Temporary holding facility.
3. Crisis intervention services;			X	

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.			X	Vermin infested arrestees are transported to the hospital.
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			No arrestees needing detoxification are processed in this temporary holding facility.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			First Aid Box is inspected regularly but no documentation. AED pad expired June of 2021.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			Facility was made aware of the expired AED pad and the need to start a routine inspection log.
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			No in custody deaths.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.		X		Communicable diseases are <i>NOT</i> part of receiving screening except COVID-19.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.		X		Average of 30 arrestees per month.
The response shall be noted on the booking form and/or screening device.	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	No sobering cells.
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.			X	
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Established policies for restraint devices, but rarely used.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			

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

Summary of medical/mental health evaluation:

The West Sacramento Police Department is a temporary holding facility with one holding cell, no safety cells nor sobering cells. The temporary holding facility did not process any juveniles during this inspection year. The facility processes approximately thirty inmates per month. Policies and procedures were last updated April 11, 2022.

The facility has one AED and one First Aid kit. The AED pad expired in June of 2021. The administrator was informed that a routine inspection, including expiration date is required. A log to document the regular inspection is mandatory for future inspections.

Deficiency:

Receiving screening needs to be performed on all arrestees at the time of processing, with the exception of arrestees transferred directly within a custody system with documented receiving screening. Currently, the police department only conducts a COVID-19 pre-booking screening. The receiving screening shall be completed in accordance with written procedures and shall include, but not be limited, to medical and mental health problems, developmental disabilities, tuberculosis, and other communicable diseases.

Communicable diseases are part of booking screening when inmates arrive at the jail. However, arrestees that have been taken into custody during their temporary holding cell stay need to be screened for communicable diseases. If he/she has communicable diseases, they could expose the police officers, and/or anyone who comes in contact with them.

It is required by Title 15 section 1207 that at the time of receiving in the temporary holding cell, an inquiry be made of the arrestee as to whether he/she has or has had any communicable diseases, such as tuberculosis or other medical and mental health problems.

The West Sacramento Police Department meets all applicable Title 15 Standards for Medical/Mental Health, except:

**Title 15 Section 1207 Medical Receiving Screening
Section 1051 Communicable Diseases**

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
4/29/2022



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

BSCC #: _____

FACILITY NAME: Woodland Police Department		COUNTY: Yolo County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Lincoln Avenue Woodland, CA 95695		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 4/29/2022
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP (408)790-7366		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sgt. Victoria Danzl Vistoria.danzl@cityofwoodland.org 1-530-661-7800		

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

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities
Woodland Police Department

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			All staff at the Woodland Police Department are CPR/First Aid/AED/Narcan trained every two years. The City Fire Department is the primary medical responder.
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening	X			Receiving screening is performed on all inmates at the time of intake. All officers are trained to perform receiving screenings.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	X			The screenings are performed by trained staff.
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			Policies and procedures last reviewed and updated April 1, 2022, and available in Lexipol.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			Arrestees meeting 5150 criteria will be transported to the Woodland Memorial Hospital for further evaluation and treatment.
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.			X	Temporary holding facility, inmates will receive mental health treatment in the jail or hospital.
3. Crisis intervention services;			X	

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;			X	Temporary holding facility, inmate will be transported to the jail for further evaluation and treatment.
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			Vermin infested inmates will be transported to the hospital.
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Policy indicated inmates requiring detoxification are transferred to an appropriate facility.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			First Aid kit and AED are located in the control area. AED battery is not functional, pad was expired (see summary).

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			No in Custody Deaths.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:	X			
(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	X			
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			Communicable diseases are part of receiving screening. Inmates are briefly detained in the holding cells until officers complete paperwork, at which time inmates are transferred to the jail for a full assessment. Inmates with positive signs or symptoms will not be placed in the cells but are evaluated immediately.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			An average of two to three intakes per month.
The response shall be noted on the booking form and/or screening device.	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	No sobering cells.
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			Established policy to transfer inmates with developmental disabilities to an appropriate facility.
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.			X	
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			The use of restraints, other than handcuffs or leg irons, are not used unless the arrestee presents a heightened risk.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			

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

Summary of medical/mental health evaluation:

The Woodland Police Department is a temporary holding facility with four holding cells, no safety cells nor sobering cells. The facility processes approximately two to three inmates per month. The holding cell area is clean and well organized. All holding cells have cameras and monitors within sight and sound of an officer. There is a designated cell for juvenile arrestees. Non-secure juveniles are held in the presence of an officer at all times and are not placed in a locked room. Sight and sound separation between juveniles and adults are arranged by location to prevent physical, visual, or auditory contact that is more than brief or inadvertent.

The city fire department is the primary first responder for medical emergencies.

First Aid kit and AED are inspected periodically but not documented. Sgt. Danzl was informed to keep a log for all inspections for future Title 15 inspections.

The Woodland Police Department meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
4/29/2022

A handwritten signature in black ink, appearing to read "Chia-Chen Lee".

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

BSCC #: _____

FACILITY NAME: Yolo County Court Holding Facility		COUNTY: Yolo County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Main Street Woodland, CA 95695		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 4/29/2022
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP (408)790-7366		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lt. Jennifer Davis Jennifer.Davis@yolocounty.org		

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

III. MEDICAL/MENTAL HEALTH EVALUATION

Adult Court and Temporary Holding Facilities

Yolo County Court Holding

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			All staff at the Yolo County Court Holding Facility are CPR/First Aid/AED/Narcan trained. Yolo County Sheriff's Department's policies and procedures were last updated April 1, 2022, and available in Lexipol.
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening	X			Receiving screening is performed on all inmates at the time of intake at the jails.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	X			
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			Fire Department/Paramedics is the primary emergency medical responder for emergencies.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			
3. Crisis intervention services;	X			
4. Basic mental health services provided, as clinically indicated;	X			
5. Medication support services; and,	X			

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

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

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.			X	No sobering cells
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			This is a court holding facility. Developmentally disabled persons are usually separated from others.
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			Jail staff use restraints for those inmates transported to a court holding facility.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities.	X			Restraint devices are never used as punishment. Policy and procedure last updated April 1, 2022.
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			Inmates exhibiting destructive behavior or an intent to harm self or others will be transported back to the jail immediately.

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

Summary of medical/mental health evaluation:

The Yolo County Court holding facility is clean and well organized. The courthouse facility has six floors, including a basement, with holding cells on all floors except the third. The floors with holding cells contain two holding suites each. A holding suite includes four cells: two interview, one single person cell and one multi-person (group) cell. Court holding area is used as a temporary waiting area for Monroe jail or Juvenile Hall inmates awaiting court proceedings or arrestees that have been sentenced. All sheriff's deputies complete annual CPR training and fit testing for respirators, as well as eight hours of CIT training every two years. SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county health officer.

If any inmate becomes ill or is injured while in the courthouse, a deputy will call for the inmate to be returned to the jail for further evaluation and treatment. If the illness or injury is severe, 911 will be called. The Yolo County Fire Department responds to all EMS requests. The last ambulance call was about three weeks ago for a person with a seizure.

Evidence-based practice recommendations

1. Establish centralized AEDs & Emergency Response Bags for the Court Holding Facility

The Yolo County Court Holding Facility is equipped with First Aid kits and AEDs in the officers' briefing room. Any medical emergency occurring at this facility requires someone to retrieve the emergency bag and AED from the briefing room. Since the facility has five floors, a response requires an officer to transport the AED and first aid kit in the elevator. This procedure poses a potential delay for the emergency response.

A centrally located organized AED/emergency bag would improve the medical emergency response time rather than waiting for the arrival of an emergency bag/AED from the briefing room. A centralized AED/emergency bag is essential in managing medical emergencies. For instance, in cardiac arrest situations, every minute's delay in resuscitation can lead to a drop in successful outcomes by 7%–10%. Thus, timely access to a defibrillator, resuscitation, supplies, and equipment should be fast and easy, and the equipment must be strategically centralized, organized, and maintained (doi: [10.5847/wjem.j.1920-8642.2018.02.002](https://doi.org/10.5847/wjem.j.1920-8642.2018.02.002)). Centralized AEDs/emergency response bags for this facility would reduce the medical emergency response time in managing medical emergencies.

2. Communication with medical staff prior to court movement

Incarcerated persons are often sicker than the general population, with high levels of medical comorbidities. Care transitions or movement from patients between healthcare settings, increase risk for adverse events due to potential miscommunication during transfers (<https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/carecoordination/measure1.html>.) I highly recommend the facility establish a formal process for sending the court list to the medical staff in advance. The medical staff would review each inmates' special needs and provide the court movement officer with general instructions based on their medical/mental health needs, while maintaining HIPPA compliance. For instance, instruction of “no concentrated sweet for inmate XX, seizure precaution, mobility assistance, oxygen therapy at all times, hearing impaired, hearing voices, delusional, or needs to keep within eyesight at all times—etc.” Such instructions guide deputies to quickly understand inmates' unique medical and mental health needs during the initial transport, time in the holding cell, throughout the court appearance, and provides an additional safety measure.

The Yolo County Court holding facility meets all applicable Title 15 Standards for Medical/Mental Health.
Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
4/29/2022

A handwritten signature in cursive script, appearing to read "chia - chen lee".

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

FACILITY NAME: Yolo County Juvenile Hall		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road, Woodland, CA 95776		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL X ☒	CAMP ☐
MEDICAL/MENTAL HEALTH EVALUATION	DATE EVALUATED: DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES ☐ NO X ☒	
MEDICAL/MENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, CCHP 408-790-7366 ChiaFNP@gmail.com		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent Mary Yung, Clinical Supervisor, HHS Julie Andrews, clinician Rosemary Gladden, Health Services Administrator, Wellpath Katelyn Lee, Assistant Health Services Administrator, Wellpath		

Purpose

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

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

Instructions

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

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

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

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

III. MEDICAL/MENTAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility for Health Care Services				
The facility administrator shall ensure that health care services are provided to all youth.	X			
The facility shall have a designated health administrator who, in cooperation with the behavioral/mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:	X			Ms. Gladden is the dedicated Health Administrator who coordinates with MD Asebiomo, probation, and mental health.
(a) develop policy for health care administration;	X			
(b) identify health care providers for the defined scope of services;	X			
(c) establish written agreements as necessary to provide access to health care;	X			
(d) develop mechanisms to assure that those agreements are properly monitored; and,	X			
(e) establish systems for coordination among health care service providers.	X			
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.	X			MD Asebiomo is the designated physician who develops policy in health care matters involving clinical judgments.
1401 Patient Treatment Decisions				
Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.	X			Licensed health care providers make the clinical decisions for the facility within the scope of their license.
Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.	X			
1402 Scope of Health Care				
(a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:	X			The health administrator is on call 24/7 and if needed MD Asebiomo or PA will be contacted. MD on-site as needed, PA on site weekly, psychiatrist Dr. Lancaster is on site every Wednesday.
(1) at least one health care provider to provide treatment; and,	X			
(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.	X			Equipment, supplies, and space are adequate for the level of care.
(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law.	X			
1403 Health Care Monitoring and Audits				Annual statistic report pending from Wellpath.
(a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
(b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.	X			Quality improvement initiative process is underway, quarterly QI meeting. No audit conducted for this inspection period (see summary).
(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			Policy and procedure in place.
(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.	X			
(c) Medical, behavioral/mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.	X			MDT takes place every Wednesday between probation, mental health, school, medical, public defender, and social worker.
1404 Health Care Staff Qualifications				
(a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to youth.	X			Central office of the HHSA and Wellpath track the license expiration dates.
(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.	X			
(d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.	X			
1405 Health Care Staff Procedures The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.	X			There are numbers of standardized procedures in place. A physician or PA is on-call 24/7 for concerns beyond the scope of established standardized procedures.
1406 Health Care Records In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:	X			Medical uses COR EMR while Behavioral Health uses <i>Avatar</i> EMR. Nursing staff have no access to <i>Avatar</i> . The Behavior Health clinician has no access to COR EMR. Psychiatrist's orders and brief notes are entered in COR EMR (see summary).
(a) intake health screening form;	X			
(b) health appraisals/medical examinations;	X			
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	X			
(d) complaints of illness or injury;	X			
(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			
(f) location where treatment is provided;	X			
(g) medication records in conformance with Title 15, Section 1438;	X			
(h) progress notes;	X			
(i) consent forms;	X			
(j) authorizations for release of information;	X			
(k) copies of previous health records;	X			
(l) immunization records;	X			
(m) laboratory reports; and,	X			
(n) individual treatment plan.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record.	X			Medical records are separated from confinement records.
Health care records shall be retained in accordance with community standards.	X			
1407 Confidentiality (a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the youth's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or others, management of the facility, maintenance of security, and preservation of safety and order.	X			Confidential information is share only as needed for care and protection of detained youth.
(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.	X			
(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.	X			Youth are not used for translation.
1408 Transfer of Health Care Summary and Records The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:	X			Every effort is made to send a transfer summary with discharged youth. If the youth leave unexpectedly, a faxed copy is forwarded to the receiving facility.
(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;	X			
(b) relevant health records are forwarded to the health care staff of the receiving facility;	X			Health care records are sent to the health care staff of the receiving facility.
(c) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) applicable authorization from the youth and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
(e) confidentiality of health records is maintained.	X			
1408.5 Release of Health Care Summary and Records After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.	X			Health care summaries are released and transmitted upon request with written authorization (ROI).
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.	X			
1409 Health Care Procedures Manual For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.	X			Health service policy and procedure is in place and updated within two years.
Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			Substance abuse policies and procedures including CIWA and COW assessment tools are in place to ensure effective service delivery.
Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs.	X			
The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.	X			
1410 Management of Communicable Diseases The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:	X			All new admissions are housed in B pod for 14 days for close observation of any signs/symptoms of COVID-19.
(a) intake health screening procedures;	X			Communicable diseases symptoms, including COVID-19, are part of screening.
(b) identification of relevant symptoms;	X			
(c) referral for medical evaluation;	X			
(d) treatment responsibilities during detention;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) coordination with public and private community-based resources for follow-up treatment;	X			
(f) applicable reporting requirements; and,	X			
(g) strategies for handling disease outbreaks.	X			
The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.	X			
1411 Access to Treatment				
The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.	X			Sick call boxes are in each housing area, to which only health services personnel have the key. Youth can also verbally request medical/mental health services at any time.
1412 First Aid/AED and Emergency Response				
The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.	X			The booking area is equipped with AED and the attached monthly inventory list is not up today. The medical clinic's AED pad expired, 1/28/2022. The administer was notified.
(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	X			
(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.	X			
Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.	X			All counselors are trained to perform CPR, use of AED, and Narcan nasal spray.
1413 Individualized Treatment Plans				
With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns.	X			Each youth has a multi-disciplinary treatment (MDT) plan. The team meets every Wednesday to review and revise the plan.
Policies and procedures shall assure:	X			
(a) Health care treatment plans are considered in facility program planning.	X			
(b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.	X			
(c) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	X			
Treatment planning by health care providers shall address:	X			
(a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.	X			Mental health services continue in the community under the same <i>Avatar</i> EMR system. Medical prepares a 30-day supply of discharge medication prior to release.
(b) Participation in relevant programs upon return into the community to ensure continuity of care.	X			
(c) Youth and family participation (if applicable and available).	X			
(d) Cultural responsiveness, awareness and linguistic competence.	X			
(e) Physical and psychological safety.	X			
(f) Traumatic stress and trauma reminders when applicable.	X			
1414 Health Clearance for in-Custody Work and Program Assignments The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.			X	No youth had work assignments during the inspection year of 2021-2022.
1415 Health Education With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth.	X			Youth receive health education from the county health and human services agency and providers.
The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.	X			
1416 Reproductive Services and Sexual Health For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines	X			OB/Gyn services are provided by a community provider who serves the youth in juvenile hall.
Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Section 1417. Pregnant/Post-Partum Youth With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222.	X			A policy is in place. On the day of the inspection there were no female youth housed in the facility.
Written policies and procedures shall also include the following: (a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.	X			
(b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,	X			
(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.	X			
(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.	X			
1418. Youth with Developmental Disabilities Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.	X			
1430 Medical Clearance/Intake Health and Screening The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.	X			Policy and procedure are in place and updated within the past two years.
For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.	X			The PA is on site weekly for 96-hour health appraisals, including screening for communicable diseases. If needed, the PA will respond.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth.	X			
Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.	X			Unconscious, profuse bleeding or intoxicated youth will not be accepted at intake.
Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.	X			
Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.	X			
Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every youth booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained youth supervision staff.	X			RNs conduct full screening for all youth. After-hours, a trained jail RN travels from the jail to juvenile hall for intake screening.
Screening procedures shall include but not be limited to: (a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;	X			Youth complete Massachusetts Youth Screening Instrument (MASYI) on a computer station by the booking area.
(b) Health conditions that require treatment while the youth is in the facility; and,	X			
(c) Identification of the need for accommodations, e.g., physical or developmental disabilities, gender identity or medical holds.	X			Medical, mental health and probation are drafting an interdepartmental LGBT policy.
Any youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by healthcare staff.	X			Any youth suspected of communicable disease is separated and sent to ER for clearance.
Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.	X			
1431 Intoxicated Youth and Youth With a Substance Use Disorder (a) The responsible health administrator/physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with Section 1430.	X			Policy in place including COWs and CIWA.

(b) Policy and procedures shall address:				Intoxicated youth are refused entry until they have been medically cleared by ED.
(1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;	X			
(2) designated housing, including use of any intoxicated youth;	X			
(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;	X			
(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
(5) medical responses to youth experiencing intoxication or withdrawal reactions;	X			
(6) management of pregnant youth who use alcohol or other substances;	X			
(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355;	X			
(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.	X			
(9) how, when and by whom the youth will be monitored when intoxicated;	X			
(10) the frequency of monitoring and the documentation required;	X			
(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,	X			
(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation	X			
1432 Health Assessment				
The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth	X			
(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.	X			The health assessment is conducted by a PA who is on site weekly and on an as needed basis. STI screening is done only symptomatic, and/or the youth is sexually active (see summary). No positive STI cases in this juvenile facility in 2021-2022.

(1) At a minimum, the health assessment shall include, but is not limited to, health history, examination, laboratory and diagnostic testing, and immunization reviews as outlined below:	X			
(A) The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.	X			
(C) Laboratory and diagnostic testing includes, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.	X			Multiple attempts are made to verify immunizations within two weeks of youth's admission, including the use of CAIR and parental and primary care physician contacts.

(2) The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission excluding holidays.	X			A face-to-face interview and health updates are done by the RN during each admission.
(3) Physical exams shall be updated annually for all youth.	X			
(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical assessment. If this assessment cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for communicable disease.	X			
(c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health assessment:	X			
(1) is received from the sending facility at or prior to the time of transfer;	X			
(2) is reviewed by designated health care staff at the receiving facility; and,	X			
(3) is identified and any missing required assessments are scheduled within 96 hours.	X			
(d) The health administrator/responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
1433 Requests for Health Care Services The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.	X			Sick call boxes are installed in each housing area. Only health personnel have keys to the boxes and sick call requests are picked up daily.
(a) Youth shall be provided the opportunity to confidentially convey either through, written or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made for youth who have language or literacy barriers.	X			The county has a language phone line, but it is not used frequently (see summary).

(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.	X			
(c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness.	X			
(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical and behavioral/mental health care services.	X			
(e) Provision shall be made for any youth requesting medical, dental and behavioral/mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.	X			
(f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.	X			
1434 Consent and Refusal for Health Care The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.	X			General consent verified during chart review.
(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.	X			Psychotropic medications inform and consent process needs to meet community standards (see summary).
(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.	X			
(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.	X			
(d) Conservators can provide consent only within limits of their court authorization.	X			
Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.	X			Youth have the right to refuse care or medication. Counseling takes place regarding reasons and benefits of treatment and potential risks of refusal.
1435 Dental Care The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to require that dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist. Treatment shall not be limited to extractions.	X			The community dental clinic provides dental services, including cleaning if youth stay more than one year. Probation transports youth for appointments. Youth are able to use dental floss in the facility.

Annual dental exams shall be provided to any youth detained for longer than one year.	X			
1436 Prostheses and Orthopedic Devices				Eye exam and eyeglasses are arranged case by case with community providers.
(a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.	X			
(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.	X			
1437 Mental Health Services				Mental health clinician is on site as needed, 20 hours per week. The supervisor is on call 24/7 for emergencies.
The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:	X			
(a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs	X			Mental health on-call supervisor responds to crisis or acute episodes when they arise. On the day of the inspection there were three open cases.
(b) assessment by a behavioral/mental health provider when indicated by the screening process;	X			
(c) therapeutic services and preventive services where resources permit;	X			
(d) crisis intervention and the management of acute psychiatric episodes;	X			Woodland Memorial Hospital has emergency mental health services, but no pediatric beds for 5150 youth. However, the hospital staff will arrange a LPS facility for youth if needed.
(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	X			
(f) initial and periodic medication support services;	X			
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.	X			
(h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.	X			Continuation of medication and post release appointments are arranged prior to release.

Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.	X			LPS facility is identified as needed outside of Yolo County.
1437.5 Transfer to a Treatment Facility The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:	X			
(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and	X			There is an on-call mental health clinician and a psychiatrist available 24/7 for urgent needs.
(b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.	X			
1438 Pharmaceutical Management For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.	X			Juvenile Hall uses Corner Drug Pharmacy for any urgent supplies. Routine Rx is contracted with Correct RX via mail.
(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:	X			Vaccines' storage refrigerator is meeting Vaccine for Children (VFC) standards. VFC inspection took place March of 2022.
(1) securely lockable cabinets, closets, and refrigeration units;	X			
(2) a means for the positive identification of the recipient of the prescribed medication;	X			
(3) administration/delivery of medicines to youth as prescribed;	X			
(4) confirmation that the recipient has ingested the medication;	X			
(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) prohibition of the delivery of medication from one youth to another;	X			No youth can deliver any medication.
(7) limitation to the length of time medication may be administered without further medical evaluation;	X			
(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;	X			

(9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication;	X			A monthly medication inventory system is in place to check expiration dates and needed supplies.
(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; and,	X			
(11) transition planning, including plan for uninterrupted continuation of medication.	X			
(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			Only licensed health personnel have access to the narcotics.
(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.	X			The health administrator was notified that Narcotic RX needs to be locked in a dual-lock metal box with required inventory.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(4) Preparation of labels can be done by licensed physician, dentist, pharmacist or other personnel, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth. Labels shall be prepared in accordance with Section 4076 and 4076.5 of the Business and Professions Code.	X			
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.	X			Dispensing is done by the pharmacy.
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			

(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.	X			
1439 Psychotropic Medications The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.	X			Psychiatrist Dr Lancaster provides on-site services on Wednesdays.
(a) These policies and procedures shall include, but not be limited to:	X			
(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	X			
(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;	X			
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider	X			
(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;	X			
(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,	X			A 30-day supply of medication is given to youth upon discharge.
(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.	X			
(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			Inform and consent verified in the medical record. The consent form does not include dosage range of the medication. The inform and consent process was done by nursing staff (see summary).
(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.	X			Youth are allowed to refuse psychotropic medication.

(c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.	X			No involuntary psychotropic medication is given in this facility.
(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
1452 Collection of Forensic Evidence The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth.	X			No forensic evidence is collected in this facility.
1453 Sexual Assaults The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
1454 Participation in Research The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require assurances for the safety of the youth and informed consent.			N/A	No research is done in this facility.
Participation shall not be a condition for obtaining privileges or other rewards in the facility. The court, health administrator, and facility administrator shall be informed of all such proposed actions.			N/A	

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

(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.	X			
(2) Process for a debriefing event with affected staff.	X			
(3) Process for a debriefing event with affected youth.	X			
(h) Documentation	X			
(1) Documentation processes shall be developed to ensure compliance with this regulation	X			
Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.	X			
Section 1357 Use of Force The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	X			O.C is used in this facility. Force has never been used as punishment, discipline, or retaliation.
(a) At a minimum, each facility shall develop policies and procedures which: (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility.	X			No restraint chair in this facility. Handcuffs are used to gain control only.
(2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.	X			
(3) describe force options or techniques that are expressly prohibited by the facility.	X			
(4) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.	X			
(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved.	X			
(6) Include an administrative review and a system for investigating unreasonable use of force.	X			
(7) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians.	X			

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

1358 Use of Physical Restraints The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.	X			No restraint chair in this facility. Handcuffs are used only to gain control.
Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.	X			
In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			No restraint chair or WRAP used in this facility.
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.	X			
Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.	X			Youth who require ongoing restraints are sent to the emergency room for evaluation.
A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.	X			
A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment.	X			
Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded.			N/A	Handcuffs are only used for a brief period of time to gain control or during movement.
In addition to the requirements above, policies and procedures shall address:	X			
(a) documentation of the circumstances leading to an application of restraints.	X			
(b) known medical conditions that would contraindicate certain restraint devices and/or techniques.	X			

(c) acceptable restraint devices.	X			
(d) signs or symptoms which should result in immediate medical/mental health referral.	X			
(e) availability of cardiopulmonary resuscitation equipment.	X			
(f) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.			N/A	
(g) provision for hydration and sanitation needs.			N/A	
(h) exercising of extremities.	X			
1358.5 Use of Restraint Devices for Movement and Transportation Within the Facility The Facility Administrator, in cooperation with the responsible physician and behavioral/mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:	X			Policy and procedure are in place.
(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.	X			
(b) the circumstances leading to the application of restraints must be documented.	X			
(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	X			
(d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.	X			
(e) the use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
1359 Safety Room Procedures (a) The facility administrator, and where applicable, in cooperation with the responsible physician, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, Section 1230.1.13. The room shall be used to hold only those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:			N/A	No safety cell in this facility.
(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;			N/A	
(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;			N/A	

(3) provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;			N/A	
(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;			N/A	
(5) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,			N/A	
(6) provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.			N/A	
(b)The placement of a youth in the safety room shall be accomplished in accordance with the following:			N/A	
(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.			N/A	
(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.			N/A	
(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.			N/A	
(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:			N/A	
(1) return the youth to general population.			N/A	
(2) consult with mental health or medical staff,			N/A	
(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.			N/A	
(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.			N/A	

Summary of medical/mental health evaluation:

During this 4/27/2022 inspection, the facility census was five males, no females. The Yolo County Juvenile Hall is organized, clean and well maintained. Health and Probation personnel exhibited teamwork and a common philosophy for the care of the juveniles in their custody. Wellpath, the contracted agency, provides medical and psychiatrist services, and the Children's Mental Health team provides mental health services through a memorandum of understanding.

Medical staffing consists of one RN, Monday-Friday 0800-1600, and a part time nurse who works on as an needed basis. The health administrator is on-call 24/7. A Psychiatrist, Dr Lancaster is on site every Wednesday. MD Asebiomo is on site as needed, but available by phone 24/7. The PA is on site every Wednesday. Both PA and the MD alternate the on-call duty. Medical services have standardized nursing protocols to meet the CA Board of Registered Nursing (BRN) guidelines, which allows the Registered Nurse to function in an extended role as outlined by established written criteria.

Dental services are delivered through community providers. Emergency Medical Services are provided by the County Fire Department and Woodland Memorial Hospital. Mental Health Services are available 20 hours/week, and the hours are flexible. A mental health supervisor is on-call 24/7 and can be on site if needed.

There was no QI audit conducted for this inspection period due to staffing issues. Additional clerical support would allow nursing staff to focus on patient care. A clerical staff member can assist with data collection for QI audits, immunization verification and data entry, vaccines' inventory and ordering, annual reports' statistical data preparation, consent gathering and scanning, release medical records, coordinate outside appointments, medication inventory and ordering.

A white board in the medical clinic serves as an excellent communication tool for all staff. However, some of the data listed on the white board is HIPPA protected confidential health information. The Health Administrator was informed to revise the procedure. Two AEDs in the facility are monitored and maintained by county employees who do not work in juvenile hall. One of the AEDs has an expired AED pad. The monthly check tags are not always marked. The facility administrator was informed.

Evidence-based practice recommendations:

1. Psychotropic medication, inform and consent

The initial psychotropic medication orders for youth should be short term (not exceed 30 days), until the ordering physician documents their condition as stable. Currently, the initial psychotropic medications are being ordered for 90 days prior to patients being documented as stable.

The process for obtaining and documenting parental consent for psychotropic medications needs to meet community standards, including the dosage range of the medication. The prescriber needs to inform the patient, parent/guardian of the risks and benefits of the proposed treatment range and the risks and benefits of alternative treatments, including absence of treatment. The prescriber should explain the proposed treatment in terms that are understandable and adequate for the youth and parent/guardian so that they are able to make an informed choice about whether to consent to medication. This includes information about the anticipated benefits of the medication, possible risks and side effects, the range of doses, initial effects to anticipate, and what would constitute a reasonable trial.

2. Sexually transmitted illnesses (STI) screening and education

The medical clinic's sexually transmitted illnesses (STI) screening is based on symptoms and history. Testing is offered when youth exhibit symptoms or admit they are sexually active. Many STIs have no signs or symptoms. Even with no symptoms, patients can pass the infection to his/her sexual partners. Youth do not always readily admit that they are sexually active and may not fully grasp the concept of what constitutes being sexually active. Screening has been a cornerstone of STI prevention programs for decades and continues to be a priority of public health at the local, state, and federal levels in the United States. The facility is highly encouraged to develop an evidence based STI screening tool for all youth.

3. Language bank/online interpretation system

I recommend that the facility add a live video, online interpreter for different languages to facilitate timely quality care. Language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high-quality healthcare, and maintaining patient safety. To address these challenges, many healthcare institutions offer interpreter services to improve healthcare access, patient satisfaction, and communication. A 2020 systematic review found language barriers in healthcare lead to

miscommunication between the medical professional and patient, reducing both parties' satisfaction and decreasing the quality of healthcare delivery and patient safety. The study suggests that implementing online translation tools may improve the quality of healthcare and the level of satisfaction among both medical providers and patients (doi: [10.5001/omj.2020.40](https://doi.org/10.5001/omj.2020.40)).

4. Integrated single EMR system between Medical and Behavioral Health

I recommend integrating medical and behavioral health records. The current practice of medical's use of *COR* EMR and behavioral health's separate *Avatar* electronic record leaves providers with fragmented information in treating youth. A thorough understanding of the challenges in using more than one medical record system is an important prerequisite to minimizing the risks to care for patients in a single healthcare organization. Electronic health records (EHRs) have been widely proposed as a mechanism for improving health care quality.

Increasing the interoperability of medical information systems has the potential to improve quality of patient care. A 2019 study, "The role of electronic medical records in improving the quality of health care services," identified how the quality of electronic medical records affect the quality of health care services (<https://doi.org/10.1016/j.ijmedinf.2019.04.014>). Adoption of a high quality integrated EMR system has a significant impact on improving the quality of health care services.

The Yolo County Juvenile Hall meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
April 27, 2022



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

BSCC #: _____

FACILITY NAME: Yolo County Monroe Center			COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive, Woodland CA 95776				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: April 28, 2022	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, CCHP 408-790-7366 ChiaFNP@gmail.com				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lt. Dallas Timm Lt. Tina Day Rosemary Gladden, Health Services Administrator, Wellpath Katelyn Lee, Assistant Health Services Administrator, Wellpath				

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

III. MEDICAL/MENTAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates.	X			Sheriff's personnel with valid CPR certification are above 99%, despite the in-person training restriction due to the pandemic.
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively.	X			Monroe Jail's medical and mental health services are provided by Wellpath, a private contract agency.
Security regulations applicable to facility personnel also apply to health personnel.	X			
Each facility shall have at least one physician available to treat physical disorders.	X			
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.			X	Type II Facility
In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.			X	
1202 Health Service Audits The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			Annual statistical summary is pending from Wellpath.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	X			CQI committee meets quarterly to identify care issues and develop interventions. Providers' peer review process is pending (see summary).
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	X			All health care providers and nurses' licenses are closely monitored by designated administrators from Wellpath HR.
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	X			
1204 Health Care Procedures Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	X			Medical Director, MD Asebiomo is on-site 5 hours per week. RNs are trained in standardized procedures with annual review online courses.
1205 Health Care Records (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:	X			EMR, the COR system is in place.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Receiving screening form/history	X			
(2) Health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treated; and,	X			
(6) Medication records in conformance with Title 15 §1216.	X			
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	X			Health records are separated from custody records. The special diet delivery process needs to be revised-see summary.
The health authority shall ensure the confidentiality of each inmate's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records.	X			
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
(c) Written authorization by the inmate is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	X			
(d) Inmates shall not be used for health care recordkeeping.	X			
1206 Health Care Procedures Manual The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:	X			Policies and procedures reviewed annually.
(a) Summoning and application of proper medical aid;	X			
(b) Contact and consultation with other treating health care professionals;	X			
(c) Emergency and non-emergency medical and dental services, including transportation;	X			Woodland Memorial Hospital or the Davis Medical Center provide emergency services.
(d) Provision for medically required dental and medical prostheses and eyeglasses;	X			DDS Dr Errol Ramos, on-site twice per month. Urgent dental work is done in the community and the inmates are transported by officers.
(e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;	X			The intake screenings are conducted by officers, but any positive findings are followed immediately by medical staff. Community contracted OB/GYN services, MD Edison-ton is able to provide on-site services as needed. On the day of the inspection, no pregnant inmates were housed in the Jail.
(g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
(h) Implementation of special medical programs;	X			
(i) Management of inmates suspected of or confirmed to have communicable diseases;	X			Three cells in the infirmary are equipped with negative air flow if inmates' condition requires.
(j) The procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;	X			Medication is provided by Correct RX pharmacy via mail. Generally, it takes 24-48 hours for RX to be delivered.
(k) Use of non-physician personnel in providing medical care;	X			
(l) Provision of medical diets;	X			Common special diets include DM, pregnant, low sodium, and Halal.
(m) Patient confidentiality and its exceptions;	X			
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each inmate is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease.	X			
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	X			
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport;	X			
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates;	X			Health staff do not collect any evidence. Custody uses a body scanner for inmates upon booking.
(p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407;	X			
(q) Other services mandated by statute; and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services, and no-cost access to contraception and STD treatment, for inmates who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	X			
1206.5 Management of Communicable Diseases				COVID-19 is part of intake screening. All inmates receive rapid antigen tests in the Sallyport by nurses prior to entering the booking area. Inmates are screened for communicable diseases and suspected inmates are referred to providers for clearance and isolation if needed.
(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	X			
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	X			
The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.	X			
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	X			
(1) The types of communicable diseases to be reported;	X			
(2) The persons who shall receive the medical reports;	X			The CMR form is completed and sent to the Public Health department.
(3) Sharing of medical information with inmates and custody staff;	X			
(4) Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
(5) Medical confidentiality requirements;	X			
(6) Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			
(8) Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake	X			A pre-screening is conducted by an RN in the sally port, followed by an intake screening completed by trained officers posted in the booking area
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			There are three AEDs in the facility and checked daily by custody staff. First Aid kits are checked monthly by an assigned QI deputy.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening.	X			RNs are available 24/7 for receiving positive screening.
The training depends on the role staff are expected to play in the receiving screening process.	X			
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			A written policy is in place.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1207.5 Special Mental Disorder Assessment An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.	X			Mental disorder assessment is part of intake screening with follow-up by a mental health clinician if needed.
1208 Access to Treatment The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.	X			Pink slip (sick call) request forms are in all housing areas. Sick calls are triaged daily by RNs. DDS clinic, twice per month. Oral Surgeon available via a community contracted surgeon, OB/GYN services are provided by community providers.
The written plan shall also include the assessment and treatment of such inmates as described in Title 15, Section 1207, Medical Receiving Screening.	X			Inmates are advised orally and via a handbook regarding access to care during the intake process.
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.	X			
1208.5. Health Care Maintenance For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place within the inmate's second anniversary of incarceration.	X			Nursing staff conduct 7-14 days health appraisal. Annual dental cleaning scheduled for inmates who stay for a year or longer.
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate.	X			
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 Mental Health Services and Transfer to a Treatment Facility (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			The psychiatrist enters all psychotropic medication orders in COR EMR.
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			
3. Crisis intervention services;	X			
4. Basic mental health services provided, as clinically indicated;	X			
5. Medication support services; and,	X			
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	X			The facility has implemented non-emergency involuntary administration of medications. Policies reviewed.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	X			
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;	X			
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	X			
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	X			
6. Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				Staff documentation using SOAP format.
(a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.	X			
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			
(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			Discharge planning for inmates who take psychotropic medication is pre-arranged by Wellpath staff. Inmates who take psychotropic medication are given 30 days supplies upon release.
1211 Sick Call There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.	X			All five pods have sick call boxes and access only by the health staff.
1212 Vermin Control The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1213 Detoxification Treatment The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			CIWA and COWS protocol in place; mild and moderate withdrawal symptoms are managed on site. Inmates with severe withdrawal symptoms are sent to ED.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			Medical staff are on site with providers on-call 24/7.
1214 Informed Consent The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate.	X			
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.			X	No minor is housed in this jail.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.	X			
1215 Dental Care The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.	X			DDS is on site twice per month. Urgent dental issues are addressed by community dental clinics.
1216 Pharmaceutical Management (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	X			Correct Rx provides overnight delivery of pharmaceutical needs. A local pharmacy, Corner's pharmacy is contracted for urgent medication needs for timely medication administration.
(1) Securely lockable cabinets, closets and refrigeration units:	X			
(2) A means for the positive identification of the recipient of the prescribed medication;	X			
(3) Procedures for administration/delivery of medicines to inmates as prescribed;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, Section 1216(d);	X			
(5) That prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) Prohibiting the delivery of drugs by inmates;	X			
(7) Limitation to the length of time medication may be administered without further medical evaluation; and,	X			
(8) Limitation to the length of time required for a physician's signature on verbal orders.	X			90 days is maximum order.
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	X			
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			The medical director has Suboxone waivers in place.
(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	X			Some of the liquid medication bottles and cream tubes are opened without dates marked, the medical manager was informed.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	X			
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	X			Only licensed nursing staff administer medications.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	X			All medications are administered by licensed staff.
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	X			
(c) Policy and procedures on "over-the-counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			Inmates can purchase Tylenol, five two-pill packs and Motrin up to five two-pill packs, monthly-see summary.
(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:			X	No self-administration of medication in this jail.
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.			X	
(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.			X	
(3) Prescribing health care staff document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding self-administration.			X	
(6) Provisions are made for health care staff to perform documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1217 Psychotropic Medications The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	X			Policies and procedures are in place.
An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	X			
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	X			
An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	X			
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.	X			Protocol in place.
Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	X			
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			Psychotropic medication is never administered for disciplinary reasons.
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			First Aid kits and AEDs are inspected regularly, logs are not available. Communicated to the command staff.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) Provisions for reporting suicides and suicides attempts.	X			
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.	X			
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			All inmates are screened for communicable diseases including COVID-19.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			Inmates are screened for mental illnesses during intake by a trained officer and, if a mental health history exists, a mental health clinician will conduct a full assessment.
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.	X			
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others	X			There are two safety cells in the booking area and one safety cell in the behavior health unit. However, none of the safety cells have been used.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.	X			
In no case shall the safety cell be used for punishment or as a substitute for treatment.	X			
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.	X			
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.	X			Medical assessment is done within one hour of placement, documentation review confirmed.
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.	X			
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			Custody staff conducts checks at least twice per 30 minutes.
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 Restraints and Pregnant Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			Policy is in place.
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			Handcuffs in the front of the body are used for all pregnant inmates.

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

Summary of medical/mental health evaluation:

The Yolo County Monroe Jail is a booking facility with a maximum capacity of 342. On the day of the inspection, April 28, 2022, the census was 284 with 240 males and 24 females. The facility is well maintained and clean. Health and Custody staff exhibited teamwork and a common philosophy for the care of the inmates in their custody.

Medical staffing:

Daytime: one RN 0700-1900, and one LVN 0600-1830

Nighttime: one RN 1900-0700 and one LVN 1000-2230

The Health Services Administrator (HSA) and the assistant Health Services Administrator are on site Monday through Friday. The HSA is on-call 24/7.

The Medical director, Dr. Asebiomo is on site 5 hours/week. The PA is on site 32 hours/week. Both MD Asebiomo and the PA cover 24/7 on-call duties for medical needs. In addition, "Wellpathnow" (Telemedicine) went live in March of 2022.

Mental Health staffing:

One clinician Monday-Friday, 40 hours/week. A clinician is on-call 24/7. Psychiatrist, Dr. Lancaster is on-site 12 hours/week.

Recommendations:

Psychotropic medication, inform and consent

The initial psychotropic medication orders for inmates should be short term (not exceed 30 days), until the ordering physician documents their condition as stable. Currently, the initial psychotropic medications are being ordered for 90 days prior to patients being documented as stable.

The process for obtaining and documenting consent for psychotropic medications needs to meet community standards, including the dosage range of the medication. The prescriber needs to inform the patient of the risks and benefits of the proposed treatment range and the risks and benefits of alternative treatments, including absence of treatment. The prescriber should explain the proposed treatment in terms that are understandable and adequate for the inmate so that they are able to make an informed choice about whether to consent to medication. This includes information about the anticipated benefits of the medication, possible risks and side effects, the range of doses, initial effects to anticipate, and what would constitute a reasonable trial. Forms of shared decision-making such as inform, and consent could be an opportunity to promote collaboration and offer the patient greater involvement in medication decisions. A clear dosage range is one of the essential elements

during the inform and consent process. The facility is encouraged to conduct a follow-up audit to ensure all psychotropic medication:

1. Consent has an indication of dosage or dosage range
2. The initial psychotropic medication is less than 30 days.
3. Documented patient's condition is stable before 90 days Rx are ordered.

Sick Call, access to health care

Inmates have to request a blank "pink slip" (sick call request) from officers in the maximum-security unit. The inability of inmates to retrieve sick call forms and make their requests directly to medical staff, without going through the officers, is a barrier for inmates seeking medical/mental health attention. In particular, the process creates a barrier for inmates submitting any PREA related concerns when the subject involves custody staff.

I recommend placing blank pink forms by the sick call box that inmates can retrieve freely. This is a current process in other pods. The recommendation was communicated to command staff.

HIPPA

Special diet preparation and the delivery process need to meet HIPPA compliance. The special diets are marked with the inmate's name, housing, and the relevant medical diagnosis, such as "Diabetic diet." The information is visible to inmate workers. Command staff was notified of the HIPPA violation.

Commissary

The facility's current commissary ordering system does not allowing custody staff to prohibit inmates from ordering certain items. The system is "all or nothing." Inmates can order any items on the commissary list, but if they are restricted from ordering one item, they are not able to order any items.

For instance, inmates with uncontrollable diabetes are able to order concentrated sweets, although he/she is on a diabetic diet. I highly recommend a revised commissary system that allows customized lists based on inmates' medical and safety needs, similar to how it is done in other correctional facilities.

Health procedure, contraception

The facility is highly encouraged to conduct education on contraceptive methods and provide females with no-cost access to contraception. Currently, the facility continues any existing contraceptive method for inmates upon admission. However, there is no formal procedure for educating and starting new contraceptives for females prior to release. The contraception education sessions and no cost contraceptive methods should be made available prior to release.

Evidence-based practice recommendation :

1. Health service audits and CQI

I highly recommend the Yolo County Jail's QI committee establish a meaningful data-driven QI as a method to deliver health care to the incarcerated population. An overview of the assessment, gap analysis, and collaboration between partners to develop a mission, vision, and performance dashboard with a starting set of measures is a beneficial process (<https://doi.org/10.1089/jchc.20.07.0058>). In addition, development of tools and measurement sets used for gathering quality data has advanced in various health care settings (AHRQ, <https://www.ahrq.gov/talkingquality/measures/setting/index.html>). These are tools correctional leaders can use to improve quality and increase patient safety.

2. Language bank/online interpretation system

I recommend that the facility add a live video, online interpreter for different languages to facilitate timely quality care. Language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high-quality healthcare, and maintaining patient safety. To address these challenges, many healthcare institutions offer interpreter services to improve healthcare access, patient satisfaction, and communication. A 2020 systematic review found language barriers in healthcare lead to miscommunication between the medical professional and patient, reducing both parties' satisfaction and decreasing the quality of healthcare delivery and patient safety. The study suggests that implementing online translation tools may improve the quality of healthcare and the level of satisfaction among both medical providers and patients (doi: [10.5001/omj.2020.40](https://doi.org/10.5001/omj.2020.40)).

3. Intake screening and universal mental health comprehensive evaluation

Incarcerated persons have high rates of psychiatric conditions and substance use disorders. The U.S. Department of Justice recommended in 2007 that all inmates be screened for psychiatric conditions and substance use disorders (<https://www.ncjrs.gov/pdffiles1/nij/216152.pdf>). The Yolo County Jail presently has 70% (199 inmates) of the population receiving mental health services; 33% (94 inmates) on psychotropic medication but the mental health comprehensive screening only occurs when inmates are "referred." Universal mental health screening for Yolo County Jail inmates would be beneficial for early detection and intervention. Currently, a trained custody officer conducts the intake screening. Any positive findings are referred to medical nurses. However, comprehensive assessment by a mental health professional is not part of the routine pre-housing procedure. The comprehensive mental health evaluation is only done for inmates who have referrals. On the day of the survey, 70% of the population was receiving mental health services. Nine inmates met California Penal Code 1369.1 status. Considering the high prevalence of mental illness, a universal mental health assessment by qualified mental health professionals is essential. The University of Iowa School of Public Health's 2017 cross-sectional study indicated that almost all inmates' mental illness diagnoses were first made during incarceration (99%). The mean interval to diagnosis of depression, anxiety, PTSD, and personality disorders were 26, 24, 21 and 29 months respectively (<https://doi.org/10.1186/s12889-017-4257-0>). Nurses are not specialized in mental illnesses who conduct a simple nursing mental health triage cannot be substituted for mental health professionals' comprehensive evaluation. A comprehensive mental health evaluation by a qualified mental health professional for all inmates prior to housing is highly recommended.

The Yolo County Monroe Center meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP

4/28/2022



III. MEDICAL/MENTAL HEALTH EVALUATION¹ Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1200 RESPONSIBILITY FOR HEALTH CARE SERVICES (b) In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all incarcerated persons.	☒	☐	☐	All staff at the Yolo County Court Holding Facility are CPR/First Aid/AED/Narcan trained. Yolo County Sheriff's Department's policies and procedures were last updated April 1, 2022, and available in Lexipol.
1207 MEDICAL RECEIVING SCREENING <i>(Not applicable to CH)</i> A screening shall be completed on all incarcerated persons at the time of intake.	☒	☐	☐	Receiving screening is performed on all inmates at the time of intake at the jail. However, defendants remanded to custody during their court appearances are screened for all medical concerns including communicable diseases and mental health problems.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases.	☒	☐	☐	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	☒	☐	☐	Screening is performed by trained officers.
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).	☒	☐	☐	
There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	☒	☐	☐	Emergency Medical Services are provided by American Medical Response (AMR). AMR could transport inmate to Woodland Memorial Hospital or other healthcare facilities as clinically indicated.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	☒	☐	☐	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 MENTAL HEALTH SERVICES AND TRANSFER TO A TREATMENT FACILITY				Court holding facility
<i>(Not applicable to CH)</i>				
(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	☐	☐	☒	
1. Identification and referral of incarcerated persons with mental health needs;	☐	☐	☒	
2. Mental health treatment programs provided by qualified staff, including the use of telehealth;	☐	☐	☒	
3. Crisis intervention services;	☐	☐	☒	
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☐	☐	☒	
5. Medication support services; and,	☐	☐	☒	
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	☐	☐	☒	
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.	☐	☐	☒	
Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	☐	☐	☒	
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	☐	☐	☒	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	☐	☐	☒	
3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff;	☐	☐	☒	
4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	☐	☐	☒	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	☐	☐	☒	
6. Documentation of the administration of involuntary medication in the incarcerated person's medical record.	☐	☐	☒	
1212 VERMIN CONTROL <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested incarcerated person.	☐	☐	☒	Court holding facility. Vermin-infested inmates are treated in jails.
1213 DETOXIFICATION TREATMENT <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	☐	☐	☒	Court holding facility, inmates experiencing severe detox are not fit for court appearances. Judges are notified in advance if inmates are unable to appear in the court for medical reasons.
Facilities without medically licensed personnel in attendance shall not retain incarcerated people undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1220 FIRST AID KITS First aid kit(s) shall be available in all facilities.	☒	☐	☐	First Aid kits and AEDs are inspected weekly. Logs reviewed. The Sheriff's basement office and the central control area are equipped with three AEDs; pads expire 4/28/2024. However, 14 court rooms throughout six floors have no AEDs (see summary).
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	☒	☐	☐	

ARTICLE 4. RECORDS AND PUBLIC INFORMATION

1046 DEATH IN CUSTODY (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team at a minimum shall include the facility administrator or designee, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	☒	☐	☐	No in-custody deaths for the past inspection year.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	☒	☐	☐	
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility: (1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	☒	☐	☐	No deaths of minors in this court.
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	☒	☐	☐	

ARTICLE 5. CLASSIFICATION AND SEPARATION

1051 COMMUNICABLE DISEASES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed.	☒	☐	☐	Communicable diseases are part of receiving screening at this court holding facility. There is a dedicated screening room for remanded defendants. There is a well-established practice for communicable diseases screening.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	☒	☐	☐	
The response shall be noted on the medical screening form.	☒	☐	☐	
1052 BEHAVIORAL CRISIS IDENTIFICATION The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled.	☒	☐	☐	Inmates with unstable mental illnesses will need to be medically cleared before court appearances. Any inmates in crisis will be transferred back to the jail or 911 transfer if applicable.
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Separation may be used if necessary, to protect the safety of the person in crisis or others.	☒	☐	☐	
1055 USE OF SAFETY CELL The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others.	☐	☐	☒	No safety cell
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an incarcerated person in a safety cell to a physician. Policies and procedures shall include, but not be limited to:	☐	☐	☒	
(a) In no case shall the safety cell be used for punishment or as a substitute for treatment.	☐	☐	☒	
(b) A person shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.	☐	☐	☒	
(c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured as soon as possible, but not more than 12 hours from placement.	☐	☐	☒	
(e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than 15-minute lapse between safety checks. Such observation shall be documented.	☐	☐	☒	
(f) Procedures shall be established to assure administration of necessary nutrition and fluids.	☐	☐	☒	
(g) People placed in the safety cell shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the person's safety or to the security of the facility are documented.	☐	☐	☒	
1056 USE OF SOBERING CELL The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant to section 1213 of these regulations.	☐	☐	☒	No sobering cell
At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour.	☐	☐	☒	
Such observation shall be documented.	☐	☐	☒	
1057 DEVELOPMENTAL DISABILITIES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all incarcerated persons with developmental disabilities.	☒	☐	☐	This is a court holding facility. Developmentally disabled persons are usually separated from others.
The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1058 USE OF RESTRAINT DEVICES The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to responsible health care staff.	☒	☐	☐	Jail staff use restraints for inmates transported to a court holding facility.
(a) The policy shall address the following areas:				
(1) acceptable restraint devices;	☒	☐	☐	One restraint chair, no WRAP restraint in the courthouse. Oleoresin capicum (O.C.) spray and tasers are available but seldom used.
(2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment;	☒	☐	☐	
(3) protective housing of restrained persons;	☒	☐	☐	
(4) provision for hydration and sanitation needs; and,	☒	☐	☐	
(5) exercising extremities.	☒	☐	☐	
(b) Policy shall also include, but not be limited to, the following requirements:	☒	☐	☐	
(1) In no case shall restraints be used for punishment or as a substitute for treatment.	☒	☐	☐	No restraint is used for punishment nor substitute for treatment.
(2) Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.	☒	☐	☐	Inmates exhibiting destructive behavior or an intent to harm self or others will be transported back to the jail immediately.
(3) Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective.	☒	☐	☐	
(4) An incarcerated person shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or responsible health care staff; continued retention shall be reviewed a minimum of every hour.	☒	☐	☐	
(5) Continuous direct visual observation shall be maintained until a medical opinion can be obtained.	☐	☐	☒	Inmates exhibiting destructive behavior or an intent to harm self or others will be transported back to jail immediately. No inmates are held in court with continuous restraints.
(6) A medical opinion on placement and retention shall be secured within one hour from the time of placement.	☐	☐	☒	
(7) A medical assessment shall be completed within four hours of placement.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(8) Continuous direct visual observation shall be conducted at least twice every 30 minutes to ensure that the restrains are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse.	☐	☐	☒	
(9) If the facility manager, or designee, in consultation with responsible health care staff determines that an incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation.	☐	☐	☒	
(10) Where applicable. The facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.	☐	☐	☒	
(11) All events and information related to the placement in restraints shall be documented and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement.	☐	☐	☒	
1058.5 RESTRAINTS AND PREGNANT PERSONS The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following:	☒	☐	☐	Pregnant females are not restrained in any manner except by handcuffs to the front. If they present a threat to their own safety, safety of others or safety of deputies, a supervisor must be contacted immediately to make individual decisions.
(1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.	☒	☐	☐	
(2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public.	☒	☐	☐	
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an incarcerated person's pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people.	☒	☐	☐	

Summary of medical/mental health evaluation:

The Yolo County Court holding facility is clean and well organized. The courthouse facility has six floors, and a basement, with holding cells on all floors except the third. The floors with holding cells contain two holding suites each. A holding suite includes four cells: two interview, one single person cell and one multi-person (group) cell. The basement has twelve holding cells dedicated for juveniles. The court holding area is used as a temporary waiting area for Monroe Jail or Juvenile Hall inmates awaiting court proceedings or arrestees that have been sentenced. All sheriff's deputies complete annual CPR training and fit testing for respirators, as well as eight hours of CIT training every two years. SARS-CoV-2 policy is in place and is in keeping with the current recommendations of the county health officer.

If an inmate becomes ill or is injured while in the courthouse, a deputy will call for the inmate to be returned to the jail for further evaluation and treatment. If the illness or injury is severe, 911 will be called. Emergency Medical Services are provided by American Medical Response (AMR). AMR could transport inmates to Woodland Memorial Hospital or other healthcare facilities as clinically indicated.

Yolo County Court holding facility meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
3/29/2023



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

FACILITY NAME: Juvenile Hall		COUNTY: Yolo County	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road, Woodland, CA 95776			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL (JH) x ☐	SPECIAL PURPOSE JH ☐	CAMP ☐
MEDICAL/MENTAL HEALTH EVALUATION	DATE EVALUATED: March 27, 2023		
	DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES ☐ NO ☒ x		
MEDICAL/MENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, CCHP 408-790-7366 ChiaFNP@gmail.com			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent Mary Yung, Clinical Supervisor, HHSA Rosemary Gladden, Health Services Administrator, Wellpath Katelyn Lee, Assistant Health Services Administrator, Wellpath			

Purpose

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

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

Instructions

To complete the evaluation, assess each element listed and document the findings on the checklist. Columns in the checklist identify compliance as "Yes," "No" or "N/A" (not applicable). If the evaluator assessing the Medical and Mental Health of the facility "checks" a column to indicate that a facility is either out of compliance with all or part of a regulation or indicates that all or part of a regulation is not applicable, a brief explanation is required in the comments section. This explanation is critical. It assists both the BSCC and facility staff in understanding the rationale for the decision and highlights what needs correction. Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC Title 15 checklist. For information purposes, this additional sheet should be attached and distributed with the checklist. Checklists and regulations are available on the BSCC website (<http://www.bscc.ca.gov/s/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; **Attn: FSO Inspection Report Analyst**
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; Email: analyst@bscc.ca.gov

III. MEDICAL/MENTAL HEALTH EVALUATION¹
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 8. HEALTH SERVICES				
1400 RESPONSIBILITY FOR HEALTH CARE SERVICES The facility administrator shall ensure that health care services are provided to all youth.	☒	☐	☐	Ms. Gladden is the dedicated Health Administrator who coordinates with MD Asebiomo, probation, and mental health.
The facility shall have a designated health administrator who, in cooperation with the behavioral/mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:	☒	☐	☐	
(a) develop policy for health care administration;	☒	☐	☐	
(b) identify health care providers for the defined scope of services;	☒	☐	☐	
(c) establish written agreements as necessary to provide access to health care;	☒	☐	☐	
(d) develop mechanisms to assure that those agreements are properly monitored; and,	☒	☐	☐	
(e) establish systems for coordination among health care service providers.	☒	☐	☐	
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.	☒	☐	☐	MD Asebiomo is the designated physician who develops policy in health care matters involving clinical judgments.
1401 PATIENT TREATMENT DECISIONS Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.	☒	☐	☐	Licensed health care providers make the clinical decisions for the facility within the scope of their license.
Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.	☒	☐	☐	
1402 SCOPE OF HEALTH CARE (a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:	☒	☐	☐	The health administrator is on call 24/7 and if needed, MD Asebiomo or the PA will be contacted. MD on-site as needed, PA on site weekly (Wednesdays), psychiatrist Dr. Patricia Taylor is available every Tuesdays via Tele-psychiatry.
(1) at least one health care provider to provide treatment; and,	☒	☐	☐	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Juvenile Facilities, Division 1, Chapter 1, Subchapter 5 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	☒	☐	☐	
(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.	☒	☐	☐	Equipment, supplies, and space are adequate for the level of care.
(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law.	☒	☐	☐	
1403 HEALTH CARE MONITORING AND AUDITS				
(a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	☒	☐	☐	Annual Report 2022 reviewed: monthly average population 4.6, monthly average of youth on psychotropic medication 1.0, new patient visits 1.25 per month, follow-up visits 1.5 per month.
(b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.	☒	☐	☐	Quality improvement initiative process is underway. Monthly QI meetings are combined with the adult jail.
(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	☒	☐	☐	Policy and procedure in place.
(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.	☒	☐	☐	
(c) Medical, behavioral/mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.	☒	☐	☐	MDT takes place every Wednesday between probation, mental health, school, medical, public defender, and social worker.
1404 HEALTH CARE STAFF QUALIFICATIONS				
(a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to youth.	☒	☐	☐	Central office of the HSA and Wellpath track the license expiration dates.
(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.	☒	☐	☐	
(d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.	☒	☐	☐	
1405 HEALTH CARE STAFF PROCEDURES The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.	☒	☐	☐	There are many standardized procedures in place. A physician or PA is on-call 24/7 for concerns beyond the scope of established standardized procedures.
1406 HEALTH CARE RECORDS In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:	☒	☐	☐	Medical uses COR EMR while Behavioral Health uses <i>Avatar</i> EMR. Nursing staff have no access to <i>Avatar</i> . The Behavior Health clinician has no access to COR EMR. Psychiatrist's orders and notes are entered in COR EMR (see summary).
(a) intake health screening form;	☒	☐	☐	
(b) health appraisals/medical examinations;	☒	☐	☐	
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	☒	☐	☐	
(d) complaints of illness or injury;	☒	☐	☐	
(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	☒	☐	☐	
(f) location where treatment is provided;	☒	☐	☐	
(g) medication records in conformance with Title 15, Section 1438;	☒	☐	☐	
(h) progress notes;	☒	☐	☐	
(i) consent forms;	☒	☐	☐	
(j) authorizations for release of information;	☒	☐	☐	
(k) copies of previous health records;	☒	☐	☐	
(l) immunization records;	☒	☐	☐	
(m) laboratory reports; and,	☒	☐	☐	
(n) individual treatment plan.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record.	☒	☐	☐	Medical records are separated from confinement records.
Health care records shall be retained in accordance with community standards.	☒	☐	☐	
1407 CONFIDENTIALITY (a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the youth's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or others, management of the facility, maintenance of security, and preservation of safety and order.	☒	☐	☐	Confidential information is shared "only as needed" for care and protection of detained youth.
(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.	☒	☐	☐	
(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.	☒	☐	☐	Youth are not used for translation.
1408 TRANSFER OF HEALTH CARE SUMMARY AND RECORDS The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:	☒	☐	☐	Every effort is made to send a transfer summary with discharged youth. If the youth leave unexpectedly, a faxed copy is forwarded to the receiving facility.
(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;	☒	☐	☐	
(b) relevant health records are forwarded to the health care staff of the receiving facility;	☒	☐	☐	Health care records are sent to the health care staff of the receiving facility.
(c) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) applicable authorization from the youth and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	☒	☐	☐	
(e) confidentiality of health records is maintained.	☒	☐	☐	
1408.5 RELEASE OF HEALTH CARE SUMMARY AND RECORDS After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.	☒	☐	☐	Health care summaries are released and transmitted upon request with written authorization (ROI).
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.	☒	☐	☐	
1409 HEALTH CARE PROCEDURES MANUAL For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.	☒	☐	☐	Health service policies and procedures are in place and updated February 2023. Probation policies and procedures last updated March 2023.
Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	☒	☐	☐	Substance abuse policies and procedures including CIWA, and COW assessment tools are in place to ensure effective service delivery.
Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs.	☒	☐	☐	
The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.	☒	☐	☐	
1410 MANAGEMENT OF COMMUNICABLE DISEASES The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:	☒	☐	☐	There have been a couple of COVID-19 positive cases within Juvenile Hall during this inspection year. However, with assistance from PHD, COVID cases were quickly under control.
(a) intake health screening procedures;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) identification of relevant symptoms;	☒	☐	☐	
(c) referral for medical evaluation;	☒	☐	☐	
(d) treatment responsibilities during detention;	☒	☐	☐	
(e) coordination with public and private community-based resources for follow-up treatment;	☒	☐	☐	
(f) applicable reporting requirements; and,	☒	☐	☐	
(g) strategies for handling disease outbreaks.	☒	☐	☐	
The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.	☒	☐	☐	
1411 ACCESS TO TREATMENT The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.	☒	☐	☐	Sick call boxes are in each housing area, to which only health services personnel have the key. Youth can also verbally request medical/mental health services at any time.
1412 FIRST AID/AED AND EMERGENCY RESPONSE The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.	☒	☐	☐	
(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	☒	☐	☐	
(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.	☒	☐	☐	The medical clinic and the booking areas are equipped with AEDs, pads expire 11/28/2023.
Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.	☒	☐	☐	
1413 INDIVIDUALIZED TREATMENT PLANS With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns. Policies and procedures shall assure:	☒	☐	☐	Each youth has a multi-disciplinary treatment (MDT) plan. The team meets every Wednesday to review and revise the plan.
(a) Health care treatment plans are considered in facility program planning.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.	☒	☐	☐	
(c) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.	☒	☐	☐	
(d) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	☒	☐	☐	
Treatment planning by health care providers shall address: (a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.	☒	☐	☐	Mental health services continue in the community within the same department under the same <i>Avatar</i> EMR system. Medical calls-in a 30-day prescription as discharge medication. Youth and family are responsible to pay and pick up the medication (see summary).
(b) Participation in relevant programs upon return into the community to ensure continuity of care.	☒	☐	☐	
(c) Youth and family participation (if applicable and available).	☒	☐	☐	
(d) Cultural responsiveness, awareness and linguistic competence.	☒	☐	☐	
(e) Physical and psychological safety.	☒	☐	☐	
(f) Traumatic stress and trauma reminders when applicable.	☒	☐	☐	
1414 HEALTH CLEARANCE FOR IN-CUSTODY WORK AND PROGRAM ASSIGNMENTS The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.	☐	☐	☒	No youth had work assignments during the inspection year of 2022-2023.
1415 HEALTH EDUCATION With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth.	☒	☐	☐	Youth receive health education from the county health and human services agency and providers.
The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1416 REPRODUCTIVE SERVICES AND SEXUAL HEALTH For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines	☒	☐	☐	OB/Gyn services are provided by a community provider who serves the youth in juvenile hall. A new reproductive health initiative started in 2023, contraceptive posters are posted in all units. In addition, each new admission is provided a copy of contraceptive methods and individual Q&A time with a RN.
Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.	☒	☐	☐	
1417 PREGNANT/POST-PARTUM YOUTH With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222.	☒	☐	☐	On the day of the inspection there was no female youth housed in the facility. Welfare and Institutions Code Sections 222 language is posted in booking and female unit.
Written policies and procedures shall also include the following:	☒	☐	☐	
(a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.	☒	☐	☐	
(b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,	☒	☐	☐	
(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.	☒	☐	☐	The facility is drafting a lactation policy.
(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.	☒	☐	☐	
1418 YOUTH WITH DEVELOPMENTAL DISABILITIES Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1430 MEDICAL CLEARANCE/INTAKE HEALTH AND SCREENING The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.	☒	☐	☐	Policies and procedures are in place and updated within the past year.
For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.	☒	☐	☐	A physician's assistant is on site every Wednesday for health appraisals and sick calls.
The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth.	☒	☐	☐	
Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.	☒	☐	☐	Unconscious, profuse bleeding or intoxicated youth will not be accepted at intake.
Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.	☒	☐	☐	
Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.	☒	☐	☐	
Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every youth booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained youth supervision staff.	☒	☐	☐	RNs conduct full screening for all youth. After-hours, a trained jail RN travels from the jail to juvenile hall for intake screening.
Screening procedures shall include but not be limited to: (a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;	☒	☐	☐	
(b) Health conditions that require treatment while the youth is in the facility; and,	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Identification of the need for accommodations, e.g., physical or developmental disabilities, gender identity or medical holds.	☒	☐	☐	
Any youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by healthcare staff.	☒	☐	☐	
Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.	☒	☐	☐	Any youth suspected of communicable disease is separated and sent to ER for clearance.
1431 INTOXICATED YOUTH AND YOUTH WITH A SUBSTANCE USE DISORDER				Policy and procedure is in place for substance abuse.
(a) The responsible health administrator/physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with Section 1430.	☒	☐	☐	
(b) Policy and procedures shall address:				Intoxicated youth are refused entry until they have been medically cleared by ED.
(1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;	☒	☐	☐	
(2) designated housing, including use of any intoxicated youth;	☒	☐	☐	
(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;	☒	☐	☐	
(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	☒	☐	☐	
(5) medical responses to youth experiencing intoxication or withdrawal reactions;	☒	☐	☐	
(6) management of pregnant youth who use alcohol or other substances;	☒	☐	☐	
(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355;	☒	☐	☐	
(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.	☒	☐	☐	
(9) how, when and by whom the youth will be monitored when intoxicated;	☒	☐	☐	
(10) the frequency of monitoring and the documentation required;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,	☒	☐	☐	
(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation	☒	☐	☐	
1432 HEALTH ASSESSMENT The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth	☒	☐	☐	
(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.	☒	☐	☐	The health assessment is conducted by a PA who is on site weekly and on an as needed basis. STI screening is done for all new admissions unless youth refuse. Three positive STI cases in this juvenile facility in 2022-2023.
(1) At a minimum, the health assessment shall include, but is not limited to, health history, examination, laboratory and diagnostic testing, and immunization reviews as outlined below:	☒	☐	☐	
(A) The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.	☒	☐	☐	
(C) Laboratory and diagnostic testing includes, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	☒	☐	☐	
(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.	☒	☐	☐	
(2) The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission excluding holidays.	☒	☐	☐	Multiple attempts are made to verify immunizations within two weeks of youth's admission, including the use of CAIR, parental and primary care physicians contacts.
(3) Physical exams shall be updated annually for all youth.	☒	☐	☐	
(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical assessment. If this assessment cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for communicable disease.	☒	☐	☐	
(c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health assessment:	☒	☐	☐	
(1) is received from the sending facility at or prior to the time of transfer;	☒	☐	☐	
(2) is reviewed by designated health care staff at the receiving facility; and,	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) is identified and any missing required assessments are scheduled within 96 hours.	☒	☐	☐	
(d) The health administrator/responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	☒	☐	☐	
1433 REQUESTS FOR HEALTH CARE SERVICES The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.	☒	☐	☐	Sick call boxes are installed in each housing area. Only health personnel have keys to the boxes and sick call requests are picked up at least daily.
(a) Youth shall be provided the opportunity to confidentially convey either through, written or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made for youth who have language or literacy barriers.	☒	☐	☐	
(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.	☒	☐	☐	Verbal requests are available 24 hours/day, seven days/week in addition to the written sick call requests.
(c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness.	☒	☐	☐	
(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical and behavioral/mental health care services.	☒	☐	☐	
(e) Provision shall be made for any youth requesting medical, dental and behavioral/mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.	☒	☐	☐	
(f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.	☒	☐	☐	
1434 CONSENT AND REFUSAL FOR HEALTH CARE The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.	☒	☐	☐	General consent verified during chart reviews.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.	☒	☐	☐	
(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.	☒	☐	☐	
(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.	☒	☐	☐	
(d) Conservators can provide consent only within limits of their court authorization.	☒	☐	☐	
Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.	☒	☐	☐	Youth have the right to refuse care or medication. Counseling takes place regarding reasons and benefits of treatment and potential risks of refusal.
1435 DENTAL CARE The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to require that dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist. Treatment shall not be limited to extractions.	☒	☐	☐	The community dental clinic provides dental services including cleaning if youth stay more than one year. Probation transports youth for appointments. Youth are able to use dental floss in the facility.
Annual dental exams shall be provided to any youth detained for longer than one year.	☒	☐	☐	
1436 PROSTHESES AND ORTHOPEDIC DEVICES (a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	☒	☐	☐	Eye exam and eyeglasses are arranged case by case with community providers.
(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.	☒	☐	☐	
(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.	☒	☐	☐	
1437 MENTAL HEALTH SERVICES The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:	☒	☐	☐	Mental health clinician is on site as needed, up to 20 hours per week. The supervisor is on call 24/7 for emergencies.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs	☒	☐	☐	
(b) assessment by a behavioral/mental health provider when indicated by the screening process;	☒	☐	☐	
(c) therapeutic services and preventive services where resources permit;	☒	☐	☐	
(d) crisis intervention and the management of acute psychiatric episodes;	☒	☐	☐	Woodland Memorial Hospital has emergency mental health services, but no pediatric beds for 5150 youth. However, the hospital staff will arrange a LPS facility for youth if needed.
(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	☒	☐	☐	
(f) initial and periodic medication support services;	☒	☐	☐	
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.	☒	☐	☐	
(h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.	☒	☐	☐	
Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.	☒	☐	☐	LPS facility is identified as needed outside of Yolo County.
1437.5 TRANSFER TO A TREATMENT FACILITY The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and	☒	☐	☐	There is an on-call mental health clinician available 24/7 for urgent needs.
(b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.	☒	☐	☐	
1438 PHARMACEUTICAL MANAGEMENT For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.	☒	☐	☐	Juvenile Hall uses Corner Drug Pharmacy for any urgent supplies. Routine Rx is contracted with Correct RX via mail.
(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following: (1) securely lockable cabinets, closets, and refrigeration units;	☒	☐	☐	Vaccines' storage refrigerator is meeting Vaccine for Children (VFC) standards. VFC inspection took place in March of 2022.
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	
(3) administration/delivery of medicines to youth as prescribed;	☒	☐	☐	
(4) confirmation that the recipient has ingested the medication;	☒	☐	☐	
(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	☒	☐	☐	
(6) prohibition of the delivery of medication from one youth to another;	☒	☐	☐	No youth can deliver any medication.
(7) limitation to the length of time medication may be administered without further medical evaluation;	☒	☐	☐	
(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;	☒	☐	☐	
(9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication;	☒	☐	☐	A monthly medication inventory system is in place to check expiration dates and needed supplies.
(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; and,	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(11) transition planning, including plan for uninterrupted continuation of medication.	☒	☐	☐	
(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:	☒	☐	☐	Only licensed health personnel have access to narcotics.
(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	
(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.	☒	☐	☐	On the day of the inspection three controlled substances (Ativan, Subutex, Valium) in the Medication room were placed in a single locked cabinet. The administrator quickly ordered a dual-lock metal box to place the narcotics as required by regulations.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	
(4) Preparation of labels can be done by licensed physician, dentist, pharmacist or other personnel, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth. Labels shall be prepared in accordance with Section 4076 and 4076.5 of the Business and Professions Code.	☒	☐	☐	
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.	☒	☐	☐	Dispensing is done by the pharmacy.
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.	☒	☐	☐	
(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	☒	☐	☐	
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.	☒	☐	☐	
(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1439 PSYCHOTROPIC MEDICATIONS The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.	☒	☐	☐	Inform and consent verified in the medical record, including dosage range of the medication. Dr Patricia Taylor is available on Tuesdays via Tele-psychiatry.
(a) These policies and procedures shall include, but not be limited to:	☒	☐	☐	
(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	☒	☐	☐	
(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;	☒	☐	☐	
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider	☒	☐	☐	
(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;	☒	☐	☐	
(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,	☒	☐	☐	A prescription is called in prior to release, and it is the youth and parents/guardians' responsibility to pay and pick up the medication (see summary).
(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.	☒	☐	☐	
(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.	☒	☐	☐	There was one youth on psychotropic medication at the time of the inspection.
(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	☒	☐	☐	
(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.	☒	☐	☐	Youth are allowed to refuse psychotropic medication.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.	☒	☐	☐	No involuntary psychotropic medication is given in this facility.
(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	☒	☐	☐	
1452 COLLECTION OF FORENSIC EVIDENCE The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth.	☐	☐	☒	No forensic evidence is collected in this facility.
1453 SEXUAL ASSAULTS The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement.	☒	☐	☐	
The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	☒	☐	☐	
1454 PARTICIPATION IN RESEARCH The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require assurances for the safety of the youth and informed consent.	☐	☐	☒	No research is done in this facility.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Participation shall not be a condition for obtaining privileges or other rewards in the facility. The court, health administrator, and facility administrator shall be informed of all such proposed actions.	☐	☐	☒	
ARTICLE 3. TRAINING, PERSONNEL, AND MANAGEMENT				
1329 SUICIDE PREVENTION PLAN				Suicide prevention plan is in place.
The facility administrator, in collaboration with the healthcare and behavioral/mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk.	☒	☐	☐	
The plan shall include the following elements: (a) Suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.	☒	☐	☐	Policy and procedure is in place.
(b) Screening, Identification Assessment and Precautionary Protocols	☒	☐	☐	
(1) All youth shall be screened for risk of suicide at intake and as needed during detention.	☒	☐	☐	
(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.	☒	☐	☐	
(3) All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.	☒	☐	☐	All youth are screened for risk of suicide during intake with Massachusetts Youth Screening Instrument (MAYSI).
(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.	☒	☐	☐	
(c) Referral process to behavioral/mental health staff for assessment and/or services.	☒	☐	☐	
(d) Procedures for monitoring of youth identified at risk for suicide.	☒	☐	☐	
(e) Safety Interventions	☒	☐	☐	
(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:	☒	☐	☐	
(A) Housing consideration	☒	☐	☐	
(B) Treatment strategies including trauma-informed approaches	☒	☐	☐	
(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.	☒	☐	☐	
(f) Communication	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.	☒	☐	☐	
(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.	☒	☐	☐	
(g) Debriefing of Critical Incidents Related to Suicides or Attempts	☒	☐	☐	
(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.	☒	☐	☐	
(2) Process for a debriefing event with affected staff.	☒	☐	☐	
(3) Process for a debriefing event with affected youth.	☒	☐	☐	
(h) Documentation	☒	☐	☐	
(1) Documentation processes shall be developed to ensure compliance with this regulation	☒	☐	☐	
Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.	☒	☐	☐	

ARTICLE 5. CLASSIFICATION AND SEGREGATION

1357 USE OF FORCE The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	☒	☐	☐	Oleoresin Capsicum (O.C), pepper spray, is used in this facility. Force has never been used as punishment, discipline, or retaliation.
(a) At a minimum, each facility shall develop policies and procedures which: (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility.	☒	☐	☐	No restraint chair nor WRAP restraint (a safe restraint system, designed to protect subjects, officers, and staff by reducing the possibility of injury) in this facility. Handcuffs are used to gain control only.
(2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.	☒	☐	☐	
(3) describe force options or techniques that are expressly prohibited by the facility.	☒	☐	☐	
(4) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved.	☒	☐	☐	
(6) Include an administrative review and a system for investigating unreasonable use of force.	☒	☐	☐	
(7) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians.	☒	☐	☐	
(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	☒	☐	☐	
(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that:				Oleoresin Capsicum (O.C) spray is used in this facility, but seldom.
(1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.	☒	☐	☐	
(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.	☒	☐	☐	
(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.	☒	☐	☐	
(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.	☒	☐	☐	
(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address: (1) known medical and behavioral health conditions that would contraindicate certain types of force;	☒	☐	☐	Policy and procedure is in place.
(2) acceptable chemical agents and the methods of application.	☒	☐	☐	
(3) signs or symptoms that should result in immediate referral to medical or behavioral health.	☒	☐	☐	
(4) instruction on the Constitutional Limitations of Use of Force.	☒	☐	☐	
(5) physical training force options that may require the use of perishable skills.	☒	☐	☐	
(6) timelines the facility uses to define regular training.	☒	☐	☐	
1358 USE OF PHYSICAL RESTRAINTS The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.	☒	☐	☐	No restraint chair in this facility. Handcuffs are used to gain control only.
Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.	☒	☐	☐	
In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	☒	☐	☐	No restraint chair or WRAP used in this facility.
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.	☒	☐	☐	
A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.	☒	☐	☐	
A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment.	☒	☐	☐	
Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded.	☐	☐	☒	Youth who require ongoing restraints are sent to the emergency room for evaluation. Handcuffs are only used for a short period of time to gain control or during movement.
In addition to the requirements above, policies and procedures shall address:	☒	☐	☐	
(a) documentation of the circumstances leading to an application of restraints.	☒	☐	☐	
(b) known medical conditions that would contraindicate certain restraint devices and/or techniques.	☒	☐	☐	
(c) acceptable restraint devices.	☒	☐	☐	
(d) signs or symptoms which should result in immediate medical/mental health referral.	☒	☐	☐	
(e) availability of cardiopulmonary resuscitation equipment.	☒	☐	☐	
(f) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.	☐	☐	☒	
(g) provision for hydration and sanitation needs.	☐	☐	☒	
(h) exercising of extremities.	☐	☐	☒	
1358.5 USE OF RESTRAINT DEVICES FOR MOVEMENT AND TRANSPORTATION WITHIN THE FACILITY				Policy and procedure is in place.
The Facility Administrator, in cooperation with the responsible physician and behavioral/mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:	☒	☐	☐	
(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) the circumstances leading to the application of restraints must be documented.	☒	☐	☐	
(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	☒	☐	☐	
(d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.	☒	☐	☐	
(e) the use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	☒	☐	☐	
1359 SAFETY ROOM PROCEDURES				No safety cell in this facility.
(a) The facility administrator, and where applicable, in cooperation with the responsible physician, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, Section 1230.1.13. The room shall be used to hold only those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:	☐	☐	☒	
(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	☐	☐	☒	
(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;	☐	☐	☒	
(3) provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;	☐	☐	☒	
(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;	☐	☐	☒	
(5) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,	☐	☐	☒	
(6) provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.	☐	☐	☒	
(b)The placement of a youth in the safety room shall be accomplished in accordance with the following:	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.	☐	☐	☒	
(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.	☐	☐	☒	
(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.	☐	☐	☒	
(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:	☐	☐	☒	
(1) return the youth to general population.	☐	☐	☒	
(2) consult with mental health or medical staff,	☐	☐	☒	
(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.	☐	☐	☒	
(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.	☐	☐	☒	

Summary of medical/mental health evaluation:

During this 3/27/2023 survey, the facility's census was three, no girls and three boys. The Yolo County Juvenile Hall is organized, clean and well maintained. Health and Probation personnel exhibited teamwork and a common philosophy for the care of the juveniles in their custody. Wellpath, the contracted agency, provides medical and psychiatrist services, and the Children's Mental Health team provides mental health services through a memorandum of understanding.

Medical staffing consists of one RN, Monday-Friday 0800-1630, and a part-time nurse who works on an as needed basis. The health administrator is on call 24/7. A Psychiatrist, Dr Taylor is on site every Tuesday via Tele-psychiatry. MD Asebiomo is on site as needed, but available by phone 24/7. The PA is on site every Wednesday. Both PA and the MD alternate the on-call duty. Medical services have standardized nursing protocols to meet the CA Board of Registered Nursing (BRN) guidelines, which allows the Registered Nurse to function in an extended role as outlined by established written criteria.

Dental services are delivered through community providers. Emergency Medical Services are provided by American Medical Response (AMR) and City of Woodland. AMR could transport youth to Woodland Memorial Hospital or other healthcare facilities as clinically indicated. Mental Health Services are available 20 hours/week, and the hours are flexible based on the needs of the population. A mental health supervisor is on-call 24/7 and can be on site if needed.

On the day of the inspection three controlled substances (Ativan, Subutex, Valium) were found in the Medication room and were placed in a single locked cabinet instead of required maximum security storage. The administrator quickly ordered a dual-lock metal box to place the narcotics as required.

The Yolo County Juvenile Hall meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
March 27, 2023

A handwritten signature in black ink, appearing to read "chia-chen lee". The signature is written in a cursive, flowing style.

III. MEDICAL/MENTAL HEALTH EVALUATION¹
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1200 RESPONSIBILITY FOR HEALTH CARE SERVICES (a) In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all incarcerated persons.	☒	☐	☐	All deputies are CPR/AED certified every two years, per Peace Officer Standards and Training (POST).
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible qualified health care professionals, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.	☒	☐	☐	Monroe Jail's medical and mental health services are provided by Wellpath, a private contract agency.
Each facility shall have at least one physician available.	☒	☐	☐	MD Asebiomo is available 4 hours/week between juvenile hall and the jail (see summary).
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.	☐	☐	☒	Type II Facility
1202 HEALTH SERVICE AUDITS The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	☒	☐	☐	Annual report reviewed: Average daily population between 254-289; new patient monthly visits from 16-43; monthly follow-up visits 65-97; average monthly involuntary medication 6-11.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	☒	☐	☐	QA committee meets quarterly to identify care issues and develop interventions (see summary).
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	☒	☐	☐	
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	☒	☐	☐	
1203 HEALTH CARE STAFF QUALIFICATIONS State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	☒	☐	☐	All health care providers and nurses' licenses are closely monitored by designated administrators from Wellpath HR.

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	☒	☐	☐	
1204 HEALTH CARE PROCEDURES Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	☒	☐	☐	Medical Director, MD Asebiomo is on-site 4 hours per week. RNs are trained in standardized procedures with annual review online courses.
1205 HEALTH CARE RECORDS (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:	☒	☐	☐	EMR, the COR system is in place.
(1) receiving screening form/history;	☒	☐	☐	
(2) health evaluation reports;	☒	☐	☐	
(3) complaints of illness or injury;	☒	☐	☐	
(4) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	☒	☐	☐	
(5) location where treated; and,	☒	☐	☐	
(6) medication records in conformance with section 1216.	☒	☐	☐	
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	☒	☐	☐	Health records are separated from custody records. The special diet delivery process needs to be revised (see summary).
The health authority shall ensure the confidentiality of each incarcerated person's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the person's other jail records.	☒	☐	☐	
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the incarcerated person or others, management of the jail, or maintenance of jail security and order.	☒	☐	☐	
(c) Written authorization by the incarcerated person is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	☒	☐	☐	
(d) Incarcerated persons shall not be used for health care recordkeeping.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206 HEALTH CARE PROCEDURES MANUAL				Policies and procedures reviewed annually.
The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to: (a) summoning and application of proper medical aid;	☒	☐	☐	
(b) contact and consultation with other treating health care professionals;	☒	☐	☐	
(c) emergency and non-emergency medical and dental services, including transportation;	☒	☐	☐	Woodland Memorial Hospital or the U.C. Davis Medical Center provide emergency services. Crash cart located in the intake area needs to be re-organized (see summary).
(d) provision for medically required dental and medical prostheses and eyeglasses;	☒	☐	☐	DDS Errol Ramos, on-site twice per month. Urgent dental work is done in the community and inmates are transported by officers.
(e) notification of next of kin or legal guardian in case of serious illness which may result in death;	☒	☐	☐	
(f) provision for screening and care of pregnant and lactating people, 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;	☒	☐	☐	The intake screenings are conducted by officers, but any positive findings are followed immediately by medical staff. Community contracted OB/GYN services, MD Edison-Ton is able to provide on-site services as needed. On the day of the inspection, no pregnant inmates were housed in the Jail.
(g) screening, referral, and care of incarcerated persons who may be in behavioral crisis or have developmental disabilities;	☒	☐	☐	
(h) implementation of special medical programs;	☒	☐	☐	
(i) management of incarcerated persons suspected of or confirmed to have communicable diseases;	☒	☐	☐	Three cells in the infirmary are equipped with negative air flow.
(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;	☒	☐	☐	Medication is provided by Correct RX pharmacy via mail. Generally, it takes 24-48 hours for RX to be delivered. A local pharmacy, "Corner's Drug" provides any urgently needed medications.
(k) use of non-physician personnel in providing medical care;	☒	☐	☐	
(l) provision of medical diets;	☒	☐	☐	Common special diets include DM, pregnant, low sodium, and Halal.
(m) patient confidentiality and its exceptions;	☒	☐	☐	
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each incarcerated person is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for incarcerated persons with known or suspected active tuberculosis disease.	☒	☐	☐	
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	☒	☐	☐	
Necessary medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and incarcerated passengers from disease transmission during transport;	☒	☐	☐	
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to incarcerated people;	☒	☐	☐	Health staff do not collect any evidence. Custody uses a body scanner for inmates upon booking.
(p) provisions for application and removal of restraints on pregnant people consistent with Penal Code Section 3407;	☒	☐	☐	
(q) other Services mandated by statute; and,	☒	☐	☐	
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services within seven days of request, and no-cost access to contraception and STD treatment, for incarcerated persons who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	☒	☐	☐	
1206.5 MANAGEMENT OF COMMUNICABLE DISEASES				COVID-19 is part of intake screening. All inmates receive rapid antigen tests in the sallyport by nurses prior to entering the booking area. Inmates are screened for communicable diseases and suspected inmates are referred to providers for clearance and isolation if needed.
(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	☒	☐	☐	
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	☒	☐	☐	
The plan shall reflect the current local incidence of communicable diseases which threaten the health of incarcerated people and staff.	☒	☐	☐	
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	☒	☐	☐	
(1) the types of communicable diseases to be reported;	☒	☐	☐	
(2) the persons who shall receive the medical reports;	☒	☐	☐	The CMR form is completed and sent to the Public Health department.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) sharing of medical information with incarcerated persons and custody staff;	☒	☐	☐	
(4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	☒	☐	☐	
(5) medical confidentiality requirements;	☒	☐	☐	
(6) housing considerations based upon behavior, medical needs, and safety of the affected incarcerated persons;	☒	☐	☐	
(7) provision for consent by an incarcerated person that address the limits of confidentiality; and,	☒	☐	☐	
(8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	☒	☐	☐	
1207 MEDICAL RECEIVING SCREENING A screening shall be completed on all incarcerated persons at the time of intake	☒	☐	☐	A pre-screening is conducted by an RN in the sallyport, followed by an intake screening completed by trained officers posted in the booking area.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases.	☒	☐	☐	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	☒	☐	☐	The screening is performed by a trained officer. RNs are available 24/7 for receiving positive screening.
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).	☒	☐	☐	
There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	☒	☐	☐	A written policy is in place.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	☒	☐	☐	
1207.5 SPECIAL BEHAVIORAL HEALTH ASSESSMENT An additional mental health screening will be performed, according to written procedures, on incarcerated persons who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.	☒	☐	☐	Mental disorder assessment is part of intake screening with follow-up by a mental health clinician if needed.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1208 ACCESS TO TREATMENT The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and referring any incarcerated person who appears to be in need of medical, mental health, dental, or developmental disability treatment at any time during their incarceration subsequent to the receiving screening.	☒	☐	☐	Pink slip (sick call) request forms are in all housing areas except the maximum-security area. Inmates have to request a blank "pink slip" from officers in the maximum-security unit (see summary). Sick calls are triaged daily by RNs. DDS clinic, twice per month. Oral surgery is available via a community contracted surgeon.
The written plan shall also include the assessment and treatment of such persons as described in Section 1207, Medical Receiving Screening.	☒	☐	☐	Inmates are advised orally and via a handbook regarding access to care during the intake process.
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and direction of licensed health personnel.	☒	☐	☐	
1208.5 HEALTH CARE MAINTENANCE For people undergoing prolonged incarceration, an age appropriate and risk factor-based health maintenance visit shall take place within the person's second year of incarceration.	☒	☐	☐	Nursing staff conduct 7-14 days health appraisal. Annual dental cleaning scheduled for inmates who stay for a year or longer.
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health.	☒	☐	☐	
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals, but not to exceed one year, as determined by the responsible physician.	☒	☐	☐	
1209 MENTAL HEALTH SERVICES AND TRANSFER TO A TREATMENT FACILITY (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	☒	☐	☐	The psychiatrist enters all psychotropic medication orders in COR EMR.
1. Identification and referral of incarcerated persons with mental health needs;	☒	☐	☐	
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	☒	☐	☐	
3. Crisis intervention services;	☒	☐	☐	
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☒	☐	☐	
5. Medication support services;	☒	☐	☐	
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themselves or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	☒	☐	☐	JBCT program started in June of 2022 with capacity of seven.
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	☒	☐	☐	The facility has implemented non-emergency involuntary administration of medications. Policies reviewed.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	☒	☐	☐	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	☒	☐	☐	
3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff;	☒	☐	☐	
4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	☒	☐	☐	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	☒	☐	☐	
6. Documentation of the administration of involuntary medication in the incarcerated person's medical record.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1210 INDIVIDUALIZED TREATMENT PLANS (a) For each person treated by a mental health service in a jail, the responsible mental health care provider shall develop a written treatment plan.	☒	☐	☐	Staff documentation using SOAP format.
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	
(b) For each person treated for health conditions for which additional treatment, special accommodations or a schedule of follow-up care is needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	Discharge planning for inmates who take psychotropic medication is pre-arranged by Wellpath staff with prescription call-in.
1211 SICK CALL The facility administrator, in cooperation with the health authority, shall develop written policies and procedures, which provide daily sick call for all incarcerated persons or provision made that any incarcerated person requesting medical/mental health attention be given such attention.	☒	☐	☐	All five pods have sick call boxes and are accessed only by health staff.
1212 VERMIN CONTROL The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested incarcerated person.	☒	☐	☐	
1213 DETOXIFICATION TREATMENT The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	☒	☐	☐	CIWA and COWS protocol in place; mild and moderate withdrawal symptoms are managed on site. Inmates with severe withdrawal symptoms are sent to ED.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Facilities without medically licensed personnel in attendance shall not retain incarcerated people undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	☒	☐	☐	Medical staff are on site with providers on-call 24/7.
1214 INFORMED CONSENT				
The health authority shall set forth in writing a plan for informed consent of incarcerated persons in a language understood by the incarcerated person.	☒	☐	☐	
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for care of incarcerated people.	☒	☐	☐	
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any incarcerated person who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	☐	☐	☒	No minor in this facility.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person.	☒	☐	☐	
1215 DENTAL CARE				
The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each incarcerated person, upon request, under the direction and supervision of a dentist licensed in the state.	☒	☐	☐	DDS is on site twice per month. Urgent dental issues are addressed by community dental clinics. Dental floss is not available in hygiene kits (see summary).
1216 PHARMACEUTICAL MANAGEMENT				
(a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	☒	☐	☐	Correct Rx provides overnight delivery of pharmaceuticals. A local pharmacy, "Corner's Drug" is contracted for urgent medication needs for timely medication administration.
(1) securely lockable cabinets, closets and refrigeration units:	☒	☐	☐	
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	
(3) procedures for administration/delivery of medicines to incarcerated persons as prescribed;	☒	☐	☐	
(4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;	☒	☐	☐	
(6) prohibiting the delivery of drugs by incarcerated people;	☒	☐	☐	
(7) limitation to the length of time medication may be administered without further medical evaluation; and,	☒	☐	☐	
(8) limitation to the length of time required for a physician's signature on verbal orders.	☒	☐	☐	90 days is maximum order.
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	☒	☐	☐	
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel: (1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	MAT program is available in this jail with a designated counselor (24 hours/week), a psychologist (8 hours/week) and an RN (10 hours/week).
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	☒	☐	☐	
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the incarcerated person. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	☒	☐	☐	
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	☒	☐	☐	
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	☒	☐	☐	Only licensed nursing staff administer medications.
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	☒	☐	☐	All medications are administered by licensed staff.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	☒	☐	☐	
(c) Policy and procedures on "over-the-counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	☒	☐	☐	Inmates can purchase Tylenol, five two-pill packs and Motrin up to five two-pill packs.
(d) Policy and procedures may allow self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:	☐	☐	☒	No self-administration of medication in this jail.
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.	☐	☐	☒	
(2) Incarcerated persons with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.	☐	☐	☒	
(3) Prescribing health care staff document that each incarcerated person participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	☐	☐	☒	
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the incarcerated person.	☐	☐	☒	
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an incarcerated person is in violation of rules regarding self-administration.	☐	☐	☒	
(6) Provisions are made for health care staff to perform documented assessments of an incarcerated person's compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the person's health.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1217 PSYCHOTROPIC MEDICATIONS				Policies and procedures are in place.
The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	☒	☐	☐	
An incarcerated person found by a physician to be a danger to themselves or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	☒	☐	☐	
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	☒	☐	☐	
An emergency is a situation in which action to impose treatment over the incarcerated person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the incarcerated person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	☒	☐	☐	
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of incarcerated persons involuntarily receiving psychotropic medication.	☒	☐	☐	Protocol in place.
Psychotropic medication shall not be administered to an incarcerated person absent an emergency unless the person has given informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	☒	☐	☐	
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all incarcerated people receiving psychotropic medications, including a review of all emergency situations.	☒	☐	☐	
The administration of psychotropic medication is not allowed for disciplinary reasons.	☒	☐	☐	Psychotropic medication is never administered for disciplinary reasons.
1220 FIRST AID KITS				First Aid kits and AEDs are inspected regularly.
First aid kit(s) shall be available in all facilities.	☒	☐	☐	Logs are not available. Communicated to the command staff.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 4. RECORDS AND PUBLIC INFORMATION				
1046 DEATH IN CUSTODY (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team at a minimum shall include the facility administrator or designee, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	☒	☐	☐	One death during this inspection year, chart reviewed.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	☒	☐	☐	
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility: (1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	☐	☐	☒	No minor housed in this facility.
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	☒	☐	☐	
ARTICLE 3. TRAINING, PERSONNEL AND MANAGEMENT				
1030 SUICIDE PREVENTION PROGRAM The facility shall have a comprehensive written suicide prevention program developed by the facility administrator or designee, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those incarcerated persons who present a suicide risk. The program shall consider national best practices and include the following:	☒	☐	☐	Suicide prevention is covered in policies and procedures. Annual training is provided to all staff.
(a) Annual suicide prevention training for all custodial personnel.	☒	☐	☐	
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	☒	☐	☐	
(c) Screening during special situations, including placement in restrictive housing, following a hearing, and after a transfer or change in classification.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Provisions facilitating communication among arresting/transporting officers, facility staff, court staff, medical and mental health personnel in relation to suicide risk.	☒	☐	☐	Mental Health provides input to custody staff on housing assignments for inmates at risk.
(e) Housing recommendations for people at risk of suicide that balance safety and environment. The least restrictive environment should be considered.	☒	☐	☐	
(f) Supervision depending on level of suicide risk.	☒	☐	☐	
(g) Suicide attempt and suicide intervention policies and procedures.	☒	☐	☐	
(h) Provisions for reporting suicides and suicides attempts.	☒	☐	☐	
(i) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator, including the development of a corrective action plan to address deficiencies identified in the administrative review.	☒	☐	☐	Interview confirmed the multi-disciplinary administrative review took place for the suicide case.
(j) Provisions for follow up care as needed.	☒	☐	☐	
(k) Plan for mental health consultation following return from court as needed.	☒	☐	☐	

ARTICLE 5. CLASSIFICATION AND SEPARATION

1051 COMMUNICABLE DISEASES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed.	☒	☐	☐	All inmates are screened for communicable diseases including COVID-19.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	☒	☐	☐	
The response shall be noted on the medical screening form.	☒	☐	☐	
1052 BEHAVIORAL CRISIS IDENTIFICATION The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled.	☒	☐	☐	Inmates are screened for mental illnesses during intake by a trained officer and, if a mental health history exists, a mental health clinician will conduct a full assessment.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Separation may be used if necessary, to protect the safety of the person in crisis or others.	☒	☐	☐	
1055 USE OF SAFETY CELL The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others	☒	☐	☐	There are two safety cells in the booking area and one safety cell in the behavior health unit. However, none of the safety cells have been used.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an incarcerated person in a safety cell to a physician.	☒	☐	☐	
Policies and procedures shall include, but not be limited to: (a) In no case shall the safety cell be used for punishment or as a substitute for treatment.	☒	☐	☐	
(b) A person shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.	☒	☐	☐	
(c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter.	☒	☐	☐	
(d) The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured as soon as possible, but not more than 12 hours from placement.	☒	☐	☐	
(e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than a 15-minute lapse between safety checks. Such observation shall be documented.	☒	☐	☐	
(f) Procedures shall be established to assure administration of necessary nutrition and fluids.	☒	☐	☐	
(g) People placed in the safety cell shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the person's safety or to the security of the facility are documented.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 USE OF SOBERING CELL The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant section 1213 of these regulations.	☒	☐	☐	Custody staff maintains documentation on all inmates. There are four sobering cells in the booking area and check lists reviewed.
At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour.	☒	☐	☐	
Such observation shall be documented.	☒	☐	☐	
1057 DEVELOPMENTAL DISABILITIES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all incarcerated persons with developmental disabilities.	☒	☐	☐	Developmentally disabled inmates are assessed during intake.
The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends.	☒	☐	☐	
1058 USE OF RESTRAINT DEVICES The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to a responsible health care staff.	☒	☐	☐	Two restraint chairs are available in the booking area, and one restraint chair in the housing area.
(a) The policy shall address the following areas: (1) acceptable restraint devices;	☒	☐	☐	
(2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment;	☒	☐	☐	
(3) protective housing of restrained persons;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) provision for hydration and sanitation needs; and,	☒	☐	☐	
(5) exercising of extremities.	☒	☐	☐	
(b) Policy shall also include, but not be limited to, the following requirements: (1) In no case shall restraints be used for punishment or as a substitute for treatment.	☒	☐	☐	
(2) Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.	☒	☐	☐	
(3) Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective.	☒	☐	☐	
(4) An incarcerated person shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or responsible health care staff; continued retention shall be reviewed a minimum of every hour.	☒	☐	☐	
(5) Continuous direct visual observation shall be maintained until a medical opinion can be obtained.	☒	☐	☐	
(6) A medical opinion on placement and retention shall be secured within one hour from the time of placement.	☒	☐	☐	Medical assessment is done within one hour of placement, documentation review confirmed.
(7) A medical assessment shall be completed within four hours of placement.	☒	☐	☐	
(8) Continuous direct visual observation shall be conducted at least twice every 30 minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse.	☒	☐	☐	Custody staff conducts checks at least twice per 30 minutes.
(9) If the facility manager, or designee, in consultation with responsible health care staff determines that an incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation.	☒	☐	☐	
(10) Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.	☒	☐	☐	
(11) All events and information related to the placement in restraints shall be documented and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1058.5 RESTRAINTS AND PREGNANT PERSONS The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following:	☒	☐	☐	Policy is in place.
(1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.	☒	☐	☐	Handcuffs in the front of the body are used for all pregnant inmates.
(2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public.	☒	☐	☐	
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.	☒	☐	☐	
(4) Upon confirmation of an incarcerated person's pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people.	☒	☐	☐	

Summary of medical/mental health evaluation:

The Yolo County Monroe Jail is a booking facility with a maximum capacity of 365. On the day of the inspection, March 28, 2023, the census was 239 with 219 males and 20 females. The facility is well maintained and clean. Health and Custody staff exhibited teamwork and a common philosophy for the care of the inmates in their custody.

Medical staffing:

Daytime: one RN 0730-2000, and one LVN 0600-1830

Nighttime: one RN 1930-0800 and one LVN 1000-2230

The Health Services Administrator (HSA) and the Assistant Health Services Administrator are on site Monday through Friday. The HSA is on call 24/7.

The Medical director, Dr. Asebiomo is on site 4 hours/week. The PA is on site 32 hours/week. Both MD Asebiomo and the PA cover 24/7 on-call duties for medical needs.

Dental coverage:

DDS Errol Ramos on-site twice per month.

OB/GYN coverage:

MD Edison-Ton from community care, on-site as needed.

Mental Health staffing:

Two clinicians Monday-Friday, 40 hours/week. A clinician is on-call 24/7. Tele-Psychiatry Dr. Taylor every Tuesday, 12 hours/week.

Sick Call, access to health care

The “pink slip” medical request form has not been revised. It still indicates \$3 copay is required. The copay has been discontinued but the pink slip still reflects the charge. The usage of these outdated forms may prevent inmates from seeking needed medical care. The facility needs to revise the pink slips as soon as possible.

Inmates have to request a blank pink slip from officers in the A2 maximum-security unit. The inability of inmates to retrieve sick call forms and make their requests directly to medical staff, without going through the officers, is a barrier for inmates seeking medical/mental health attention. In particular, the process creates a barrier for inmates submitting any PREA related concerns when the subject involves custody staff.

I recommend placing blank pink slips by the sick call box or distributing blank forms on a regular basis so that inmates can submit pink slip freely. This is the current process in other pods. The recommendation was communicated to command staff.

Health Insurance Portability and Accountability Act (HIPAA)

Special diet preparation and the delivery process need to meet HIPAA compliance. The special diets are marked with the inmate’s name, housing, and the relevant medical diagnosis, such as “Diabetic diet.” The information is visible to inmate workers. Command staff were notified of this HIPAA violation.

Re-organization of emergency medical equipment in the booking area

Currently the intake area has emergency medical supplies scattered in a crash cart. There is no AED in the crash cart. An organized crash cart with an AED would facilitate the medical emergency response time rather than waiting for the arrival of equipment from other areas. Intake/booking is a high-risk area with a high frequency of medical emergencies. An organized crash cart is essential in managing medical emergencies. For instance, in cardiac arrest situations, every minute’s delay in resuscitation can lead to a drop in successful outcomes by 7%–10%. Thus, timely access to a defibrillator, resuscitation, supplies, and equipment should be fast and easy, and crash carts need to be carefully equipped, organized, and maintained (doi: [10.5847/wjem.j.1920-8642.2018.02.002](https://doi.org/10.5847/wjem.j.1920-8642.2018.02.002)).

Medical Director, physician coverage

Per the Medical Board of California, every physician’s assistant must be supervised by a licensed physician. The supervising physician is responsible for all medical services provided by the PA under their supervision and for following each patient’s progress. Currently the medical director, MD Asebiomo, is working 4 hours per week and responsible for the jail and juvenile hall while supervising the PA; it appears to be an overwhelming task with a limited 4 hours per week timeframe. The facility may consider increasing the hours to enhance patient care and offer comprehensive supervision.

The Yolo County Monroe Center meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
3/28/2023



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

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL (JH) ☒	SPECIAL PURPOSE JH ☐	CAMP ☐
ENVIRONMENTAL HEALTH EVALUATION	DATE EVALUATED: 11/09/2023		
	DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES ☐ NO ☒		
ENVIRONMENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Evan Stapleton Environmental Health Specialist II (530) 666-8592			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz Yolo County Juvenile Detention Facility Superintendent (530) 406-5383			

Purpose

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

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

Instructions

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

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

Checklists and regulations are available on the BSCC website (http://www.bscc.ca.gov/s_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; **Attn: FSO Inspection Report Analyst**
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; Email: analyst@bscc.ca.gov

I. ENVIRONMENTAL HEALTH EVALUATION¹
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 9. FOOD				
1464 FOOD SERVICES PLAN Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:	☒	☐	☐	Monroe Detention Facility will maintain a food service plan that includes sections on education, ongoing supervision, and cleanliness of food handlers in accordance with Section 27605 of the Health and Safety Code. All detention staff and administrative staff shall complete an annual Cal-Pro-Net training for Meal Count, Claiming, and Reimbursement.
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	
(d) food preparation;	☒	☐	☐	
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	
(g) orientation and on-going training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food costs accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair;	☒	☐	☐	
(n) hazard analysis critical control point plan; and,	☒	☐	☐	
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	☒	☐	☐	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Juvenile Facilities, Division 1, Chapter 1, Subchapter 5 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1465 FOOD HANDLERS EDUCATION AND MONITORING The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	☒	☐	☐	Monroe Detention Facility will maintain a food service plan that includes sections on education, ongoing supervision, and cleanliness of food handlers in accordance with Section 27605 of the Health and Safety Code.
1466 KITCHEN FACILITIES, SANITATION, AND FOOD STORAGE Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode).	☒	☐	☐	
In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:	☐	☐	☒	Facility does not prepare or reheat food. All food is prepared by adult inmates at the Monroe Detention Facility and transported to the Juvenile Detention Facility.
(a) Health and Safety Code Sections 114130-114141;	☒	☐	☐	
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;	☐	☐	☒	Individual insulated food trays are returned daily to the Monroe Detention Facility for cleaning and sanitization.
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	Facility does not prepare or reheat food.
(d) Health and Safety Code Sections 114268-114269; and,	☐	☐	☒	Facility does not store food.
(e) Health and Safety Code Sections 114279-114282.	☒	☐	☐	
1467 FOOD SERVING AND SUPERVISION Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.	☐	☐	☒	Facility staff distributes all meals to juveniles.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 10. CLOTHING AND PERSONAL HYGIENE				
1480 STANDARD FACILITY CLOTHING ISSUE				
The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.	☒	☐	☐	
Clothing provisions shall ensure that: (a) clothing is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.	☒	☐	☐	
(b) The standard issue of climatically suitable clothing for youth shall consist of but not be limited to:	☒	☐	☐	
(1) socks and serviceable footwear;	☒	☐	☐	
(2) outer garments;	☒	☐	☐	
(3) new non-disposable underwear which shall remain with the youth throughout their stay, and;	☒	☐	☐	
(4) undergarments, that are freshly laundered and free of stains, including tee shirts and bras.	☒	☐	☐	
(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.	☒	☐	☐	
(d) suitable clothing is issued to pregnant youth.	☒	☐	☐	
1481 SPECIAL CLOTHING				
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.	☒	☐	☐	
1482 CLOTHING EXCHANGE				
The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled exchange of clothing.	☒	☐	☐	
Unless work, climatic conditions, or illness necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.	☒	☐	☐	
Tee shirts, bras, and underwear shall be exchanged daily; youth shall receive their own underwear back at exchange.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1483 CLOTHING, BEDDING AND LINEN SUPPLY 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. Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.	☒	☐	☐	
1484 CONTROL OF VERMIN IN MINORS' PERSONAL CLOTHING There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing.	☒	☐	☐	
Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	☒	☐	☐	
1485 ISSUE OF PERSONAL CARE ITEMS There shall be written policies and site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items.	☒	☐	☐	
Each female youth shall be provided with sanitary napkins, panty liners and tampons as requested.	☒	☐	☐	
Each youth to be held over 24 hours shall be provided with the following personal care items:	☒	☐	☐	
(a) toothbrush;	☒	☐	☐	
(b) toothpaste;	☒	☐	☐	
(c) soap;	☒	☐	☐	
(d) comb;	☒	☐	☐	
(e) shaving implements;	☒	☐	☐	
(f) deodorant;	☒	☐	☐	
(g) lotion;	☒	☐	☐	
(h) shampoo; and,	☒	☐	☐	
(i) post-shower conditioning hair products.	☒	☐	☐	
Youth shall not be required to share any personal care items listed in items (a) through (d). Liquid soap provided through a common dispenser is permitted. Youth shall not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1486 PERSONAL HYGIENE				
There shall be written policies and site-specific procedures developed and implemented by the facility administrator for showering/bathing and brushing of teeth.	☒	☐	☐	
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.	☒	☐	☐	
1487 SHAVING				
Youth shall have access to a razor daily, unless their appearance must be maintained for reasons of identification in Court.	☒	☐	☐	
All youth shall have equal opportunity to shave face and body hair. The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.	☒	☐	☐	
1488 HAIR CARE SERVICES				
Written policies and site-specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	☒	☐	☐	
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	☒	☐	☐	
ARTICLE 11. BEDDING AND LINENS				
1500 STANDARD BEDDING AND LINEN ISSUE				
Clean laundered, suitable bedding and linens, in good repair, shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but not be limited to:	☒	☐	☐	
(a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;	☒	☐	☐	
(b) one pillow and a pillow case unless provided for in (a) above;	☒	☐	☐	
(c) one mattress cover and a sheet or two sheets;	☒	☐	☐	
(d) one towel; and,	☒	☐	☐	
(e) one blanket or more, upon request.	☒	☐	☐	
1501 BEDDING AND LINEN EXCHANGE				
The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	☒	☐	☐	
Washable items such as sheets, mattress covers, pillow cases and towels shall be exchanged for clean replacement at least once each week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The covering blanket shall be cleaned or laundered once a month.	☒	☐	☐	
1502 MATTRESSES				
Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	☒	☐	☐	
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.	☒	☐	☐	
ARTICLE 12. FACILITY SANITATION AND SAFETY				
1510 FACILITY SANITATION, SAFETY AND MAINTENANCE				
The facility administrator shall develop and implement written policies and site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	
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.	☒	☐	☐	
The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).	☒	☐	☐	
Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	☒	☐	☐	
1511 Smoke Free Environment				
The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.	☒	☐	☐	

Summary of environmental health evaluation:

All reviewed policies are current.

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

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 East Gibson Road Woodland, CA 95776 (530) 406-5300			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL (JH) ☒	SPECIAL PURPOSE JH ☐	CAMP ☐
ENVIRONMENTAL HEALTH EVALUATION	DATE EVALUATED: 11/09/2023		
	DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES ☐ NO ☒		
ENVIRONMENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Evan Stapleton Environmental Health Specialist II (530) 666-8592			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz Yolo County Juvenile Detention Facility Superintendent (530) 406-5383			

Purpose

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

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

Instructions

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

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

Checklists and regulations are available on the BSCC website (http://www.bscc.ca.gov/s_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; **Attn: FSO Inspection Report Analyst**
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; Email: analyst@bscc.ca.gov

I. ENVIRONMENTAL HEALTH EVALUATION¹
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 9. FOOD				
1464 FOOD SERVICES PLAN Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:	☒	☐	☐	Monroe Detention Facility will maintain a food service plan that includes sections on education, ongoing supervision, and cleanliness of food handlers in accordance with Section 27605 of the Health and Safety Code. All detention staff and administrative staff shall complete an annual Cal-Pro-Net training for Meal Count, Claiming, and Reimbursement.
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	
(d) food preparation;	☒	☐	☐	
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	
(g) orientation and on-going training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food costs accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair;	☒	☐	☐	
(n) hazard analysis critical control point plan; and,	☒	☐	☐	
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	☒	☐	☐	

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1465 FOOD HANDLERS EDUCATION AND MONITORING The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	☒	☐	☐	Monroe Detention Facility will maintain a food service plan that includes sections on education, ongoing supervision, and cleanliness of food handlers in accordance with Section 27605 of the Health and Safety Code.
1466 KITCHEN FACILITIES, SANITATION, AND FOOD STORAGE Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode).	☒	☐	☐	
In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:	☐	☐	☒	Facility does not prepare or reheat food. All food is prepared by adult inmates at the Monroe Detention Facility and transported to the Juvenile Detention Facility.
(a) Health and Safety Code Sections 114130-114141;	☒	☐	☐	
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;	☐	☐	☒	Individual insulated food trays are returned daily to the Monroe Detention Facility for cleaning and sanitization.
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	Facility does not prepare or reheat food.
(d) Health and Safety Code Sections 114268-114269; and,	☐	☐	☒	Facility does not store food.
(e) Health and Safety Code Sections 114279-114282.	☒	☐	☐	
1467 FOOD SERVING AND SUPERVISION Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.	☐	☐	☒	Facility staff distributes all meals to juveniles.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 10. CLOTHING AND PERSONAL HYGIENE				
1480 STANDARD FACILITY CLOTHING ISSUE				
The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.	☒	☐	☐	
Clothing provisions shall ensure that: (a) clothing is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.	☒	☐	☐	
(b) The standard issue of climatically suitable clothing for youth shall consist of but not be limited to:	☒	☐	☐	
(1) socks and serviceable footwear;	☒	☐	☐	
(2) outer garments;	☒	☐	☐	
(3) new non-disposable underwear which shall remain with the youth throughout their stay, and;	☒	☐	☐	
(4) undergarments, that are freshly laundered and free of stains, including tee shirts and bras.	☒	☐	☐	
(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.	☒	☐	☐	
(d) suitable clothing is issued to pregnant youth.	☒	☐	☐	
1481 SPECIAL CLOTHING				
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.	☒	☐	☐	
1482 CLOTHING EXCHANGE				
The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled exchange of clothing.	☒	☐	☐	
Unless work, climatic conditions, or illness necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.	☒	☐	☐	
Tee shirts, bras, and underwear shall be exchanged daily; youth shall receive their own underwear back at exchange.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1483 CLOTHING, BEDDING AND LINEN SUPPLY 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. Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.	☒	☐	☐	
1484 CONTROL OF VERMIN IN MINORS' PERSONAL CLOTHING There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing.	☒	☐	☐	
Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	☒	☐	☐	
1485 ISSUE OF PERSONAL CARE ITEMS There shall be written policies and site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items.	☒	☐	☐	
Each female youth shall be provided with sanitary napkins, panty liners and tampons as requested.	☒	☐	☐	
Each youth to be held over 24 hours shall be provided with the following personal care items:	☒	☐	☐	
(a) toothbrush;	☒	☐	☐	
(b) toothpaste;	☒	☐	☐	
(c) soap;	☒	☐	☐	
(d) comb;	☒	☐	☐	
(e) shaving implements;	☒	☐	☐	
(f) deodorant;	☒	☐	☐	
(g) lotion;	☒	☐	☐	
(h) shampoo; and,	☒	☐	☐	
(i) post-shower conditioning hair products.	☒	☐	☐	
Youth shall not be required to share any personal care items listed in items (a) through (d). Liquid soap provided through a common dispenser is permitted. Youth shall not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1486 PERSONAL HYGIENE				
There shall be written policies and site-specific procedures developed and implemented by the facility administrator for showering/bathing and brushing of teeth.	☒	☐	☐	
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.	☒	☐	☐	
1487 SHAVING				
Youth shall have access to a razor daily, unless their appearance must be maintained for reasons of identification in Court.	☒	☐	☐	
All youth shall have equal opportunity to shave face and body hair. The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.	☒	☐	☐	
1488 HAIR CARE SERVICES				
Written policies and site-specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	☒	☐	☐	
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	☒	☐	☐	
ARTICLE 11. BEDDING AND LINENS				
1500 STANDARD BEDDING AND LINEN ISSUE				
Clean laundered, suitable bedding and linens, in good repair, shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but not be limited to:	☒	☐	☐	
(a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;	☒	☐	☐	
(b) one pillow and a pillow case unless provided for in (a) above;	☒	☐	☐	
(c) one mattress cover and a sheet or two sheets;	☒	☐	☐	
(d) one towel; and,	☒	☐	☐	
(e) one blanket or more, upon request.	☒	☐	☐	
1501 BEDDING AND LINEN EXCHANGE				
The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	☒	☐	☐	
Washable items such as sheets, mattress covers, pillow cases and towels shall be exchanged for clean replacement at least once each week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The covering blanket shall be cleaned or laundered once a month.	☒	☐	☐	
1502 MATTRESSES				
Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	☒	☐	☐	
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.	☒	☐	☐	
ARTICLE 12. FACILITY SANITATION AND SAFETY				
1510 FACILITY SANITATION, SAFETY AND MAINTENANCE				
The facility administrator shall develop and implement written policies and site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	
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.	☒	☐	☐	
The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).	☒	☐	☐	
Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	☒	☐	☐	
1511 Smoke Free Environment				
The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.	☒	☐	☐	

Summary of environmental health evaluation:

All reviewed policies are current.

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

BSCC #: _____

FACILITY NAME: Monroe Detention Center		COUNTY: Yolo		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 140 A Tony Diaz Drive Woodland, CA 95776 (530) 668-5245				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II ☒	TYPE III ☐	TYPE IV ☐
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 12/15/2023		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Evan Stapleton, REHS Environmental Health Specialist II (530) 666-8595				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Dennis Gaines Lieutenant (530) 601-6814				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

I. ENVIRONMENTAL HEALTH EVALUATION¹
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
APPROACH FOR PROVIDING FOOD SERVICE Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	☒	☐	☐	All food for the Monroe Detention Center is prepared in the detention kitchen. Prepared food serves the Monroe Detention Center, Leinberger Detention Center, and Juvenile Detention Facility.
1. Food is prepared at another city or county detention facility.	☐	☒	☐	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☐	☒	☐	
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen.	☒	☐	☐	
There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	☒	☐	☐	
ARTICLE 12. FOOD				
1243 FOOD SERVICE PLAN Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	☒	☐	☐	
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;	☒	☐	☐	
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) orientation and ongoing training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food cost accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair; and	☒	☐	☐	
(n) three-day mainline sample tray.	☒	☐	☐	
1245 KITCHEN FACILITIES, SANITATION, AND FOOD SERVICE				
(a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☒	☐	☐	
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer: (1) H & S Sections 114130-114141;	☒	☐	☐	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☐	☒	☐	The operational high heat dishwasher reached 160 degrees F during the November 02, 2023, routine kitchen inspection. The second high heat dishwasher was inoperable at the time of the inspection.
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☒	☐	☐	
(4) H & S Sections 114268-114269; and,	☒	☐	☐	
(5) H & S Sections 114279-114282.	☒	☐	☐	
1246 FOOD SERVING AND SUPERVISION				
Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	☒	☐	☐	

ARTICLE/SECTION		YES	NO	N/A	COMMENTS
ARTICLE 13. CLOTHING AND PERSONAL HYGIENE					
1260	STANDARD INSTITUTIONAL CLOTHING				
The standard issue of climatically suitable clothing to incarcerated people held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to:		☒	☐	☐	
(a) Clean socks and footwear;		☒	☐	☐	
(b) Clean outer garments; and,		☒	☐	☐	
(c) Clean undergarments;		☒	☐	☐	
(1) for males - shorts and undershirt, and		☒	☐	☐	
(2) for females - bra and two pairs of panties.		☒	☐	☐	
The person's personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.		☒	☐	☐	
All issued and exchanged clothing shall be clean and free of holes or tears, reasonably fitted, durable, easily laundered and repaired.		☒	☐	☐	
Undergarments shall be clean, free of holes or tears, and substantially free of stains.		☒	☐	☐	
Individuals shall be able to select the garment type more compatible with their gender identity and gender expression.		☐	☒	☐	No policy available for review.
1261	SPECIAL CLOTHING				
Provision shall be made to issue suitable additional clothing, essential for incarcerated people to perform such special work assignments as food service, medical, farm, sanitation, mechanical, and other specified work.		☒	☐	☐	
All issued clothing must be clean, free of holes and tears.		☒	☐	☐	
1262	CLOTHING EXCHANGE				
There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.		☒	☐	☐	
Unless work, climatic conditions, illness, or California Retail Food Code necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.		☒	☐	☐	
Undergarments and socks shall be exchanged twice each week.		☒	☐	☐	
1263	CLOTHING SUPPLY				
There shall be a quantity of clean clothing, bedding, and linen available for actual and replacement needs of the population.		☒	☐	☐	
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.		☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1264 CONTROL OF VERMIN IN PERSONAL CLOTHING There shall be written policies and procedures developed by the facility administrator to control the contamination and/or spread of vermin in all incarcerated people's personal clothing.	☐	☒	☐	No policy available for review.
Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	☒	☐	☐	
1265 ISSUE OF PERSONAL CARE ITEMS There shall be written policies and procedures developed by the facility administrator for the issue of personal hygiene items.	☐	☒	☐	No policy available for review.
Each menstruating person shall be provided with sanitary napkins, panty liners, and tampons as requested with no maximum allowance.	☐	☒	☐	No policy available for review.
Each person to be held over 24 hours who is unable to supply themselves with the following personal care items, because of either indigency or the absence of a canteen, shall be issued: (a) toothbrush,	☐	☒	☐	No policy available for review.
(b) dentifrice,	☐	☒	☐	No policy available for review.
(c) soap,	☐	☒	☐	No policy available for review.
(d) comb, and	☐	☒	☐	No policy available for review.
(e) shaving implements.	☐	☒	☐	No policy available for review.
Personal care items shall be issued within the first 12 hours of housing assignment.	☐	☒	☐	No policy available for review.
Incarcerated persons shall not be required to share any personal care items listed in items "a" through "d."	☐	☒	☐	No policy available for review.
Incarcerated people will not share disposable razors.	☐	☒	☐	No policy available for review.
Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among incarcerated people, must be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Division 9, Title 16, California Code of Regulations.	☐	☒	☐	No policy available for review.
1266 SHOWERING There shall be written policies and procedures developed by the facility administrator for showering/bathing.	☐	☒	☐	No policy available for review.
Incarcerated persons shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.	☐	☒	☐	No policy available for review.
Absent exigent circumstances, no person shall be prohibited from showering at least every other day following assignment to a housing unit. If showering is prohibited, it must be approved by the facility manager or designee, and the reason(s) for prohibition shall be documented.	☐	☒	☐	No policy available for review.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1267 HAIR CARE SERVICES	☐	☒	☐	No policy available for review.
(a) Hair care services shall be available.	☐	☒	☐	
(b) Except those who may not shave for reasons of identification in court, incarcerated people shall be allowed to shave daily and receive hair care services at least once a month. The facility administrator may suspend this requirement in relation to people who are considered to be a danger to themselves or others.	☐	☒	☐	No policy available for review.
(c) Equipment shall be disinfected, after each use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, Sections 979 and 980, California Code of Regulations.	☐	☒	☐	No policy available for review.

ARTICLE 14. BEDDING AND LINEN

1270 STANDARD BEDDING AND LINEN ISSUE	☐	☐	☐	
The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:	☒	☐	☐	
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	☐	☒	☐	No policy available for review.
(b) one mattress cover or one sheet;	☒	☐	☐	
(c) one towel; and,	☒	☐	☐	
(d) one blanket or more depending upon climatic conditions.	☒	☐	☐	
Policy and procedure shall require that items (a), (b), and (d) above be provided prior to the first night in the facility.	☒	☐	☐	
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☐	☒	☐	No policy available for review.
1271 BEDDING AND LINEN EXCHANGE	☐	☐	☐	
There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each person housed.	☒	☐	☐	
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	☒	☐	☐	
If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.	☒	☐	☐	
Mattress shall be free of holes and tears. Mattress with holes, tears, or lack sufficient padding shall be replaced upon request with mattresses that meet the requirement of Section 1270.	☐	☒	☐	No policy available for review.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1272 MATTRESSES Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds (<i>Note: at least 30" wide X 76" long</i>).	☐	☒	☐	No policy available for review.
Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and the Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	☐	☒	☐	No policy available for review.
ARTICLE 15. FACILITY SANITATION AND SAFETY				
1280 FACILITY SANITATION, SAFETY AND MAINTENANCE The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	☒	☐	☐	
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	☒	☐	☐	

Summary of environmental health evaluation:

Facility is Type 2 facility. Reviewed policies were last updated 06/09/2016.

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

BSCC #: _____

FACILITY NAME: City of West Sacramento Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 Jefferson Boulevard West Sacramento, CA 95605 (916) 617-4967		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY ☐	TEMPORARY HOLDING FACILITY ☒
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 11/09/2023
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Evan Stapleton, REHS Environmental Health Specialist II (530) 666-8592		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Dea Pugh Police Support Services Manager (916) 617-4967		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION¹
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
APPROACH FOR PROVIDING FOOD SERVICE <i>(Not applicable to CH)</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	☐	☒	☐	Facility only has a processing room.
1. Food is prepared at another city or county detention facility.	☐	☒	☐	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☐	☒	☐	

ARTICLE 12. FOOD

1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE <i>(Not applicable to CH)</i> (a) Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☐	☐	☒	Facility only has a processing room, and no food is prepared.
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer. (1) H & S Sections 114130-114141;	☐	☐	☒	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125, if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☐	☐	☒	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	
(4) H & S Sections 114268-114269; and,	☐	☐	☒	
(5) H & S Sections 114279-114282.	☐	☐	☒	

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 FOOD SERVING AND SUPERVISION (Not applicable to CH)				Facility only has a processing room, and no food is prepared.
Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised.	☐	☐	☒	
Food shall be prepared and served only under the immediate supervision of a staff member.	☐	☐	☒	
ARTICLE 14. BEDDING AND LINEN				
1270 STANDARD BEDDING AND LINEN ISSUE (Not applicable to CH)				Facility only has a processing room for processing prior to being released or transferred to a housing or other type of facility.
The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:	☐	☐	☒	
(a) One serviceable mattress which meets the requirements of Section 1272 of these regulations;	☐	☐	☒	
(b) one mattress cover or one sheet;	☐	☐	☒	
(c) one towel; and,	☐	☐	☒	
(d) one blanket or more depending upon climatic conditions.	☐	☐	☒	
Policy and procedure shall require that items (a), (b) and (d) above be provided prior to the first night in the facility.	☐	☐	☒	
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☐	☐	☒	
Temporary Holding facilities which hold persons longer than 12 hours shall provide an incarcerated person with bedding and linen that meet the requirements of (a), (b) and (d) above prior to their first night in the facility and every night thereafter.	☐	☐	☒	
1272 MATTRESSES (Not applicable to CH)				Facility only has a processing room for processing prior to being released or transferred to a housing or other type of facility.
Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5 Beds (Note: at least 30" wide X 76" long).	☐	☐	☒	
Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 15. FACILITY SANITATION AND SAFETY				
1280 FACILITY SANITATION, SAFETY, AND MAINTENANCE The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	Sanitation and cleaning – provided by contracted janitorial services
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	☒	☐	☐	
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	☐	☐	☒	Facility only has a processing room for processing prior to being released or transferred to a housing or other type of facility.

Summary of environmental health evaluation:

Facility only has a processing room for processing juveniles and adults prior to being released or transferred to a housing or other type of facility. Reviewed policies were updated 11/02/2022 and are current.

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

BSCC #: _____

FACILITY NAME: City of Woodland Police Department		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Lincoln Avenue Woodland, CA 95695 (530) 661-7800		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY ☐	TEMPORARY HOLDING FACILITY ☒
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 11/09/2023
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Evan Stapleton, REHS Environmental Health Specialist II (530) 666-8592		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Ryan Bowler Sergeant (530) 661-7801 ext. 1676		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION¹
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
APPROACH FOR PROVIDING FOOD SERVICE <i>(Not applicable to CH)</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	☐	☒	☐	Facility is temporary holding only. No adult should be in temporary custody for longer than six hours.
1. Food is prepared at another city or county detention facility.	☐	☒	☐	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☐	☒	☐	

ARTICLE 12. FOOD

1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE <i>(Not applicable to CH)</i> (a) Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☐	☐	☒	Facility is temporary holding only.
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer. (1) H & S Sections 114130-114141;	☐	☐	☒	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125, if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☐	☐	☒	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	
(4) H & S Sections 114268-114269; and,	☐	☐	☒	
(5) H & S Sections 114279-114282.	☐	☐	☒	

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 FOOD SERVING AND SUPERVISION (Not applicable to CH)				Facility is temporary holding only.
Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised.	☐	☐	☒	
Food shall be prepared and served only under the immediate supervision of a staff member.	☐	☐	☒	
ARTICLE 14. BEDDING AND LINEN				
1270 STANDARD BEDDING AND LINEN ISSUE (Not applicable to CH)				Facility is temporary holding only.
The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:	☐	☐	☒	
(a) One serviceable mattress which meets the requirements of Section 1272 of these regulations;	☐	☐	☒	
(b) one mattress cover or one sheet;	☐	☐	☒	
(c) one towel; and,	☐	☐	☒	
(d) one blanket or more depending upon climatic conditions.	☐	☐	☒	
Policy and procedure shall require that items (a), (b) and (d) above be provided prior to the first night in the facility.	☐	☐	☒	
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☐	☐	☒	
Temporary Holding facilities which hold persons longer than 12 hours shall provide an incarcerated person with bedding and linen that meet the requirements of (a), (b) and (d) above prior to their first night in the facility and every night thereafter.	☐	☐	☒	
1272 MATTRESSES (Not applicable to CH)				Facility is temporary holding only.
Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5 Beds (Note: at least 30" wide X 76" long).	☐	☐	☒	
Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 15. FACILITY SANITATION AND SAFETY				
1280 FACILITY SANITATION, SAFETY, AND MAINTENANCE The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	Sanitation and maintenance – provided by paid janitorial services
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	☒	☐	☐	
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	☐	☐	☒	Facility is temporary holding only.

Summary of environmental health evaluation:

Temporary holding facility for processing prior to being released or transferred to a housing or other type of facility. Reviewed policies were updated 7/24/2023 and are current.

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

BSCC #: _____

FACILITY NAME: Yolo County Court Holding Facility		COUNTY: Yolo
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1000 Main Street Woodland, CA 95695 (530) 666-8892		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY ☒	TEMPORARY HOLDING FACILITY ☐
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 11/09/2023
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Evan Stapleton, REHS Environmental Health Specialist II (530) 666-8592		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Dennis Gaines Lieutenant (530) 601-6814		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

I. ENVIRONMENTAL HEALTH EVALUATION¹
Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
APPROACH FOR PROVIDING FOOD SERVICE <i>(Not applicable to CH)</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	☐	☒	☐	Bag lunches are prepared at the Monroe Detention Facility.
1. Food is prepared at another city or county detention facility.	☒	☐	☐	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☐	☒	☐	Bag lunches are prepared at the Monroe Detention Facility.

ARTICLE 12. FOOD

1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE <i>(Not applicable to CH)</i> (a) Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☐	☐	☒	Court holding only. No food preparation.
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer. (1) H & S Sections 114130-114141;	☐	☐	☒	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125, if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☐	☐	☒	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	
(4) H & S Sections 114268-114269; and,	☐	☐	☒	
(5) H & S Sections 114279-114282.	☐	☐	☒	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 FOOD SERVING AND SUPERVISION (Not applicable to CH)				Yolo County Sheriff deputies serve inmates bagged lunches.
Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised.	☐	☐	☒	
Food shall be prepared and served only under the immediate supervision of a staff member.	☐	☐	☒	
ARTICLE 14. BEDDING AND LINEN				
1270 STANDARD BEDDING AND LINEN ISSUE (Not applicable to CH)				Court holding only. Inmates are kept no longer than nine hours.
The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:	☐	☐	☒	
(a) One serviceable mattress which meets the requirements of Section 1272 of these regulations;	☐	☐	☒	
(b) one mattress cover or one sheet;	☐	☐	☒	
(c) one towel; and,	☐	☐	☒	
(d) one blanket or more depending upon climatic conditions.	☐	☐	☒	
Policy and procedure shall require that items (a), (b) and (d) above be provided prior to the first night in the facility.	☐	☐	☒	
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☐	☐	☒	
Temporary Holding facilities which hold persons longer than 12 hours shall provide an incarcerated person with bedding and linen that meet the requirements of (a), (b) and (d) above prior to their first night in the facility and every night thereafter.	☐	☐	☒	
1272 MATTRESSES (Not applicable to CH)				Court holding only.
Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5 Beds (Note: at least 30" wide X 76" long).	☐	☐	☐	
Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	☐	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 15. FACILITY SANITATION AND SAFETY				
1280 FACILITY SANITATION, SAFETY, AND MAINTENANCE The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual – Sanitation Practices and Infection Control (L-100).
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	☒	☐	☐	
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	☐	☒	☐	Court holding only.

Summary of environmental health evaluation:

Facility is only a temporary holding for court services. Inmates are housed at the Monroe Detention Facility. Reviewed policies were updated 06/09/2016 and are current.

Note: The Courthouse facility has 6 floors (basement, 1-5) with holding cells on all floors except the 3rd. The floors with holding cells contains 2 holding suites each. A holding suite includes 4 cells: 2 interview, 1 single person cell and one multi-person (group cell).

II. NUTRITIONAL HEALTH EVALUATION¹

Adult Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 12. FOOD				
1240 FREQUENCY OF SERVING In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	☒	☐	☐	Menus show 3 meals a day are served
At least one of these meals shall include hot food.	☒	☐	☐	Menus show 2 hot meals served per day
Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals.	☒	☐	☐	Time between meals served is 14 hours or less.
Supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.	☒	☐	☐	Food service coordinator monitors notifications for new supplemental food prescriptions daily. She ensures supplemental food is available for snack time.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those on medical diets where the responsible physician has prescribed additional time.	☒	☐	☐	Food service schedule and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" supports this practice.
Provisions shall be made for incarcerated persons who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and [persons] on medical diets shall be provided with their prescribed meal.	☒	☐	☐	Kitchen is notified and sack meal with 8oz 1% milk is offered, or medical diet is provided when prescribed.
1241 MINIMUM DIET The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2019 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, and the 2020-2025 Dietary Guidelines for Americans, which are hereby incorporated by reference. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	☒	☐	☐	Temporary holding facility follows same menus as Adult Jail Facility which are also provided by the main kitchen.

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	☒	☐	☐	Available menus show 3 servings of protein or more a day is offered and a 4 th serving of legumes is offered 3 or more times a week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating people, the requirement is four servings of milk or milk products.	☒	☐	☐	Available menus show 3 servings of dairy are offered. 1% milk and nonfat milk are pasteurized, contain more than 250 mg of calcium, and are fortified with vitamin A and D. Soy milk offered also meets calcium, vitamin A and D requirements. Once a day milk alternate is offered and contains over 150 mg of calcium per serving.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	☒	☐	☐	Available menus show 5 fruits and vegetables, or more are served daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	☒	☐	☐	Available menus show one or more fresh fruit or vegetable is offered daily.
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	☒	☐	☐	Available menus show 7 servings per week of Vitamin C source is offered. These include oranges, pineapple, and broccoli.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	☒	☐	☐	Available menus show 7 servings per week of Vitamin A source is offered which includes carrots
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	☒	☐	☐	Available menus show that 6 servings of grains per day are offered, and 3 servings are from whole grain sources.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Providing only the minimum servings outlined in this regulation is not sufficient to meet an incarcerated person's caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet daily caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2020-2025 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.	☒	☐	☐	Per Consultant Dietitian review of menus saturated fat averages 5-6% of total calories and added sugar averages 1-2% of calories which is within recommendation. Review shows that sodium levels have increased from last year. Facility continues to limit added salt and sugar to recipes.
1243 FOOD SERVICE PLAN <i>Note: This regulation requires Temporary Holding facilities to have a food service plan; however, the intent is that policies and procedures only address those areas that apply to the facility operation.</i>	☒	☐	☐	Temporary holding facility receives food from main kitchen Adult Jail and follows same food service plan.

Summary of nutritional health evaluation:

Adult Jail facility main kitchen provides meals for temporary holding facility. Recommendations are included in Adult Jail inspection report.

II. NUTRITIONAL HEALTH EVALUATION¹

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>
ARTICLE 12. FOOD				
1240 FREQUENCY OF SERVING In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	☒	☐	☐	Menus show 3 meals a day are served
At least one of these meals shall include hot food.	☒	☐	☐	Menus show 2 hot meals served per day
Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals.	☒	☐	☐	Time between meals served is 14 hours or less.
Supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.	☒	☐	☐	Food service coordinator monitors notifications for new supplemental food prescriptions daily. She ensures supplemental food is available for snack time.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those on medical diets where the responsible physician has prescribed additional time.	☒	☐	☐	Food service schedule and Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500, "Meal Service" supports this practice.
Provisions shall be made for incarcerated persons who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and [persons] on medical diets shall be provided with their prescribed meal.	☒	☐	☐	Kitchen is notified and sack meal with 8oz 1% milk is offered, or medical diet is provided when prescribed.

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 MINIMUM DIET The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2019 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, and the 2020-2025 Dietary Guidelines for Americans, which are hereby incorporated by reference. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	☒	☐	☐	
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	☒	☐	☐	Available menus show 3 servings of protein or more a day is offered and a 4 th serving of legumes is offered 3 or more times a week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating people, the requirement is four servings of milk or milk products.	☒	☐	☐	Available menus show 3 servings of dairy are offered. 1% milk and nonfat milk are pasteurized, contain more than 250 mg of calcium, and are fortified with vitamin A and D. Soy milk offered also meets calcium, vitamin A and D requirements. Once a day milk alternate is offered and contains over 150 mg of calcium per serving.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	☒	☐	☐	Available menus show 5 fruits and vegetables, or more are served daily.
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	☒	☐	☐	Available menus show one or more fresh fruit or vegetable is offered daily.
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	☒	☐	☐	Available menus show 7 servings per week of Vitamin C source is offered. These include oranges, pineapple, and broccoli.
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	☒	☐	☐	Available menus show 7 servings per week of Vitamin A source is offered which includes carrots.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	☒	☐	☐	Available menus show that 6 servings of grains per day are offered, and 3 servings are from whole grain sources.
Providing only the minimum servings outlined in this regulation is not sufficient to meet an incarcerated person's caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet daily caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2020-2025 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	☒	☐	☐	Per Consultant Dietitian review of menus saturated fat averages 5-6% of total calories and added sugar averages 1-2% of calories which is within recommendation. Review shows that sodium levels have increased from last year. Facility continues to limit added salt and sugar to recipes.
1242 MENUS Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals.	☒	☐	☐	Facility uses Regular, Diabetic, Pregnant, Lacto-ovo Vegetarian, Kosher/Halal Menus regularly. Per Food Service Coordinator, Lacto-ovo Vegetarian diet may be offered at times for lower sodium option or offered for lower carbohydrate option. Although Lacto-ovo Vegetarian diet is slightly lower in sodium it is not lower in carbohydrates per consultant dietitians last evaluation 10/2023. Food Service Coordinator reports Renal diet has not been requested in over a year. Mechanically altered diets follow the same menus with modifications to texture as needed.
Menus shall be approved by a registered dietitian before being used. The dietitian shall ensure that the meals meet the nutritional and hot food requirements set forth in Sections 1240 and 1241.	☒	☐	☐	Available menus are reviewed by dietitian annually before being used. They were last reviewed and approved by dietitian 10/2023.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet. Variations in the menu shall meet the caloric requirements set forth in Section 1241.	☒	☐	☐	If food item changes are made for a planned meal, substitutions made include similar food item from same food group. Changes are noted in writing on the menu and production worksheet to communicate to kitchen staff.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	☐	☒	☐	Last Dietitian evaluation of menu completed 10/2023 however did not include review of changes that have already been made for the diabetic diet. Per Food Service Coordinator, hot cereal offered is prepared different than that provided in regular menu, lunch menu includes 1 roll, milk is provided instead of Cal-15 drink.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1243 FOOD SERVICE PLAN Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	☒	☐	☐	
(a) menu planning;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-200 "Menu Planning and Meal Service"
(b) purchasing;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-600, "Food Services Inventory and Product Procurement"
(c) storage and inventory control;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-600 "Food Services Inventory and Product Procurement" includes expectations to complete physical inventory of products stored. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes expectations for food storage temperatures.
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;	☐	☒	☐	No policy noted which includes provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-200 "Food Services Menu Planning and Meal Service" includes brief review of considerations when meals are designed. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes some guidelines on food storage and sanitation.
(e) food serving;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-500 "Meal Service"

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(f) transporting food;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. NO K-500 "Meal Service" includes brief mention trays are placed in carts. Per Food Service Coordinator, carts are designed to keep food at proper temperature when they leave the kitchen. Food is provided well under 30 minutes after it leaves the kitchen.
(g) orientation and ongoing training;	☒	☐	☐	List of minimum required training topics, annual refresher training and ongoing on the job training by Food Service Coordinator included in Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services."
(h) personnel supervision;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-100 "Nutritional Adequacy of the Diet for Inmates" includes minimum staffing patters for supervision.
(i) budgets and food cost accounting;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-100 "Nutritional Adequacy of the Diet for Inmates" includes guidelines for maintaining records of budget plan, food expenditures, and food procurement.
(j) documentation and record keeping;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-100 "Nutritional Adequacy of the Diet for Inmates" includes overview of some records to be maintained such as budget plan, food expenditures, food procurement, menus for the past year. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-600 "Food Services Inventory and Product Procurement" includes guidance on maintaining records for food purchases and food inventory. Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes guidance on maintaining records of sanitation inspections. Does not include guidance for keeping records for other aspects of food service operation such as temperature logs, diet orders, kitchen equipment maintenance, staff training.
(k) emergency feeding plan;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-400 "Emergency Food Supply"
(l) waste management;	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No L-200 "Waste Disposal and Pest Control"

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(m) maintenance and repair; and,	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-300 "Safety and Sanitation for Food Services" includes practice for maintaining and repairing kitchen equipment.
(n) three-day mainline sample tray.	☒	☐	☐	Yolo County Sheriff's Department Policy Manual S.O. No K-200 "Menu Planning and Meal Service"
1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE				Food Service Coordinator maintains food safety certification and provides ongoing training to kitchen staff.
(a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☒	☐	☐	
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer: (1) H & S Sections 114130-114141;	☐	☐	☒	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☐	☐	☒	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	
(4) H & S Sections 114268-114269; and,	☐	☐	☒	
(5) H & S Sections 114279-114282.	☐	☐	☒	
1246 FOOD SERVING AND SUPERVISION				
Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	☒	☐	☐	
1248 MEDICAL DIETS				
The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	☒	☐	☐	Yolo County Sheriff's Office Detention Division Policy Manual S.O. No K-200 "Food Services: Menu Planning and Meal Service" identifies who is authorized to prescribe medical diet.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	☒	☐	☐	Food Service Coordinator uses diet manual for guidance on menu adjustments and will reach out to dietitian for additional guidance as needed.
The facility manager shall comply with any medical diet prescribed for an incarcerated person.	☒	☐	☐	Notification is sent to kitchen and Food Service Coordinator ensures diet is posted on medical diet board to communicate to kitchen staff. Diet trays are labeled with color coded sticker to indicate diet type and ensure appropriate meal is delivered to inmate.
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	☒	☐	☐	The diet manual is located in main kitchen office and medical unit.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	☒	☐	☐	Last approval 1/2023
Pregnant and lactating people shall be provided a balanced, nutritious diet approved by a doctor.	☒	☐	☐	Diet order notification sent to kitchen for processing. Menu available and approved by dietitian.

Summary of nutritional evaluation:

After conducting the site visit, reviewing documentation and responses from Food Service operation, recommendations are as follows:

1. Food Service plan:
 - a. **1243(d)**. Update policy to include provisions for food that is found to be contaminated, expired, showing, obvious signs of spoilage, or otherwise not fit for human consumption to meet title 15 guidelines.
 - b. Update policy K-200 to remove guidelines for disciplinary isolation diet so it is consistent with facilities current practices. Facility is no longer using this diet as option.
 - c. **1243(i)**. Update policy to include guidance for keeping records of the food service operation such as temperature logs, diet orders, kitchen equipment maintenance, staff training.
 - d. **1242(f)** Update policy to include more details on how food is transported and kept at appropriate temperature.
2. Menus and Medical Diets
 - a. **1242**. Ensure diabetic diet menu includes changes facility is already making and these changes are evaluated by consultant dietitian.
 - b. Food Service to work with medical team and consultant dietitian to identify diabetic diet goals and modify diabetic diet menu to meet these goals. For example, creating a carbohydrate-controlled menu where the diet balances carbohydrates across meals can help to optimize health of inmates and give providers a reference point.
 - c. Food service to work with medical team and consultant dietitian to identify low sodium diet goals and create menu to meet these goals. Most standard low sodium diets aim for 2 grams of sodium per day.
 - d. Although the facility has not used the renal diet in some time, because of the complexity of adjustments that may be needed for this diet, it is recommended that a menu which has been reviewed and approved by dietitian be considered. This will help ensure the diet is ready to use in the event it is needed.
 - e. Ensure Medical Diet Manual is reviewed by registered dietitian and approved by responsible physician by end of 1/2024.

II. NUTRITIONAL HEALTH EVALUATION

Juvenile Halls, Special Purpose Juvenile Halls and Camps

FACILITY NAME: Yolo County Juvenile Detention Facility		COUNTY: Yolo	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2880 E. Gibson Rd. Woodland, CA 95776			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL (JH) ☒	SPECIAL PURPOSE JH ☐	CAMP ☐
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION	DATE EVALUATED: 11/3/23		
	DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES ☐ NO ☒		
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Marbella Colimote, R.D., Supervising Public Health Nutritionist, (530) 666-8448			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Oscar Ruiz, Superintendent (530) 406-5383 Alycia Reyes, Food Service Coordinator Adult Jail Facility, (530) 406-5166, (530) 668-5200			

Purpose

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

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

Instructions

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

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

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

Board of State and Community Corrections; **Attn: FSO Inspection Report Analyst**
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; Email: analyst@bscc.ca.gov

II. NUTRITIONAL HEALTH EVALUATION¹
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 9. FOOD				
1460 FREQUENCY OF SERVING				Menus show 3 meals a day are served
Meals shall be served at least three times in any 24-hour period.	☒	☐	☐	
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	☒	☐	☐	Menus show 2 meals a day are served hot. Meals are offered within first hour of arrival after booking. Time between meals is 14 hours or less. Medical diets are labeled with color coded stickers to ensure they are served to appropriate person.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	☒	☐	☐	Main kitchen provides oranges, apples, and milk to be offered during snack time.
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	☒	☐	☐	Stated practice per Yolo County Juvenile Detention Facility Article 9 section 1460 "Frequency of Servings".
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	☒	☐	☐	Most frequently missed facility meal is lunch. Cold lunch is usually scheduled and saved for youth to be offered upon return.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	☒	☐	☐	Youth on medical diets are offered their prescribed meal upon return.
1461 MINIMUM DIET				
Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.	☒	☐	☐	
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	☒	☐	☐	Yolo County Juvenile Detention Facility Article 6, Section 1372 "Religious Program" Yolo County Juvenile Detention Facility Article 8, Section 1433 "Requests for Health Care Services". Facility follows this process for dietary requests or concerns.
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.	☒	☐	☐	

¹ This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Juvenile Facilities, Division 1, Chapter 1, Subchapter 5 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples: 2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	☒	☐	☐	Available menus show 2 servings of protein or more a day are offered and a 3 rd serving of legumes is offered 3 or more times a week.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.	☒	☐	☐	The 8 oz serving of 1% milk, nonfat milk and soy milk meet 250 mg minimum requirement.
All milk shall be pasteurized and fortified with vitamins A and D.	☒	☐	☐	1% milk and nonfat milk are pasteurized and fortified with vitamins A and D. Soy milk is also fortified with vitamin A and D.
For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.	☒	☐	☐	Menus show milk is offered with meals 3 times a day and fourth serving with snack offered.
One serving equals, but is not limited to, one of the following examples: 8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	☒	☐	☐	
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	☒	☐	☐	
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:	☒	☐	☐	Available menus show 6 fruits and vegetables, or more are served daily.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) One serving of a fresh fruit or vegetable.	☒	☐	☐	Available menus show one or more fresh fruit or vegetable is offered daily.
(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the foods described in the regulation.	☒	☐	☐	Available menus show 7 servings per week of Vitamin C source is offered. These include oranges, pineapple, and broccoli.
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to the foods described in the regulation.	☒	☐	☐	Available menus show 7 servings per week of Vitamin A source is offered which includes carrots.
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	☒	☐	☐	Available menus show that 6 servings of grains per day are offered, and 4 servings are from whole grain sources.
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	☒	☐	☐	Menus reviewed by consultant dietitian show they meet caloric requirements with snack provided.
(1) Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.	☒	☐	☐	Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.	☒	☐	☐	Per Consultant Dietitian review of menus saturated fat averages 5-6% of total calories and added sugar averages 1-2% of calories which is within recommendation. Review shows that sodium levels have increased from last year. Main kitchen continues to limit added salt and sugar to recipes.
1462 MEDICAL DIETS Only the attending physician shall prescribe a medical diet.	☒	☐	☐	Wellpath, Yolo County California-Juvenile Policies & Procedures "Nutrition and Medical Diets" reference 79261 effective 7/15/2019.
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.	☒	☐	☐	Food Service Coordinator uses diet manual for guidance on menu adjustments and will reach out to dietitian for additional guidance as needed.
The facility manager shall comply with any medical diet prescribed for a youth.	☒	☐	☐	Notification is sent to kitchen and Food Service Coordinator ensures diet is posted on medical diet board to communicate to kitchen staff. Diet trays are labeled with color coded sticker to indicate diet type and ensure appropriate meal is delivered to youth.
Diet orders shall be maintained on file for at least one year.	☒	☐	☐	Diet orders are kept in youth file.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	☒	☐	☐	Diet manual is available in main kitchen located in the adult jail as well as medical unit at the juvenile facility.
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.	☒	☐	☐	Last approval was 1/2023
1463 MENUS Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	☒	☐	☐	Adult jail main kitchen plans and prepares meals for juvenile facility.
Menus shall be approved by a registered dietitian before being used.	☒	☐	☐	Last review by registered dietitian was 10/2023
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	☒	☐	☐	If food item changes are made for a planned meal, substitutions made include similar food item from same food group. Changes are noted in writing on the menu and production worksheet to communicate to kitchen staff.
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.	☒	☐	☐	Last review by dietitian was 10/2023
1464 FOOD SERVICE PLAN Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:	☒	☐	☐	
(a) menu planning;	☐	☐	☒	Menus are planned by Adult Jail main kitchen
(b) purchasing;	☒	☐	☐	Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage"
(c) storage and inventory control;	☒	☐	☐	Facility has dry food storage and refrigerator on site and guidelines are included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage".

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) food preparation;	☒	☐	☐	Although Adult Jail main kitchen is responsible for preparing meals, Juvenile facility has some guidelines for staff included in Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage.
(e) food serving;	☒	☐	☐	Yolo County Juvenile Detention Facility Article 9 Section 1464a "Safety, Sanitation, Purchasing, Receiving and Storage Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan".
(f) transporting food;	☒	☐	☐	Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan".
(g) orientation and on-going training;	☐	☐	☒	Details included in Adult Jail inspection
(h) personnel supervision;	☐	☐	☒	Details included in Adult Jail inspection
(i) budgets and food costs accounting;	☐	☐	☒	Details included in Adult Jail inspection
(j) documentation and record keeping;	☐	☐	☒	Details included in Adult Jail inspection
(k) emergency feeding plan;	☐	☐	☒	Details included in Adult Jail inspection
(l) waste management; and,	☐	☐	☒	Details included in Adult Jail inspection
(m) maintenance and repair.	☐	☐	☒	Details included in Adult Jail inspection
(n) hazard analysis critical control point plan; and,	☐	☐	☒	
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	☐	☐	☒	Details included in Adult Jail inspection
1465 FOOD HANDLERS EDUCATION AND MONITORING The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	☒	☐	☐	Yolo County Juvenile Detention Facility Article 9 Section 1464 "Food Service Plan". Policy indicates Adult Jail Facility responsible for ensuring education, supervision, and cleanliness of food handlers.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1466 KITCHEN FACILITIES, SANITATION, AND FOOD STORAGE Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code (CalCode). In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:	☒	☐	☐	Adult Jail Food Service Coordinator maintains food safety certification and provides ongoing training to kitchen staff. Policies in place for storage of some food items onsite at Juvenile facility.
(a) Health and Safety Code Sections 114130-114141;	☐	☐	☒	
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;	☐	☐	☒	
(c) Health and Safety Code Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☐	☐	☒	
(d) Health and Safety Code Sections 114268-114269; and,	☐	☐	☒	
(e) Health and Safety Code Sections 114279-114282.	☐	☐	☒	
1467 FOOD SERVING AND SUPERVISION Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member.	☐	☐	☒	Details included in Adult Jail Inspection

Summary of nutritional evaluation:

After conducting the site visit, reviewing documentation and responses from Food Service operation recommendations are as follows:

1. Ensure Medical Diet Manual is reviewed by registered dietitian and approved by responsible physician by end of 1/2024.