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

5280
BSCC #: _____

FACILITY NAME:	COUNTY:
Santa Cruz Main Jail	Santa Cruz

FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):

259 Water Street
Santa Cruz, CA 95060
831-454-7800

CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II ☒	TYPE III ☐	TYPE IV ☐

ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: 5/21/2024

ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):

Jennifer Mead, Environmental Health Specialist, 831-465-4667
Martina Axnér, Environmental Health Specialist Trainee, 831-454-2743

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

Cesar Ramirez, Sheriff's Lieutenant, 831-454-7898
Luisanna Esparza, Sheriff's Corrections Officer, 831-454-7826
John Reed, Sheriff's Corrections Officer, 831-454-7800
Kristen Mitchell, Food Services Manager, 831-454-7843
Marco De La Rosa, Aramark Director, 831-262-8634
Belen Mendoza, Aramark Director, 831-454-7878
Sarah Hewett, Registered Nurse, 831-454-7892

NUTRITIONAL EVALUATION	DATE INSPECTED: 5/9/2024

NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 5/21/2024

MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

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

BSCC #: _____

FACILITY NAME: **Santa Cruz County Main Jail**	COUNTY: **Santa Cruz**

FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):
259 Water St
Santa Cruz, CA 95060
(831) 454-7800

CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II ☒	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: **May 9, 2024**

NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):
Caren Dix RDN, Nutrition Inspector, Nutrition Consultant, (831) 295-2871

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):
Kristen Mitchell, Santa Cruz Corrections Food Service Manager, (831) 454-7842
Belen Mendoza, Aramark Food Service Director, (831) 454- 7878
Lieutenant Cesar Ramirez, SC Main Jail Commander (831) 454 7800

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.

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

BSCC #: _____

FACILITY NAME: Santa Cruz County Main Jail			COUNTY: Santa Cruz	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 259 Water Street, Santa Cruz, CA95060				
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: 5/22/2024		
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): Lieutenant Cesar Ramirez 831-454-7898 Lieutenant Daniel Robbiro 831-419-4401 Kristen Mitchell Food Services Manager John Reed Compliance Officer Lucy Esparza Compliance Officer Linda Corfman, HSA Wellpath Sarah Hewett RN, Wellpath 831-454-7894 Lisa Hernandez MD, Health Officer Emillie Feena Assistant Director of Public Health Department Brenda Campbell, Behavioral Health Program Manager				

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

County of Santa Cruz

HEALTH SERVICES AGENCY

PUBLIC HEALTH DIVISION

Lisa B. Hernandez, MD, MPH Public Health Officer
1080 Emeline Ave, Bldg. D, Santa Cruz, CA 95060
Phone:(831) 454-4476 Fax:(831) 454-5048

June 26, 2024

BSCC 5280

California Board of State and Community Corrections
analyst@bscc.ca.gov

2024 TITLE 15 INSPECTIONS OF THE SANTA CRUZ COUNTY MAIN JAIL

To whom it may concern:

Please find attached the Title 15 Local Detention Facility Health Inspection Reports for the Santa Cruz County Main Jail, a Type II Facility at 259 Water Street, Santa Cruz, CA 95060, with a maximum capacity of 319.

On May 22, 2024, as Health Officer for the County of Santa Cruz, I conducted the 2024 annual physical inspection of the Santa Cruz County Main Jail, along with the following team members:

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
Contracted Corrections Evaluator and Accreditation Surveyor
Emillie Feenan, RN, PHN, MSN, Assistant Director of Nursing
Santa Cruz County Health Services Agency, Public Health Division.
Brenda Campbell, LCSW Behavioral Health Program Manager
Santa Cruz County Health Servies Agency, Behavioral Health Division

In addition to physical inspection and onsite interviews, reviews of patient records and WellPath Policy and Procedure manuals were conducted electronically and in person.

Concomitant onsite Environmental Health inspections were conducted by the following:

Jennifer Mead, Environmental Health Specialist
Martha Axnér, Environmental Health Specialist Trainee
Santa Cruz County Health Services Agency, Environmental Health Division

.

Concomitant onsite Nutritional Health inspections were conducted by the following:

Caren Dix, RDN, Nutrition Consultant.

These reports are attached.

Overall, Title 15 inspections in 2024 show the facility to be well maintained and clean, with dedicated Health and Custody staff who work together to care for the inmates.

There were no deficiencies identified in any of the Environmental Health or Nutritional Health inspections.

One significant deficiency was identified during the Medical and Mental Health inspection at the Main Jail:

- **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. 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. Upon chart review, the psychotropic medication prescribed during telepsychiatry has consents, but no dosage indicated. Psychotropic medication consent should include the exact dosage or the range of dosages in conformance with Welfare and Institutions Code sections 369.5, 739.5, 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, California Code of regulations Title 9, Sections 850-857 2001; and California Rules of Court 1432.5.

In addition to the deficiency identified in the Medical and Mental Health inspections, two evidenced-based recommendations were made to improve medical care.

- **Health service audits and QI Committee**
  It is recommended that the Santa Cruz County Jail's QI committee establish a meaningful data-driven QI as a method to deliver health care to the incarcerated. Any QI studies' data whether a baseline study or follow up revision study should be shared during the QI meetings. The sick call process should be a QI study project. A QI study to obtain the average time between sick call requests and the initial medical screening should be conducted.

- **Vaccine for Adults (VFA)**
  From the first day of incarceration, inmates are exposed to and expose other inmates to various communicable diseases, many of which are vaccine preventable. The risk of acquiring these diseases during incarceration exceeds that of the general population. On the day of the survey, no preventive vaccines were stored in the medication room. Most jails follow the US Preventive Services Task Force and the Advisory Committee on Immunization Practices (ACIP) guidelines. The Santa Cruz County jail system is highly encouraged to apply for the VFA program and administer vaccines per ACIP standards.

I concur with the finding and recommendations. In addition, I recommend that quality assurance measures be established for both the finding and recommendations and reported on a quarterly basis to the multidisciplinary quality assurance group.

Sheriff Jim Hart and his Corrections team deserve recognition for providing good care for individuals in custody. Their ability to work cooperatively and effectively with WellPath, as well as with Public Health, demonstrates a commitment to ensuring the best possible health for our inmate population.

Please contact me with concerns or questions.

Sincerely,

Lisa B. Hernandez, MD, MPH
Health Officer, County of Santa Cruz

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

I. ENVIRONMENTAL HEALTH EVALUATION[1]
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.	☒	☐	☐	Santa Cruz Main Jail prepares food for staff only and provides a buffet style service. Incarcerated Persons' meals are prepared at the Rountree Kitchen and delivered ready-to-eat to Main Jail and Blaine Street Women's Facility.
1. Food is prepared at another city or county detention facility.	☒	☐	☐	Incarcerated Persons' meals are prepared at the Rountree Kitchen and delivered ready-to-eat to Main Jail and Blaine Street Women's Facility.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☒	☐	☐	The County of Santa Cruz has contracted with Aramark Corrective Services for preparation of Incarcerated Persons' (IP) meals. Food preparation for IP occurs at Rountree Kitchen where routine inspection was conducted on 5/30/2024.
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.	☐	☐	☒	Incarcerated Person's do not prepare meals at Main Jail.
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.	☐	☐	☒	Incarcerated Person's do not prepare meals at Main Jail.
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:	☒	☐	☐	Incarcerated Persons' meals are prepared at the Rountree Kitchen and delivered ready-to-eat to Main Jail.
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	

[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
(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;	☒	☐	☐	
(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.	☒	☐	☐	Routine inspection of the Main Jail kitchen (used for staff meals) conducted. See attached inspection report.
(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;	☐	☐	☒	Incarcerated Person's do not prepare meals at Main Jail.
(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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 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 outergarments; 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.	☒	☐	☐	
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, outergarments, except footwear, shall be exchanged at least once each week.	☒	☐	☐	
Undergarments and socks shall be exchanged twice each week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	
Each menstruating person shall be provided with sanitary napkins, panty liners, and tampons as requested with no maximum allowance.	☒	☐	☐	
Each person to be held over 24 hours who is unable to supply themself with the following personal care items, because of either indigency or the absence of a canteen, shall be issued: (a) toothbrush,	☒	☐	☐	
(b) dentifrice,	☒	☐	☐	
(c) soap,	☒	☐	☐	
(d) comb, and	☒	☐	☐	
(e) shaving implements.	☒	☐	☐	
Personal care items shall be issued within the first 12 hours of housing assignment.	☒	☐	☐	
Incarcerated persons shall not be required to share any personal care items listed in items "a" through "d."	☒	☐	☐	
Incarcerated people will not share disposable razors.	☒	☐	☐	
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.	☒	☐	☐	
1266 SHOWERING There shall be written policies and procedures developed by the facility administrator for showering/bathing.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	
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.	☒	☐	☐	
1267 HAIR CARE SERVICES (a) Hair care services shall be available.	☒	☐	☐	IP's can cut their own hair with sanitized electric clippers that are checked out by the Housing officer.
(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.	☒	☐	☐	
(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.	☒	☐	☐	
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;	☒	☐	☐	
(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.	☒	☐	☐	
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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	
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 (*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 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.	☒	☐	☐	
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:

Inspected a cell/room inside a housing unit, shower facility in housing unit, and the clothing storage and staging areas. Facility found to be well maintained, clean, and in overall good repair.

Written policies and procedures, although not all were reviewed, were verbally confirmed during inspection, and provided for review post inspection.

Please see attached report for the Main Jail kitchen facility.

II. NUTRITIONAL HEALTH EVALUATION[1]
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS *(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)* 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.			*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.*
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.	☒	☐	☐	
At least one of these meals shall include hot food.	☒	☐	☐	**Daily Dinner is a hot meal**
Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals.	☒	☐	☐	
Supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.	☒	☐	☐	
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.	☒	☐	☐	**20 minutes are given for each meal**
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.	☒	☐	☐	

[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.	☒	☐	☐	
(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.	☒	☐	☐	
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	☒	☐	☐	
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	☒	☐	☐	
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (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.	☒	☐	☐	

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 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	☒	☐	☐	
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. The dietitian shall ensure that the meals meet the nutritional and hot food requirements set forth in Sections 1240 and 1241.	☒	☐	☐	
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.	☒	☐	☐	
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	☒	☐	☐	
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;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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;	☒	☐	☐	
(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;	☒	☐	☐	
(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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	☒	☐	☐	
The facility manager shall comply with any medical diet prescribed for an incarcerated 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.	☒	☐	☐	
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	☒	☐	☐	
Pregnant and lactating people shall be provided a balanced, nutritious diet approved by a doctor.	☒	☐	☐	The Main Jail does not house females

Summary of nutritional evaluation:

The Santa Cruz Main Jail facility has a kitchen within its facility where incarcerated persons' meals are received from the Rountree facility kitchen and distributed to the population at the Main jail and the Blaine St. women's facility which is located next door. The Main Jail kitchen has one cook who prepares officer meals, and maintains sanitation, and food safety for the facility. All Title 15 regulations are met, and the menus meet the Dietary Guidelines for Americans with an adequate variety of food choices are served.

III. MEDICAL/MENTAL HEALTH EVALUATION[1]
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.	☒	☐	☐	The contracted agency, Wellpath, provides Santa Cruz County Jail's medical and mental health services. All deputies are CPR/AED certified every two years, per Standards and Training for Corrections (STC).
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.	☒	☐	☐	Medical Director, Salvatore Fratianni, DDS Choi and the psychiatrist make final clinical decisions.
Each facility shall have at least one physician available.	☒	☐	☐	MD Fratianni is on site four days/week. Dr Wong covers Wednesdays when Dr Fratianni travels to Watsonville facilities.
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.	☒	☐	☐	2023 Annual report reviewed: The average population was 331, approximately 60-81% of the population was on prescription medication and 58-74% were on mental health medication. Tele-psychiatry was averaging 203 visits per month with the dental clinic averaging 56 patients per month. In 2023, there were eight inmates with positive Tuberculin Skin Tests (TST) and a total of 105 COVID cases. Medication Assisted Treatment (MAT) program had 474 participants in 2023.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	☒	☐	☐	QI committee meets quarterly to identify care issues and develop interventions. However, no QI study results were shared during the meetings (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.	☒	☐	☐	

[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
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. All officers are CPR certified every two years and meet Standards and Training for Corrections (STC) requirements.
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.	☒	☐	☐	The medical director is on site four days 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: (1) receiving screening form/history;	☒	☐	☐	EMR, the COR system is in place.
(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 COR system is fully controlled and managed by Wellpath, separated from the Sheriff's Jail Management System (JMS).
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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Incarcerated persons shall not be used for health care recordkeeping.	☒	☐	☐	
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: (a) summoning and application of proper medical aid;	☒	☐	☐	Policies and procedures are reviewed annually.
(b) contact and consultation with other treating health care professionals;	☒	☐	☐	
(c) emergency and non-emergency medical and dental services, including transportation;	☒	☐	☐	Dominican Hospital provides emergency services.
(d) provision for medically required dental and medical prostheses and eyeglasses;	☒	☐	☐	DDS Choi, on-site twice per week, Thursdays and Fridays. Dental X-ray is outdated and requires replacement. The county has a dedicated budget for a new digital X ray machine after July of 2024.
(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;	☒	☐	☐	Intake screenings are conducted by nurses. Additional medical and mental health screenings take place prior to housing for inmates who are not cited and released. Community contracted OB/GYN services are available for pregnant and lactating inmates.
(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;	☒	☐	☐	Two cells in the infirmary are equipped with negative air flow (cell #4 & #5). Six-month maintenance records were reviewed.
(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;	☒	☐	☐	Medication is provided by the Dimond Pharmacy via mail. It takes 24-48 hours for pharmaceuticals to be delivered.
(k) use of non-physician personnel in providing medical care;	☒	☐	☐	
(l) provision of medical diets;	☒	☐	☐	Common special diets include diabetes, pregnancy, low sodium, cardiac and Halal. Special diet delivery system was reviewed.
(m) patient confidentiality and its exceptions;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	☒	☐	☐	
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 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.	☒	☐	☐	Inmates who will be housed in the jail are assessed at the booking area by an RN and a mental health assessment is done by a clinician prior to housing.
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.	☒	☐	☐	COVID-19 is part of intake screening. All inmates are screened for communicable diseases and suspected inmates are referred to providers for clearance and isolation if needed. Inmates 65 years of age or older are required to have a medical clearance from the emergency room prior to booking.
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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 Confidential Morbidity Report (CMR) form is completed and sent to the Public Health Department as indicated.
(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	☒	☐	☐	Inmates 65 years of age or older must be medically cleared by a hospital prior to booking. Intake screening completed by nurses. A rapid COVID test is done in the Salley port by a nurse as soon as the arrestee arrives.
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 nurses.
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 is an AED in the booking area and the AED pad expires 7/17/2025. All AEDS are checked monthly by compliance officers.
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.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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. All inmates are assessed by MH clinicians prior to housing.
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.	☒	☐	☐	Blue slip (sick call) request forms are in all housing areas in addition to tablet sick call submissions. Interview revealed sick call requests are triaged by RNs, but the sick call requests are backlogged (see summary). Sick call boxes are missing in units. Interviews revealed some inmates submitted blue slips to officers. The administrators were notified, and corrective action was taken.
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.	☒	☐	☐	MD clinic is five days per week. DDS clinic, twice per week. Oral Surgeon is available via a community contracted surgeon, Dr Herrera or Western Dental. OB/GYN services are provided by community providers.
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 a 7–14-day health appraisal. Annual dental cleaning is 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.	☒	☐	☐	Annual physical examination schedule is triggered by COR electronic system.
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:	☒	☐	☐	Mental health services are provided by Wellpath. The psychiatrist enters all psychotropic medication orders in COR EMR.
1. Identification and referral of incarcerated persons with mental health needs;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	☒	☐	☐	Tele-psychiatry two days per week with a psychiatric nurse practitioner on call after hours.
3. Crisis intervention services;	☒	☐	☐	2.0 FTE clinicians covers crisis intervention services.
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☒	☐	☐	Mental health clinicians see inmates based on a referral system, but all inmates go through mental health assessments prior to housing.
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.	☒	☐	☐	
(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 themself 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.	☒	☐	☐	Safety cells are used for suicide risk inmates or destructive behaviors. The facility uses Telecare for inmates needing further evaluation if they meet 5150 criteria. MH clinicians are trained to initiate 5150 holds. Inmates who appear to be a danger to themself or others, or to be gravely disabled are transferred for further evaluation to a designated Lanterman Petris Short treatment 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:	☐	☐	☒	The facility is not implementing PC 1369.1. Only court ordered involuntary medication is given under W&I 1370B. On the day of the inspection, there was only one inmate with W&I 1370B.
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;	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☐	☐	☒	
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 prearranged by a designated discharge coordinator. Two weeks' worth of psychotropic medication will be prescribed in advance through the local pharmacy chosen by the inmate. During this inspection year, the discharge coordinator has gained access to the CA State MediCal website which allows her to verify MediCal status in a timely manner.
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.	☒	☐	☐	"Access to Treatment" sick call process via tablets is available. Inmates receive a receipt from medical with time stamps. Paper sick call request forms are available if inmates choose not to use the tablet system. Interviews revealed that some inmates submitted the blue slips to officers since the units have no sick call boxes. The administrators were notified, and the corrective action was taken.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 the ED. The MAT program is in place. On the day of the inspection, 34 inmates were on the MAT program.
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.	☐	☒	☐	Psychotropic medications ordered by Tele-psychiatry have no medication dosages on the consent form (see summary).
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 week. The dental office X-ray machine is outdated. The county has a designated budget to purchase a new digital X ray machine after July 1, 2024.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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:	☒	☐	☐	Diamond pharmacy provides overnight delivery of pharmaceuticals. On average, the shipping of medication arrives within 72 hours after orders are placed. A local CVS is contracted for urgent medication needs for timely medication administration.
(1) securely lockable cabinets, closets and refrigeration units:	☒	☐	☐	Medication room inspected. All medication bottles are clearly marked for open dates and expiration dates.
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	The sheriff's office issued ID cards for all inmates. The assigned officers who accompany nurses during pill calls scan ID cards to identify the recipients prior to nurses' administering medications.
(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);	☒	☐	☐	Officers accompany nurses during pill call and ensure that the inmate has ingested the medication. No self-administration of medication in this jail.
(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 no capacity limitations.
(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.	☒	☐	☐	Opened medication bottles are dated.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.
(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.
(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.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	☐	☐	☒	
1217 PSYCHOTROPIC MEDICATIONS The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	☒	☐	☐	Policies and procedures were reviewed. Interview confirmed the practice. Approximately 58-74% of inmates are on some type of psychotropic medication in this facility.
An incarcerated person found by a physician to be a danger to themself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	☒	☐	☐	Per interviews, involuntary psychotropic medication is only administered on an emergency basis, ordered by the psychiatrist/psychiatric nurse practitioner after a clinical evaluation with a 24-hour limitation.
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.	☒	☐	☐	Clinical evaluation takes place before the provider prescribes involuntary psychotropic medication.
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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 kit(s) shall be available in all facilities.	☒	☐	☐	First Aid kits and AEDs are inspected monthly by compliance officers.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	☒	☐	☐	
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. Death reviews took place within 30 days of the incident.
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 minors 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				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	
(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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 nurse. All inmates received comprehensive mental health assessments prior to housing.
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 infirmary.
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.	☒	☐	☐	Safety cell is not used for punishment.
(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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	☒	☐	☐	
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 maintain documentation on all inmates. There are two sobering cells in the booking area. Check lists were 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.	☒	☐	☐	Inmates with developmental disabilities 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.	☒	☐	☐	

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 a responsible health care staff.	☒	☐	☐	Two restraint chairs are available in the booking area and there is a restraint chair in the "O" housing area. Three wraps are available but seldom used. Oleoresin Capsicum (O.C.) spray (Pepper spray) and tasers are available, but seldom used.
(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;	☒	☐	☐	
(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.	☒	☐	☐	

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 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 conduct 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.	☒	☐	☐	
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.	☒	☐	☐	All pregnant and senior inmates are never restrained, unless there is an unusual circumstance with the approval of the watch commander.
(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 Santa Cruz County Main Jail is a booking facility with a maximum capacity of 319. On the day of the inspection, May 22, 2024, the census was 243 with 221 males and 22 females.
During this inspection year, a routine mental health comprehensive evaluation was implemented prior to housing. Inmates are assessed by mental health professionals as part of the routine pre-housing procedure. Additionally, all intake screenings are performed by licensed medical staff, whether inmates are cited and released or housed. A detailed repeat medical assessment is conducted prior to housing, even if the inmate does not reveal medical/mental health concerns to the arresting officer.

Medical staffing:
Day and pm shift: two RNs 0700-1930, one LVN 0700-1530 with one LVNs 1500-2330 and one-two MAs
Night shift: two RNs 1900-0730 and one LVN 2300-0730
The medical clinic's acting manager and the medical director are on site Monday through Friday and on call 24/7. One full-time discharge coordinator and one full-time substance counselor are on site during weekdays.

Tele-Psychiatry is available on Tuesdays and Thursdays, 3-4 hours each day. A psychiatric nurse practitioner is on call after hours. Mental health has 2.0 FTE clinicians that are on site seven days per week, 0700-2200, with a supervisor on call 24/7. However, some of the positions were unfilled at the time of the inspection.
No mental health staff are on site from 2200 to 0700 daily.

It is commendable that the sheriff's office established amnesty boxes throughout the facility. The Sheriff's Office formed a workgroup to examine how narcotics were entering the jail system and identified potential solutions. Amnesty boxes was one of the strategies. The program provides an incarcerated person the opportunity to voluntarily turn in narcotics (including Fentanyl), without being arrested or prosecuted. The impressive new program has the potential to save lives and should be a model for other correctional facilities in California.

Deficiency:

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. 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.*

Upon chart review, the psychotropic medication prescribed during tele-psychiatry has consents, but no dosage indicated. Psychotropic medication consent should include the exact dosage or the range of dosages in conformance with Welfare and Institutions Code sections 369.5, 739.5, 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, California Code of Regulations Title 9, Sections 850-857 2001; and California Rules of Court 1432.5. 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 informed 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 training to all prescribers and a follow-up audit to ensure all psychotropic medication:

1. Psychotropic medication prescribed have consents.
2. Consent has the name of medication and an indication of dosage or dosage range.
3. Consent with required signatures from both the prescriber and the inmate.

Evidence Based Recommendations:

1. Health service audits and QI Committee

I highly recommend the Santa Cruz County Jail's QI committee establish a meaningful data-driven QI as a method to deliver health care to the incarcerated population. Any QI studies' data, whether a baseline study or follow up revision study, should be shared during the QI meetings.

The sick call process should be part of the QI study projects. Currently, inmates submit sick call requests via tablets on a separate software system, which does not interface with COR EMR. The administrators have no knowledge of the average time between inmates' requests and the initial nursing assessments.

Title 15, section 1206 HEALTH CARE PROCEDURES MANUAL "(r) provisions for timely and appropriate medical and mental health screenings, ***access to medical and mental health services within seven days of request***."

A QI study to obtain the average time between sick call requests and the initial medical screening should be conducted. If the response time is beyond inmates' clinical needs, a corrective plan needs to be developed, then re-studied.

2. Vaccine for Adults (VFA)

From the first day of incarceration, inmates are exposed to and expose other inmates to various communicable diseases, many of which are vaccine preventable. The risk of acquiring these diseases during incarceration exceeds that of the general population. Jail is, for many inmates, an opportunity to access health care, and is therefore an ideal opportunity to update adult vaccination schedules (https://doi.org/10.1080/21645515.2015.1051269).

On the day of the survey, the medication room refrigerator contained only medications requiring refrigeration. No preventative vaccines were stored in the medication room. Many jails in California are enrolled in the Vaccines for Adults (VFA) program. Vaccines are purchased with limited federal funds under Section 317. Funds are referred to as 317-funded VFA vaccines.

Most jails follow the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices (ACIP) guidelines. The Santa Cruz County jail system is highly encouraged to apply for the VFA program and administer vaccines per ACIP standards.

The San Cruz County Main Jail meets all applicable Title 15 Standards for Medical/Mental Health, except:

1214 Informed Consent

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
5/22/2024