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August 10, 2026

TO: California Board of State and Community Corrections
Otay Mesa Detention Center Facility Administrator
San Diego County Board of Supervisors

FROM: Sayone Thihalolipavan, MD, MPH, Public Health Officer

COUNTY OF SAN DIEGO'S OTAY MESA FACILITY INSPECTION REPORT

On June 12, 2026, the County of San Diego (County) conducted a health inspection of the Otay Mesa Detention facility operated by CoreCivic under a contract with the United States Department of Homeland Security. This is the first inspection of this facility pursuant to California Health and Safety Code Section 101045, which was amended as of January 1, 2025, to permit inspections of private detention facilities.

The County attempted to conduct a facility inspection on February 20, 2026, to follow up on reports of unsuitable conditions for detainees. The County was prevented from completing the inspection at the time by the Department of Homeland Security and CoreCivic. The County gained the access needed to conduct the inspection 16 weeks later pursuant to a preliminary injunction in the matter of *County of San Diego v. U.S. Department of Homeland Security, et al.* The findings in this report are based on the conditions that existed at the time of the June 12, 2026, inspection, including a review of policies and procedures, discussion with staff and detainees, and viewing of medical records. The County was limited in its ability to fully assess conditions that may have existed in February. Except for the issues identified at the time of the June inspection, as noted in the report, the conditions were generally within recommended State standards for detention facilities.

Recommendations to Facility Administrator:

1) To ensure that operations take place in a safe and legally permissible manner, the facility should not attempt to delay or restrict future Health Officer inspections. Full

and timely compliance is essential to protecting public health. Any delay or obstruction of access prevents the County from identifying urgent health risks, interrupts disease-control measures, and may increase the likelihood that preventable illnesses—particularly airborne diseases such as tuberculosis—can spread unchecked within the facility and into the broader community.

2) Communicate and coordinate in an urgent manner with the County Department of Public Health Services (PHS) on communicable disease investigations. Detention facilities are at high risk for the spread of communicable disease. As noted in the Medical/Mental Health inspection checklist, there was a recent lack of responsiveness to PHS' Tuberculosis Prevention and Care Branch with respect to necessary coordination of recent tuberculosis-related cases. The reporting of these cases did not come from the facility's medical staff; it came from a facility vendor that provides medical testing services. The facility was unresponsive for several weeks before the facility finally cooperated with the communicable disease investigation. This failure to communicate promptly regarding active or suspected tuberculosis cases represents a serious breach of basic public health protocol and it is not the first time this has occurred. This concern was also documented in the Attorney General's May 2026 report. Tuberculosis requires reporting within 24 hours. It also requires a coordinated response as per Health and Safety Code Section 121361; delays can result in missed opportunities to identify exposed individuals, initiate treatment, and prevent further transmission. The facility's repeated lack of coordination—identified in this report and the Attorney General's May 2026 report—creates unacceptable risk for detainees, staff, visitors, and the surrounding community. PHS' receipt of timely information regarding communicable diseases such as tuberculosis is critical to not only ensure appropriate patient care, but to determine the scope of exposure and limit future transmission. Cooperation with public health is necessary for reasons stated above and is a fundamental practice for communicable disease prevention.

3) Address additional findings and recommendations as noted in the report including:
    a. timely follow up on providing a medical device for a detainee in custody over 18 months who had this need documented at intake,
    b. providing recommended vaccinations to help prevent diseases and outbreaks—of note, no vaccines were stocked at the time of inspection,
    c. logging pharmaceutical refrigerator and freezer temperatures more than once daily,
    d. and measuring the dishwasher temperature before initiating the tray-cleaning process.

Enclosed you will find the following documents:

Title 15 Cover page and Checklists for Medical and Mental Health, Environmental, and Nutrition

Sincerely,

SAYONE THIHALOLIPAVAN, MD, MPH, Public Health Officer
Public Health Services

Cc:
The Honorable Rob Bonta, Attorney General, State of California
The Honorable Darrell Issa, U.S. House of Representatives
The Honorable Mike Levin, U.S. House of Representatives
The Honorable Scott Peters, U.S. House of Representatives
The Honorable Sara Jacobs, U.S. House of Representatives
The Honorable Juan Vargas, U.S. House of Representatives
The Honorable Alex Padilla, U.S. Senate
The Honorable Adam Schiff, U.S. Senate
Erica Pan, MD, MPH, FIDSA, FAAP, Director and State Public Health Officer, California Department of Public Health

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

BSCC #: _____

FACILITY NAME: Otay Mesa Detention Facility			San Diego County	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 7488 Calzada de la Fuente San Diego, CA 92154 (619) 671-8700				
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: 6/12/2026		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Fred Meyer, MA, CJM, CCHP Managing Director, NCCHC Resources (773) 880-1460				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Facility Phone Number – (619) 671-8700 Warden Christopher LaRose				
NUTRITIONAL EVALUATION		DATE INSPECTED: 6/12/2026		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED 6/12/2026		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nancy Booth, RN, BSN, PHN, MSN, CCHP-N Consultant (773) 880-1460				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Facility Phone Number – (619) 671-8700 HSA - Dawn Landrup, RN CQI RN - Annalis Hetter Chronic Care RN - Omid Namiranian Infectious Disease RN - Kevin Harris AHSA RN - Angelica Tamayo Regional Director - Ms. Katie Dilbeck Sr. Compliance Director - Ms. Dana Hivner Quality Manager - Ms. Beverly Soria Regional Director, Clinical Director - Dr. Rae Patterson				

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

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.	☐	☐	☒	Inspected under Title 15 standards per California Health and Safety Code 101045.
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.	☒	☐	☐	
Each facility shall have at least one physician available.	☒	☐	☐	A physician is the Clinical Director and serves as responsible medical provider.
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.	☐	☐	☒	
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.	☒	☐	☐	Numerous audits conducted by the infection control nurse, as well as in the domains of chronic care and continuous quality control. A comprehensive combined audit is performed monthly, encompassing the population, medical conditions, positive laboratory results, and contagious diseases, among other factors.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	☒	☐	☐	Clinical Director provides and serves on the Continuous Quality Improvement (CQI) committee.
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	☒	☐	☐	Reports prepared contain data for identifying issues across all health services.
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.	☒	☐	☐	Quarterly Reports were reviewed for content and verified as including health care and pharmaceutical services.

[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 credentials, including the National Practitioner Data Bank, are managed at the facility level by the Health Services Administrator (HSA).
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.	☒	☐	☐	Reviewed with the HSA and confirmed documents are up to date and a copy remains on site.
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.	☒	☐	☐	Reviewed 32 Nursing Protocols. These documents have been examined annually and are consistent with the scope of practice for nurses. Utilizing these protocols, once an individual has been assessed, certain protocols may include the administration of over the counter (OTC) medications. If the detainee does not respond to the OTC medications, they are advised to submit a nonemergency health request to consult a healthcare provider.
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;	☒	☐	☐	Nurse conducts pre-screening within the facility sallyport. If any indications are that the individual necessitates a more comprehensive evaluation and/or is medically unstable, they are transferred to a local emergency department. Screening questions and assessment processes are appropriate.
(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,	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(6) medication records in conformance with section 1216.	☒	☐	☐	Staff obtains the medication history from the individual at intake, and the individual completes an authorization to request pharmacy information, which is then forwarded to the specified pharmacy. If information is not received in a timely manner as mandated in the policies and procedures (P&Ps), the detainee will be scheduled with a provider who will assess and determine medication needs. Additional outside vendor services are available, should CoreCivic choose to contract with a vendor provides access to pharmacy records through a nationwide database.
(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.	☒	☐	☐	
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.	☒	☐	☐	The medical records program used by health services is All Scripts and it is maintained separately from the Jail Management System used for detention.
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.	☒	☐	☐	The individual signs an authorization to share health information at intake, and an additional authorization is completed for the pharmacy.
(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;	☒	☐	☐	P&P requires annual review. When P&P's are updated, changes are formatted so that they are clearly separated into the document for easier review.
(b) contact and consultation with other treating health care professionals;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) emergency and non-emergency medical and dental services, including transportation;	☒	☐	☐	Emergency room evaluations, specialty referrals, and admissions are scanned into the medical record.
(d) provision for medically required dental and medical prostheses and eyeglasses;	☐	☒	☐	One individual was identified having been in-custody for 1.5 years who needs a replacement durable medical device. Issue was documented upon admission. Medical record reviewed. Medical and facility to follow-up.
(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;	☒	☐	☐	Prenatal screening is done at admission, and preliminary care is provided on-site. Supplementary care occurs off-site, including labs, ultrasounds, and updating immunizations. Postpartum care is provided at the facility and off-site, as clinically indicated.
(g) screening, referral, and care of incarcerated persons who may be in behavioral crisis or have developmental disabilities;	☒	☐	☐	During intake, questions are posed to identify individuals who are experiencing a crisis or are developmentally disabled.
(h) implementation of special medical programs;	☒	☐	☐	
(i) management of incarcerated persons suspected of or confirmed to have communicable diseases;	☒	☐	☐	Questions at intake and results of the Mantoux TB skin testing are forwarded to the Infection Control Nurse.
(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;	☒	☐	☐	No relabeling occurs, and unused medications are returned to the pharmacy vendor.
(k) use of non-physician personnel in providing medical care;	☒	☐	☐	Only authorized personnel provide patient care. The team is comprised of Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs).
(l) provision of medical diets;	☒	☐	☐	Medical diets are ordered by the provider based on the individual's health condition.
(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.	☐	☒	☐	The HSA and Infection Control Nurse stated that they work with Public Health when treating and/or transferring an individual with suspected or confirmed Tuberculosis (TB); however, there were two unrelated cases at the time of inspection for which communication was received from Public Health and not responded to for several weeks. Only after the Public Health Officer became involved and reached out to the Clinical Director, responsiveness improved.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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;	☒	☐	☐	
(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.	☒	☐	☐	The individual can self-request testing for Sexually Transmitted Infections (STIs). The Infection Control Nurse follows up on all positive results and ensures treatment has been completed.
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.	☒	☐	☐	Facility maintains an Infection Control and Prevention Program, which is revised annually. Diagnosed cases of reportable diseases are communicated to the CQI committee.
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.	☒	☐	☐	Intake offers an opportunity to identify symptoms that an individual may be experiencing at the time of booking. An urgent referral would be made to a healthcare provider, and consideration may be given to special housing, such as a negative-pressure room, until the individual is seen.
The plan shall reflect the current local incidence of communicable diseases which threaten the health of incarcerated people and staff.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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;	☒	☐	☐	Infection Control Nurse completes the Confidential Morbidity Report (CMR) form.
(2) the persons who shall receive the medical reports;	☒	☐	☐	
(3) sharing of medical information with incarcerated persons and custody staff;	☒	☐	☐	Per P&P, information sharing shall only take place when the need to know could or would influence the safety of the detainee, other detainees, or 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;	☒	☐	☐	The facility has six negative-pressure cells. These cells undergo daily testing to ensure adequate air exchange whenever an individual is housed in a specialized cell.
(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	☒	☐	☐	
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.	☒	☐	☐	Medical record offers a structured framework for screening procedures while also permitting narrative documentation, enabling healthcare staff to record information appropriately.
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.	☒	☐	☐	Nurses completing intake are either LVNs or RNs.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).	☒	☐	☐	Durable Medical Equipment (DME) is inspected for potential safety issues and then authorized by security prior to distribution to an individual. P&P for durable medical equipment exists, and the facility has confirmed that healthcare providers may order crutches, canes, and walkers. Additional equipment tailored to an individual's specific needs will be ordered on a case-by-case basis.
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.	☒	☐	☐	
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.	☒	☐	☐	A mental health screening is incorporated into the intake form. Individuals who have a history of mental illness will receive an additional assessment that may result in additional services.
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.	☒	☐	☐	No backlogs, complaints, or grievances regarding access to care were discovered.
The written plan shall also include the assessment and treatment of such persons as described in Section 1207, Medical Receiving Screening.	☒	☐	☐	
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and direction of licensed health personnel.	☒	☐	☐	LVNs and RNs complete all intake screenings.
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.	☒	☐	☐	Individuals detained for a period exceeding six months are provided with dental cleaning services by a dental hygienist. This service is offered biannually.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health.	☒	☐	☐	Preventive care services are based on age, risks, and sex. Mammograms, lab studies, and health education are provided.
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals, but not to exceed one year, as determined by the responsible physician.	☒	☐	☐	Based on the findings of preventive studies, follow-up care or an additional workup may be warranted.
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:	☒	☐	☐	
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.	☒	☐	☐	On-site mental health clinicians and psychiatrists are available, along with telehealth services.
3. Crisis intervention services;	☒	☐	☐	
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☒	☐	☐	All non-emergency health inquiries are addressed via a written request submitted by the detainee, encompassing mental health and dental concerns. Upon receipt and review by the nurse, mental health issues are subsequently forwarded to a mental health staff member.
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.	☒	☐	☐	Mental health staff, in conjunction with other health disciplines, collaborates in providing care as needed and participates in Multidisciplinary, Monthly Mental Health, Mortality and Morbidity (“M&M”), Monthly Medical Staff meetings, and Quarterly Staff meetings.

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 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.	☒	☐	☐	Mental health clinicians do not complete 5150s, and individuals needing that determination and subsequent level of care are transported to Paradise Valley Hospital's mental health unit.
(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:	☐	☐	☒	*Please note that Penal Code Section 1369.1 has been repealed; however, the provisions of Section 1370 continue to allow the involuntary administration of medications under court order and under the direction and supervision of a licensed psychiatrist.* The facility does not give court-ordered forced medications. Individuals requiring this level of treatment would be referred to Paradise Valley Hospital, an inpatient facility.
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;	☐	☐	☒	P&P does exist on restraint in other circumstances. See section 1058 below.
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;	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	☐	☐	☒	Not applicable. Facility does not administer forced medications.
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.	☒	☐	☐	
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.	☒	☐	☐	Coordination of care discussed during weekly interdisciplinary meeting.
(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.	☒	☐	☐	Once a diagnosis or condition is identified, the healthcare staff member develops a plan of care.
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.	☒	☐	☐	During inspection, a sick call was observed and the P&P was followed.
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.	☒	☐		

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.	☒	☐	☐	In practice, for this type of facility, any individuals have already been through detox prior to transferring to this facility. However, health services has a detox treatment plan in the event an individual continues to have access, such as use of "pruno," a manufactured alcohol that could be made by a detainee.
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.	☐	☐	☒	Not applicable due to healthcare staff being on site 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.	☒	☐	☐	Standardized consent forms used for all invasive medical and dental procedures. Patients receiving psychiatric medications are advised by the psychiatrist regarding potential adverse reactions. Separate consent forms are provided for each medication. In either circumstance, language assistance is accessible to ensure that the individual comprehends the nature of their agreement.
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.	☐	☐	☒	Not applicable. No juveniles housed at facility.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person.	☐	☐	☒	Not applicable. Involuntary or forced medication are not administered.
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.	☒	☐	☐	The operatory is clean and organized appropriately. Autoclave maintenance and spore testing are completed per P&P. Routine dental cleanings are offered to detainees every six months.

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:	☒	☐	☐	Facility uses Clinical Care Solutions for pharmacy needs. There are backup contracts with CVS and Walgreens in the event a medication is not available. This may encompass medication prescribed upon discharge from a hospital or a detainee presenting at intake with a condition necessitating specialized medication.
(1) securely lockable cabinets, closets and refrigeration units:	☒	☐	☐	In the medication room, there is a secure cabinet that contains all controlled medications. These medications are specific to individual patients. Pharmacy refrigerators monitored once daily at time of inspection. Was recommended to use best practice of measuring and recording temperature twice daily into the data log. The importance of recording digital temperature data logs twice daily was discussed to ensure that temperature levels remain consistent and to prevent concerns about the degradation of immunizations and/or other medications that are temperature sensitive. Facility stated that they currently do not possess immunizations on premises.
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	Medications are bubble-packed, and the labeling includes the patient's name, date of birth, medication name, and dosage information. Stock medications are kept on hand in case medication needs to be started and the facility is waiting for delivery.
(3) procedures for administration/delivery of medicines to incarcerated persons as prescribed;	☒	☐	☐	P&P for pharmaceutical management, encompassing ordering, procurement, delivery, administration, storage, and the destruction of unused medications.
(4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);	☒	☐	☐	Staff conducts a mouth check after the individual has received their medications.
(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;	☒	☐	☐	The healthcare staff can indicate on the MAR (medication administration record), if the patient is off-site, in court, or refuses the medication.
(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,	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(8) limitation to the length of time required for a physician's signature on verbal 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.	☒	☐	☐	An on-site inspection is completed by a pharmacist every quarter.
(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.	☒	☐	☐	
(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.	☒	☐	☐	The facility has procedures for the procurement, receipt, reordering, and disposal of pharmaceuticals, and the administration of over-the-counter medications. Medications are stored in a locked room, closet, or cart. (Depending on the area within the facility).
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	There is no repackaging, and nurses assigned to med pass administer medications from the patient-specific bubble pack.
(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.	☒	☐	☐	The pharmacy vendor pre-labels all medications before delivery to the facility. In practice, there should never be a reason a staff member, other than a provider, should label medication.
(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.	☒	☐	☐	
(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.	☒	☐	☐	The pharmacy nurse accepts/receives all medications from the outside pharmacist.

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.	☒	☐	☐	Inclusion of drug classifications, controlled substances, shift-by-shift accounting, and disposal procedures mandated by the DEA. Furthermore, the contracted vendor is obligated to adhere to the DEA's dispensing protocols and conduct quarterly on-site inspections of the facility.
(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.	☒	☐	☐	P&P is specific regarding the keep-on-person (KOP) program.
(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:	☒	☐	☐	The facility permits certain KOP medications, which may include over-the-counter (OTC) or chronic care medications. The individuals authorized to self-administer these medications are determined on a case-by-case basis.
(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.	☒	☐	☐	Medications such as TB medications, blood thinners, HIV medications, psychiatric medications, and those medications with a potential for abuse are not allowed in the KOP program.
(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.	☒	☐	☐	Each case is reviewed individually to determine whether self-administration is appropriate.
(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.	☒	☐	☐	P&P on Pharmaceutical Management included provisions for secure storage. Additionally, an inspection conducted by one of the consultants encompassed the medication rooms, during which the locked cabinets were verified, including both the medication rooms and medication carts.
(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.	☒	☐	☐	Ongoing spot checks and reordering processes are specific.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	☒	☐	☐	Process for medication pass includes an officer accompanying the nurse during med pass and doing mouth checks on all individuals receiving medications.
1217 PSYCHOTROPIC MEDICATIONS 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 themself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	☒	☐	☐	A single emergency dose of psychiatric medication may be administered when all other interventions have failed. No forced administration of medications at facility.
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.	☒	☐	☐	Emergency medications for these situations are available in the pharmacy.
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.	☒	☐	☐	Also reviewed psychiatric medication informed consent.
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.	☒	☐	☐	Psychiatric medications require re-evaluation after one month and thereafter.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The administration of psychotropic medication is not allowed for disciplinary reasons.	☒	☐	☐	
1220 FIRST AID KITS First aid kit(s) shall be available in all facilities.	☒	☐	☐	First aid kits were observed during inspection.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	☒	☐	☐	Contents of the first aid kits reviewed and approved by Clinical Director.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 4. RECORDS AND PUBLIC INFORMATION				
1046 DEATH IN CUSTODY (a) The facility administrator shall develop written policy and procedures to comply with the in-custody death reporting requirements of Government Code section 12525. The facility administrator shall submit a copy of the report filed pursuant to section 12525 to the BSCC within 10 days of an in-custody death.	☒	☐	☐	
(b) The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to conduct an initial review and complete a written report of every in-custody death within 30 days of the death.	☒	☐	☐	P&P and forms used were reviewed.
The team that conducts the initial review shall include, at a minimum, the facility administrator or designee, the health administrator, the responsible physician and other health care, and supervision staff who are relevant to 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.	☒	☐	☐	
(c) The facility administrator shall submit a copy of the initial review report of every in-custody death to the BSCC within 60 days of the death. The facility administrator shall provide a copy of the initial review report that comports with the disclosure requirements of section 832.10 of the Penal Code.	☒	☐	☐	
The initial review report shall contain the following information: (1) Demographic information (A) Full name of the decedent (B) Date of birth (C) Date of death (D) Time of death (E) Gender (F) Race and ethnicity (G) Relevant medical history (2) Facility Information (A) Name and location of the detention facility (B) Description of the location where the death occurred within the facility (C) Date and time of the incident (D) Detention facility personnel (including names and roles) involved in the reporting of the death or incident (3) Any relevant circumstances leading up to death, including behavioral health or medical issues.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) In any case in which a minor dies while detained in a jail, lockup, or court holding facility the BSCC may inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter within 30 calendar days of the death. 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 include the following:	☒	☐	☐	
(a) Annual suicide prevention training for all custodial personnel.	☒	☐	☐	
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	☒	☐	☐	
(c) Suicide prevention screening during special situations, including placement in restrictive housing, following a hearing, and after a transfer or change in classification.	☒	☐	☐	Practice of communication by officers, such as when an individual receives triggering news or during their court cases.
(d) Provisions facilitating communication among arresting/transporting officers, facility staff, court staff, medical and mental health personnel in relation to suicide risk.	☒	☐	☐	Observed exchanges of information regarding safety and patient care during inspection.
(e) Housing recommendations for people at risk of suicide that balance safety and environment. The least restrictive environment should be considered.	☒	☐	☐	P&Ps for 1:1 observation until cleared by a mental health clinician.
(f) Supervision depending on level of suicide risk.	☒	☐	☐	The facility has a risk assessment level. The R criteria is a suicide risk classification system. **R1:** No suicidal or self-injurious behavior in the past 10 years or at any time while in custody; no current mental health needs; and no substance use while in custody over the past year. **R2**: Suicide plan or suicidal/self-injurious behavior in the past 3–10 years or at any time while in custody; or a current mental health need (LOC II); or substance use while in custody within the past year. **R3**: Suicide plan or suicidal/self-injurious behavior within the past 6 months to 3 years; or a current mental health need (LOC III); or current substance use. **R4**: Suicide plan or suicidal/self-injurious behavior within the past 6 months
(g) Suicide attempt and suicide intervention policies and procedures.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	☒	☐	☐	This is handled on an ad hoc basis with an interdisciplinary team, including the Mental Health Director, HSA, several mental health staff members, and facility management. Debriefings are also completed on suicide attempts and can identify additional issues.
(j) Provisions for follow-up care as needed.	☒	☐	☐	P&P for follow-up care post-release from suicide observation is 1- Meet with the individual daily for 5 days. 2- Meet weekly per policy.
(k) Plan for mental health consultation following return from court as determined by the mental health director.	☒	☐	☐	Mental Health Director involved in decision-making and developing a treatment plan.

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.	☒	☐	☐	There are six negative pressure cells at the facility.
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.	☒	☐	☐	See concern regarding tuberculosis cases described in Section 1026 above.
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.	☒	☐	☐	A person in crisis can be directed to any mental health professional. The HSA states that all mental health staff are trained in crisis intervention and management.

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.	☒	☐	☐	
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.	☒	☐	☐	Safety cell placement P&P requires a 1:1 observation; nursing staff must assess the individual at least every six hours.
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.	☒	☐	☐	Decisions on allowing for clothing or needing a suicide garment are at the discretion of the QMHC and on a case-by-case basis.

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 to section 1213 of these regulations.	☐	☐	☒	Not applicable. The individual is seen, screened, and housed at a different detention facility prior to coming to this facility. See note regarding “pruno” in 1213.
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.	☐	☐	☒	Not applicable.
Such observation shall be documented.	☐	☐	☒	Not applicable.
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.	☒	☐	☐	Questions and responses at intake may identify those individuals who are DD (developmentally disabled). Additionally, if the individual states they are a client of Regional Services, this would also alert staff to additional needs. The mental health clinician advises regional services of the individual’s incarceration.
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 responsible health care staff.	☒	☐	☐	
(a) The policy shall address the following areas: (1) acceptable restraint devices;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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,	☒	☐	☐	Required per P&P and found on the custody log.
(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.	☒	☐	☐	The mental health team would be engaged in de-escalation techniques and would be utilized by custody staff.
(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 services will also furnish any requisite medical history and will provide assessment and care if necessary.
(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.	☒	☐	☐	Actual logs of staff documentation on 1:1 reviewed.
(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.	☒	☐	☐	Health Services personnel and the Medical Director would engage with the detainee, as well as maintain ongoing discussions with the custody staff, prior to the eight-hour period in restraints.
(10) Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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:	☒	☐	☐	
(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.	☒	☐	☐	In event of any man-down incident, custody personnel shall be present and shall authorize and remove restraints.
(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.	☒	☐	☐	

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.	☒	☐	☐	
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.	☒	☐	☐	Trinity is contracted to provide food service. Compliance with CalCode observed.
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.	☒	☐	☐	Relevant procedures in place.
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.	☒	☐	☐	Procedures, education, and monitoring verified.
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:	☒	☐	☐	Food services management worked collaboratively with corrections leadership to ensure policies were followed and food services planning efforts were effective. Food quality and cleanliness appeared in compliance.
(a) menu planning;	☒	☐	☐	Menus posted in dining hall.
(b) purchasing;	☒	☐	☐	Relevant procedure in place.
(c) storage and inventory control;	☒	☐	☐	Relevant procedure in place.
(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;	☒	☐	☐	Relevant procedure in place.
(e) food serving;	☒	☐	☐	Relevant procedure in place.

[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
(f) transporting food;	☒	☐	☐	Relevant procedure in place.
(g) orientation and ongoing training;	☒	☐	☐	Relevant procedure in place.
(h) personnel supervision;	☒	☐	☐	Relevant procedure in place.
(i) budgets and food cost accounting;	☒	☐	☐	Relevant procedure in place.
(j) documentation and record keeping;	☒	☐	☐	Relevant procedure in place.
(k) emergency feeding plan;	☒	☐	☐	Relevant procedure in place.
(l) waste management;	☒	☐	☐	Relevant procedure in place.
(m) maintenance and repair; and	☒	☐	☐	Relevant procedure in place.
(n) three-day mainline sample tray.	☒	☐	☐	Observed sample trays
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.	☒	☐	☐	CalCode inspection took place on 5/14/26, with a score of 100%. Kitchen and dining room areas were inspected and found to be clean, orderly, and free of vermin.
(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;	☒	☐	☐	Some religious-specific meals delivered sealed and heated on-site. Kosher prep area observed during site visit.
(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;	☒	☐	☐	Machine took substantial time to reach 165 degrees. Recommended testing water temperature prior to beginning any tray cleaning processes to ensure proper sanitation. Food service and corrections management indicated recommended process would be adopted and machine evaluated for proper temperature control, to include operation of booster heating device.
(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;	☒	☐	☐	Exhaust hoods and fans were found to be operable and clean.
(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.	☒	☐	☐	Policies and procedures in place, supervision, and oversight are present to ensure food preparation is effective. Food handler's cards and Manager's Food Safety Certification are available.

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;	☒	☐	☐	Clothing was found to be appropriate for local climate, with sufficient reserve supplies to comply with Title XV.
(b) clean outergarments; and,	☒	☐	☐	Supplied to detainees.
(c) clean undergarments;	☒	☐	☐	Supplied to detainees.
(1) for males - shorts and undershirt, and	☒	☐	☐	Supplied to detainees.
(2) for females - bra and two pairs of panties.	☒	☐	☐	Supplied to detainees.
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.	☒	☐	☐	Undergarments and footwear supplied by facility.
All issued and exchanged clothing shall be clean and free of holes or tears, reasonably fitted, durable, easily laundered and repaired.	☒	☐	☐	Clothing is inspected and repaired or replaced during each cleaning cycle.
Undergarments shall be clean, free of holes or tears, and substantially free of stains.	☒	☐	☐	Regular clothing evaluations verified.
Individuals shall be able to select the garment type more compatible with their gender identity and gender expression.	☒	☐	☐	Relevant procedure in place.
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.	☒	☐	☐	Relevant procedure in place.
All issued clothing must be clean, free of holes and tears.	☒	☐	☐	Verified procedures.
1262 CLOTHING EXCHANGE There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.	☒	☐	☐	Policies and procedures are in place.
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.	☒	☐	☐	Facility in compliance.
Undergarments and socks shall be exchanged twice each week.	☒	☐	☐	Clothing exchange frequency in compliance.
1263 CLOTHING SUPPLY There shall be a quantity of clean clothing, bedding, and linen available for actual and replacement needs of the population.	☒	☐	☐	Reserve clothing supplies evaluated and found to be sufficient for facility needs.
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.	☒	☐	☐	Relevant procedure in place.

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.	☒	☐	☐	Relevant procedure in place.
Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	☒	☐	☐	Relevant procedure in place and process discussed with laundry supervisor.
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.	☒	☐	☐	Relevant procedure in place.
Each menstruating person shall be provided with sanitary napkins, panty liners, and tampons as requested with no maximum allowance.	☒	☐	☐	Relevant procedure in place and supplies verified in housing units.
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,	☒	☐	☐	Relevant policy and procedure in place.
(b) dentifrice,	☒	☐	☐	Relevant procedure in place.
(c) soap,	☒	☐	☐	Relevant procedure in place.
(d) comb, and	☒	☐	☐	Relevant procedure in place.
(e) shaving implements.	☒	☐	☐	Relevant procedure and lists verified.
Personal care items shall be issued within the first 12 hours of housing assignment.	☒	☐	☐	Relevant procedure in place.
Incarcerated persons shall not be required to share any personal care items listed in items "a" through "d."	☒	☐	☐	Relevant procedure in place and supplies sufficient to prevent issue.
Incarcerated people will not share disposable razors.	☒	☐	☐	Relevant procedure in place.
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.	☒	☐	☐	Verified disinfectant is utilized to sanitize hair cutting items between individual uses.
1266 SHOWERING There shall be written policies and procedures developed by the facility administrator for showering/bathing.	☒	☐	☐	Relevant procedure in place, showers appeared clean and well maintained.
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.	☒	☐	☐	Relevant procedure in place, discussed with detainees to verify compliance with standard.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	Relevant procedure in place.
1267 HAIR CARE SERVICES (a) Hair care services shall be available.	☒	☐	☐	Hair care services verified.
(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.	☒	☐	☐	Relevant procedure in place.
(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.	☒	☐	☐	Suitable disinfectants are utilized to sanitize hair cutting items between individual uses.
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:	☒	☐	☐	Relevant procedure in place and supplies sufficient to prevent issue.
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	☒	☐	☐	6-inch mattresses are utilized, with verification of reserve mattresses to replace damaged or worn-out supplies.
(b) one mattress cover or one sheet;	☒	☐	☐	Verified in housing units.
(c) one towel; and,	☒	☐	☐	Verified in housing units.
(d) one blanket or more depending upon climatic conditions.	☒	☐	☐	Verified in housing units.
Policy and procedure shall require that items (a), (b), and (d) above be provided prior to the first night in the facility.	☒	☐	☐	Verified procedure in place.
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☐	☐	☒	Sufficient supplies of mattresses, sheets, and blankets are present for population.
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.	☒	☐	☐	Relevant policies and procedures in place.
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	☒	☐	☐	Verified linen exchange.
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.	☒	☐	☐	Verified procedure in place.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	Verified procedure in place and sufficient stock of reserve mattresses.
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).	☒	☐	☐	Verified mattresses in compliance.
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.	☒	☐	☐	Verified mattresses in compliance.
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.	☒	☐	☐	Policies and procedures in place, facility appeared clean and in good repair.
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.	☒	☐	☐	Cleaning and inspections for safety and sanitation verified.
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.	☒	☐	☐	Verified policies and procedures in place and cleaning occurs in medical housing.

Summary of environmental health evaluation: Policies and procedures were reviewed, the facility was toured, operations were observed, and detainees were voluntarily interviewed. Leadership and staff members facilitated access and did not deny any request for access. Applied inspection requirements were evaluated, and relevant operational records were reviewed on-site.

Food service operations were found to be within standards. Selection, screening, and training were evaluated (procedures, training and records, sanitation and maintenance, sign-in logs, pest control, etc.). Machinery was found to be in good repair and all areas appeared clean and free of vermin.

Laundry operations and supply processes were found to be within standards. Commercial washing and drying equipment were in working order, sanitizer utilized and safety data sheets available. Sufficient clothing, bedding, and mattresses were available. Personal care items were available and well-supplied, including areas with ready access for detainees. All areas appeared clean and free of vermin.

Overall, the environmental health evaluation found facility policies and procedures, structures, operations, and management engagement in compliance with standards.

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.	☒	☐	☐	Privately contracted facility – confirmed policies and practices are consistent with this section.
At least one of these meals shall include hot food.	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	Meals are managed to accommodate those not available during normal mealtimes.

[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.	☒	☐	☐	Menus posted in dining areas and all signed by a registered dietician. Special medical and religious diets found to be in compliance.
(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.	☒	☐	☐	Privately contracted facility - several months of meal plans were reviewed and posted in the dining area.
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.	☒	☐	☐	Menus verified as signed by dietician.
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:	☒	☐	☐	Policies and procedures verified, food service and custody management and administration toured the areas, answered questions, and provided documentary support upon request.
(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.	☒	☐	☐	Visually confirmed sample tray storage.
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.	☒	☐	☐	Tours of all kitchen and food preparation areas indicated sanitary building conditions, proper handwashing and hygienic practices (e.g., hair and beard nets), sufficient cleaning supplies, and operable heating, cooling, and preparation equipment. No signs of vermin were found in any area.
(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;	☒	☐	☐	Temperatures verified while touring, to include potato salad 36F, bologna 37F, cooked potatoes 196F, and navy bean soup 171F.
(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;	☒	☐	☐	Dish / tray machine water temperature verified during wash cycle. Took several minutes for the machine to reach 165 degrees once activated. Recommended to facility and vendor management that temperatures be verified prior to beginning any wash processes to ensure proper cleaning processes.
(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;	☒	☐	☐	Ventilation hoods inspected and found to be clean and operable.
(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.	☒	☐	☐	Management and supervision are present while kitchen areas are in operation or occupied. Policies, procedures, and training in place.
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.	☒	☐	☐	Verified policies, procedures, and practices.
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.	☒	☐	☐	

Summary of nutritional evaluation: Policies and procedures were reviewed, and all food service areas were toured during this evaluation. Discussions, observations, and document reviews indicated compliance with special medical and religious diets, food service and meal planning, training and supervision, as well as maintenance and sanitation. Various food temperatures were taken, and all were found in compliance with food inspection standards.

Menus were found posted in the dining area, food is served blindly (server view obstructed) to ensure food service equity, and special diets are verified by scanning wristbands at entry. Religious diets are reviewed and approved by the facility chaplain and food service worker training and records were verified and available.

Overall, the food service operation and nutritional health requirements associated with this evaluation were found to be compliant with standards and expectations.

Note: There was also a food safety inspection conducted by the County of San Diego, Department of Environmental Health and Quality on 05/14/26. The facility received an inspection grade of "A" with no corrective actions noted at that time.