Title 15 Minimum Standards for Juvenile Facilities

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Article 1. General Instructions

§ 1300. Severability. [1]

If any article, subsection, sentence, clause or phrase of these regulations is for any reason held to be unconstitutional, contrary to statute, exceeding the authority of the Board, or otherwise inoperative, such decision shall not affect the validity of the remaining portion of these regulations.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[1] See Matrix item # 1

§ 1301. Other Standards and Requirements. [2]

Nothing contained in the standards and requirements hereby fixed shall be construed to prohibit a ~~city, county, or city and~~ county agency operating a local juvenile facility from adopting standards and requirements governing its own employees and facilities provided such standards and requirements meet or exceed and do not conflict with these standards and requirements. Nor shall these regulations be construed as authority to violate any state fire safety standard, building standard, or applicable statutes.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: Section 209, Welfare and Institutions Code~~; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~.

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[2] See Matrix item # 2

§ 1302. Definitions. [3]

The following definitions shall apply:

“Administering medication,” as it relates to pharmaceutical management, means the act by which a single dose of medication is given to a patient by licensed health care staff. The single dose of medication may be taken either from stock (undispensed) or dispensed supplies.

“Alternate means of compliance” means a process for meeting or exceeding the intent of the standards in an innovative way as approved by the Board pursuant to an application.

“Appeal hearing” means an administrative procedure providing an appellant with an opportunity to present the facts of the appeal for the formal decision concerning matters raised pursuant to the purposes set forth in these regulations. Such hearing may be conducted using oral ~~and/~~or written testimony as specified by the Executive Director of the Board or the Board.

“Appellant” means a county ~~or city~~ which files a request for an appeal hearing.

“Authorized representative” means an individual authorized by the appellant to act as its representative in any or all aspects of the hearing.

"Behavioral health" means mental~~/~~ and emotional well-being and~~/or~~ actions that affect wellness. Behavioral health ~~problems include:~~may be affected by substance use disorders, alcohol and drug addiction, ~~and~~ serious psychological distress, ~~suicide, and~~suicidal ideation, mental disorders trauma, adverse childhood experiences, and experiences of racism and other forms of oppressive discrimination.

“Behavioral~~/~~ or Mental Health Director” means that individual who is designated by contract, written agreement or job description to have administrative responsibility for the behavioral~~/~~ or mental health program of the facility or system. The health administrator shall work in cooperation with the behavioral~~/~~ or mental health director to develop and implement mental health policies and procedures.

“Board” means the Board of State and Community Corrections, which acts by and through its executive director, deputy directors, and field representatives.

“Camp” means a juvenile camp, ranch, forestry camp or boot camp established in accordance with ~~S~~section 881 of the Welfare and Institutions Code, to which youth made wards of the court on the grounds of fitting the description in ~~S~~section 602 of the Welfare and Institutions Code may be committed.

[3] See Matrix items # 3 - 3.50

"Cisgender" means a person whose gender identity corresponds to the gender they were assigned at birth.

"Clergy" means persons ordained for religious duties.

"Commercially sexually exploited children" refers to victims of crimes of a sexual nature committed against youth that involve exploitation for financial or other gain as described in section 300(b)(2) of the Welfare and Institutions Code. Commercially sexually exploited children may be both victims of, and incarcerated for, crimes related to their exploitation.

"Committed" means placed in a ~~jail or~~ juvenile facility pursuant to a court order for a specific period of time, independent of, or in connection with, other sentencing alternatives.

"Contraband" is any object, writing or substance, the possession of which would constitute a crime under the laws of the State of California, pose a danger within a juvenile facility, would interfere with the orderly day-to-day operation of a juvenile facility, or violate facility rules.

"Control Room" is a continuously staffed secure area within the facility that contains staff responsible for safety, security, emergency response, communication, electronics, and movement.

"Court holding facility for youth" means a local detention facility constructed within a court building used for the confinement of youth or youth and adults for the purpose of a court appearance, for a period not to exceed 12 hours.

"Credible Messenger" means an individual who has relevant lived experience as a formerly incarcerated or justice-involved person or other experiences relevant to youth in a juvenile facility and has made a meaningful transformation in their life. Credible Messengers should speak the same language and be from a community or neighborhood similar to the youth.

"Culturally Responsive" means considering the diverse population of a facility with regard to race, language, ethnicity, sexual orientation, gender, gender expression, immigration status ~~and~~, values, age and maturity.

"De-escalation" in regard to use of force, is the use and application of efforts and techniques, including conflict resolution, to discourage, decrease or prevent threatening, disruptive or violent behavior.

"Delivering medication," as it relates to pharmaceutical management, means the act of providing one or more doses of a prescribed and dispensed medication to a youth.

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"Developmental disability" applies to those persons who have a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. This term includes cognitive and intellectual disabilityies, cerebral palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to cognitive and intellectual disabilities or to require treatment similar to that required for individuals with intellectual disabilities, but shall not include other disabilities that are solely physical in nature.

"Direct visual observation" means staff must personally see youth's movement and/or skin. Audio/video monitoring and mirrors may supplement, but not substitute, for direct visual observation.

"Direct visual supervision" means staff are constantly in the presence of the youth. Audio/video monitoring and mirrors may supplement, but not substitute, for direct visual supervision.

"Dispensing," as it relates to pharmaceutical management and pursuant to Business and Professions Code Ssection 4024, means the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the youth, the contents of the container, and all other vital information.

"Disposal," as it relates to pharmaceutical management, means the destruction of medication or its return to the manufacturer or supplier on its expiration date or when retention is no longer necessary or suitable (e.g. upon youth discharge from the facility) or the provision of medication to the patient upon discharge.

"DNA" or Deoxyribonucleic acid means a chromosomal double-stranded molecule that exists in each living cell. DNA determines an individual's hereditary characteristics and can be used to distinguish and identify an individual from another person. This becomes critical when blood, hair, skin, or any other part of the body is used to prove one's involvement or lack of involvement, in a crime scene.

"Emergency" means a significant disruption of normal facility procedure, policy or operation caused by civil disorder, single incident of mass arrest of youth or natural disasters such as flood, fire or earthquake; and which requires immediate action to avert death or injury and to maintain security.

"Executive Director" means the Executive Director of the Board of State and Community Corrections.

"Exercise" means an activity that requires physical exertion of the large muscle groups.

"Exigent" means an urgent and unanticipated event that requires immediate action.

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"Extended family member" as it relates to maintaining frequent and continuing contact pursuant to Welfare and Institutions Code section 224.71, means any adult related to the youth by blood or adoption, spouse of the youth, and any adult who has an established familial or mentoring relationship with the youth, including, but not limited to, godparents, clergy, teachers, neighbors, and family friends.

"Facility administrator" means chief probation officer, sheriff, marshal, chief of police or other official charged by law with administration of the facility.

"Facility manager" means director, superintendent, police or sheriff commander or other person in charge of the day-to-day operation of a facility holding youth.

"Filing date" means the date a request for an appeal hearing is received by the Executive Director of the Board.

"Food" means any nourishing substance that is eaten, drunk, or otherwise taken ~~in to~~into the body to sustain life, provide energy, ~~and/~~or promote growth.

"504 plan" means a written educational plan developed by a group of educators, administrators, parents and other relevant participants that addresses the needs of a student with a physical or mental impairment which may substantially limit major life activities, including, but not limited to, caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks and learning as defined under ~~S~~section 504 of the Rehabilitation Act of 1973.

"Furlough" means the conditional or temporary release of a youth from the facility.

"Gender-affirming health care" means clinically indicated health care that respects and supports an individual's gender identity, as experienced and defined by the individual, which may differ from the gender they were assigned at birth.

"Gender expression" means the manner in which gender is expressed through clothing, appearance, behavior, speech, etc.

"Gender identity" means a person's sense of being male, female, some combination of male or female, or neither male or female.

"Gender fluidity" means a gender identity which can vary over time. A gender fluid person may at any time identify as male, female, neutrois, any other non-binary identity, or some combination of identities. Their gender can also vary at random or vary in response to different circumstances. Gender fluid people may also identify as multi-gender, non-binary, ~~and/~~or transgender.

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“Gender Nonconforming” ~~means a youth whose appearance or manner does not conform to traditional masculine and feminine gender norms~~is an inclusive term used to describe a person who may experience a gender that is neither exclusively male nor female or is in between or beyond both genders.

“Group Punishment,” which is not allowed, means sanctioning a group of uninvolved youth based on the actions of one or more youth.

“Health administrator” means that individual or agency that is designated with responsibility for health care policy and procedures pursuant to a written agreement, contract or job description. The health administrator may be a physician, an individual or a health agency.

“Health care” means behavioral~~/~~, medical, mental health and dental services.

“Health care clearance” means a non-confidential statement which indicates to youth supervision staff that there are no health contraindications to a youth being admitted to a facility and specifies any limitations to full program participation.

“Health care provider” is an individual appropriately licensed by the State and is designated by contract, written agreement, or job description to have responsibility to provide preventive, curative, promotional, or rehabilitative health care in a systematic way to youth.

“Hearing panel” means a panel comprised of three members of the Board who shall be selected by the Chair at the time an appeal is filed. A fourth member may be designated as alternate. Members designated to the hearing panel shall not be employed by, or citizens of, the county ~~or city~~ submitting an appeal.

~~“Human trafficking” means the trade of humans, most commonly for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the benefit of the trafficker or others.~~

“Individual Education Program” (IEP) means a written statement for each individual with exceptional needs that is developed, reviewed and revised in a meeting in accordance with Education Code ~~S~~section 56345 and applicable federal laws and regulation.

“Intersex” means an ~~youth~~individual whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female.

“Juvenile facility” means a juvenile hall, ranch or camp, forestry camp, regional youth education facility, boot camp ~~or~~, special purpose juvenile hall, or secure youth treatment facility.

“Juvenile hall” means a county facility designed for the reception and care of youth detained in accordance with the provisions of this subchapter and the juvenile court law.

"Labeling," as it relates to pharmaceutical management and pursuant to Business and Professions Code ~~S~~sections 4076 and 4076.5, means the act of preparing and affixing an appropriate label to a medication container.

"Legend drugs" are any drugs defined as "dangerous drugs" under Chapter 9, Division 2, ~~S~~section 4022 of the California Business and Professions Code. These drugs bear the legend, "Caution Federal Law Prohibits Dispensing Without a Prescription." The Food and Drug Administration (FDA) has determined, because of toxicity or other potentially harmful effects, that these drugs are not safe for use except under the supervision of a health care practitioner licensed by law to prescribe legend drugs.

"Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)" is a diversity of sexuality and gender identity-based cultures. It may be used to refer to anyone who is non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, the letter Q is for those who identify as queer or are questioning their sexual identity. The letter I stands for "intersex" which is defined above.

"Linguistically appropriate" means delivered in a manner that effectively communicates with persons of limited English proficiency, ~~those who have low literacy or are not literate, and individuals with~~ limited literacy or disabilities.

"Living unit" shall be a self-contained unit containing locked sleeping rooms, single- and double- -occupancy sleeping rooms, or dormitories, day room space, water closets, wash basins, drinking fountains and showers commensurate to the number of youth housed. A living unit shall not be divided in a way that hinders direct access, supervision, immediate intervention or other action if needed.

"Local Health Officer" means that licensed physician who is appointed by the Board of Supervisors pursuant to Health and Safety Code ~~S~~section 101000 to carry out duly authorized orders and statutes related to public health within ~~his/her~~their jurisdiction.

"Meal" means the food served and eaten, especially at one of the customary or regular occasions for taking food during the day, such as breakfast, lunch or dinner.

~~"Minor" means a person under 18 years of age and includes individuals whose cases are under the jurisdiction of the adult criminal court.~~

"Nonbinary" means an individual who experiences their gender identity or gender expression outside of the binary gender categories of man and woman.

"Non-school day" means a day when school is not in operation. It also applies when an individual youth is both not enrolled in school and not required to be in attendance.

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"Notice of decision" means a written statement by the Executive Director of the Board which contains the formal decision of the Executive Director and the reason for that decision.

"On-site health care staff" means licensed, certified or registered health care personnel who provide regularly scheduled health care services at the facility pursuant to a contract, written agreement or job description. It does not extend to emergency medical personnel or other health care personnel who may be on-site to respond to an emergency or an unusual situation.

"Over-the-counter (OTC) drugs," as it relates to pharmaceutical management, are medications which do not require a prescription (non-legend).

"Pilot project" means an initial short-term method to test or apply an innovation or concept related to the operation, management or design of a juvenile facility~~, jail or lockup~~ pursuant to an application to, and approval by, the Board.

~~"Podular design" means a design concept for detention facilities in which housing cells, dormitories or sleeping rooms are positioned around the perimeter of a common dayroom, forming a housing/living unit. Generally, the majority of services for each housing/living unit (such as dining, medical exam/sick call, programming, school, etc.) occur in specified locations within the unit.~~

"Post-dispositional youth" means a youth detained in a facility after a dispositional order by the ~~C~~court.

"Procurement," as it relates to pharmaceutical management, means the system for ordering and obtaining medications for facility stock.

"Proposed decision" means a written recommendation from the hearing panel~~/~~ or hearing officer to the full Board containing a summary of facts and a recommended decision on an appeal.

"Prostheses" means artificial devices to replace missing body parts or to compensate for defective bodily function. Prostheses are distinguished from slings, crutches, or other similar assistive devices.

"Psychotropic medication" means those drugs that are used to treat psychiatric symptoms. Drugs used to reduce the toxic side effects of psychotropic medications are not included.

"Rated capacity" means the number of beds approved by the Board that can be utilized by a Juvenile Facility based on the design requirements of Title 24, Part 1, Article 2, ~~S~~section 13-201(c)6, of the California Code of Regulations.

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“Reasonable and necessary force” refers to the amount and type of force that an objective, similarly trained, experienced and competent youth supervision staff, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility.

“Recreation” means the youth's free time to choose from activities that occupy the attention and offer the opportunity for relaxation. Such activities may include ping-pong, TV, reading, board games, and letter writing.

“Regional facility” means a facility serving two or more counties bound together by a memorandum of understanding or a joint powers agreement identifying the terms, conditions, rights, responsibilities and financial obligations of all parties.

“Remodeling” means to alter the facility structure by adding, deleting or moving any of the building's components thereby affecting any of the spaces specified in Title 24, ~~S~~section 460A.

“Repackaging,” as it relates to pharmaceutical management, means transferring medications from the original manufacturers' container to another properly labeled container.

“Request for appeal hearing” means a clear written expression of dissatisfaction about a procedure or action taken, requesting a hearing on the matter, and filed with the Executive Director of the Board.

"Required institutional operations" refers to the necessary activities that require temporary placement of youth in a locked single-person room to ensure the safety and security of both youth and staff. These activities include, but are not limited to, shift change, shift briefing, immediate post-incident activities, and the transition period following activities such as school, programs, hygiene, exercise, or recreation.

“Responsible physician” means that physician who is appropriately licensed by the State and is designated by contract, written agreement or job description to have responsibility for policy development in medical, dental and mental health matters involving clinical judgments. The responsible physician may also be the health administrator.

“Room confinement” means the placement of a youth in a locked room with minimal or no contact with persons other than correctional facility staff and attorneys. Room confinement does not include confinement of a youth in a locked single-person room for ~~brief periods as may be~~ a brief period lasting no longer than two hours when it is necessary for required institutional operations.

“Room Extraction” means the forceful removal of a youth from a room.

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"Secure youth treatment facility" means a facility that provides appropriate programming, treatment, and education for adjudicated youth committed by the court for the offenses specified in section 875(a) of the Welfare and Institutions Code. The facility may be a stand-alone facility or may be a unit or portion of an existing juvenile facility that is configured and programmed to serve the population described.

"Security glazing" means a glass/polycarbonate composite glazing material designed for use in detention facility doors and windows and intended to withstand measurable, complex loads from deliberate and sustained attacks in a detention environment.

"Separation" means limiting a youth's participation in ~~regular programming~~any provisions of this chapter for a specific purpose in accordance with section 1354 of these regulations.

"Sexual abuse" is sexual activity or voyeurism by one or more persons upon another person who does not consent, is unable to refuse, or is coerced into the act by manipulation, violence, or by overt or implied threats.

"Sexual harassment" means repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by a youth, facility staff, contractor, volunteer, or other person(s) in the facility, towards a youth in custody.

"Sexual orientation" means a person's emotional, romantic, and sexual attraction for members of the same, opposite or both genders.

"Shall" is mandatory; "may" is permissive.

"Snack" means a small portion of food, drink or a light meal, especially one eaten or drunk between regular meals.

"Sole supervision" means independent supervision of one or more youth by youth supervision staff who have successfully completed Juvenile Corrections Officer Core Training.

"Special purpose juvenile hall" means a county facility used for the temporary confinement of a youth, not to exceed 96 hours, prior to transfer to a full service juvenile facility or release.

"Special visits" means visits by persons other than ~~parents or guardians, those standing in loco parentis, and children of the youth, as~~ persons outlined in ~~S~~section 1374 of these regulations, or visits accommodated in addition to the two-hour minimum or outside of the regular visiting hours.

~~"Status offender" means a minor alleged or adjudged to be a person described in Section 601 of the Welfare and Institutions Code.~~

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“Storage,” as it relates to pharmaceutical management, means the controlled physical environment used for the safekeeping and accounting of medications.

“Supervisory staff” means a staff person whose primary duties may include, but are not limited to, scheduling and evaluating subordinate staff, providing on-the-job training, making recommendations for promotion, hiring and discharge of subordinate staff, recommending disciplinary actions, and overseeing subordinate staff work. Supervisory staff may be included in the youth to supervision staff ratio when performing duties of direct youth supervision.

“Transgender ~~youth~~” means an ~~youth~~individual whose gender identity is different from the ~~youth's~~individual’s assigned sex at birth.

“Trauma” is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being.

“Trauma-informed approaches” are policies, practices and procedures that ensure that all parties involved recognize and respond appropriately to the impact of traumatic stress and ensure the physical and psychological safety of all youth, family members, and staff.

“Trauma-informed care” means an organizational structure and system framework that involves understanding, recognizing, and responding to traumatic stress reactions and the effects of all types of trauma. Trauma-informed care also emphasizes raising awareness and providing resources about trauma and the impact of trauma on youth, family members and staff.

“Trauma reminder” means something that reminds a person of a traumatic event or loss and can lead to fear, panic, agitation, numbness, physiological arousal, or other traumatic stress reactions.

“Traumatic stress” occurs when youth are exposed to traumatic events and this exposure overwhelms their ability to cope.

~~“Un-enrolled” means an individual youth is not enrolled in school.~~

“Use of force” means an immediate means of overcoming resistance and controlling the threat of imminent harm to self or others.

“Voyeurism” means an invasion of privacy of a youth by another individual during private activities such as using the toilet or undressing, or by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet in ~~his or her~~their room to perform bodily functions; requiring the youth to expose ~~his or her~~their buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing

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bodily functions. Exceptions would include exigent circumstances or when such viewing is incidental to routine room safety checks.

"Youth" means any person ~~who is~~ in the custody of ~~the~~a county juvenile facility and includes persons under the jurisdiction of the juvenile court, adult court, or both~~. This person may be a minor under the age of 18 or a person over 18 years of age. This includes persons whose cases are under the jurisdiction of the juvenile court and persons whose cases are under the jurisdiction of the adult court~~.

"Youth Bill of Rights" refers to section 224.70 et seq. of the Welfare and Institutions Code, which outlines the rights youth shall have when confined in a juvenile facility.

"Youth supervision staff" means a juvenile facility employee, whose duty is to supervise the youth. Administrative, supervisory, food services, janitorial or other auxiliary staff is not considered youth supervision staff.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 101000, Health and Safety Code; Sections 208.3, 209, 224.70, 224.71, 224.72, 224.73, 224.74, 300, 601, 602, 875 and 881, Welfare and Institutions Code.

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§ 1303. Pilot Projects. [4]

(a) The Board may, upon application of a ~~city, county or city and~~ county, grant pilot project status to a program, operational innovation or new concept related to the operation and management of a local juvenile facility. An application for a pilot project shall include, at a minimum, the following information:

(1) the regulations which the pilot project shall affect;

(2) any lawsuits brought against the applicant local juvenile facility, pertinent to the proposal;

(3) a summary of the "totality of conditions" in the facility or facilities, including but not limited to:

(A) program activities, exercise and recreation;

(B) adequacy of supervision;

(C) types of youth affected; and,

(D) classification procedures.

(4) a statement of the goals the pilot project is intended to achieve, the reasons a pilot project is necessary, and why the particular approach was selected;

(5) the projected costs of the pilot project and projected cost savings to the ~~city, county, or city and~~ county, if any;

(6) a plan for developing and implementing the pilot project including a ~~time line~~timeline where appropriate; and,

(7) a statement of how the overall goal of providing safety to staff and youth shall be achieved.

(8) documentation of community outreach, engagement or public notice regarding application.

(b) The Board may consider applications for pilot projects based on the relevance and appropriateness of the proposed project, the applicant's history of compliance~~/~~ or non-compliance with regulations, the completeness of the information provided in the application, and staff recommendations.

(c) Within 10 working days of receipt of the application, Board staff shall notify the applicant, in writing, that the application is complete and accepted for filing, or that the application is being returned as deficient and identifying what specific additional information is needed. This does not preclude the Board members from requesting additional information necessary to make a determination that the pilot project proposed actually meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application shall be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written

[4] See Matrix item # 4

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notification from the Board to the applicant shall also include the date, time and location of the meeting at which the application shall be considered.

(d) When an application for a pilot project is approved by the Board, Board staff shall notify the applicant, in writing within 10 working days of the meeting, of any conditions included in the approval and the time period for the pilot project. Regular progress reports and evaluative data on the success of the pilot project in meeting its goals shall be provided to the Board. The Board may extend time limits for pilot projects for good and proper purpose.

(e) If disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.

(f) Pilot project status granted by the Board shall not exceed twelve months after its approval date. When deemed to be in the best interest of the applicant, the Board may extend the expiration date. Once a ~~city, county, or city and~~ county successfully completes the pilot project evaluation period and desires to continue with the program, it may apply for an alternate means of compliance. The pilot project shall be granted an automatic extension of time to operate the project pending the Board consideration of an alternate means of compliance.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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§ 1304. Alternate Means of Compliance. [5]

(a) An alternate means of compliance is the long-term method used by a local juvenile facility~~/~~ or system, approved by the Board, to encourage responsible innovation and creativity in the operation of California's local juvenile facilities. The Board may, upon application of a ~~city, county, or city and~~ county, consider alternate means of compliance with these regulations either after the pilot project process has been successfully evaluated or upon direct application to the Board. The ~~city, county, or city and~~ county shall present the completed application to the Board no later than 30 days prior to the expiration of its pilot project, if needed.

(b) Applications for alternate means of compliance shall meet the spirit and intent of improving facility management, shall be equal to, or exceed the intent of, existing standard(s), and shall include reporting and evaluation components. An application for alternate means of compliance shall include, at a minimum, the following information:

(1) any lawsuits brought against the applicant local facility, pertinent to the proposal;

(2) a summary of the “totality of conditions” in the facility or facilities, including but not limited to:

(A) program activities, exercise and recreation;

(B) adequacy of supervision;

(C) types of youth affected; and,

(D) classification procedures.

(3) a statement of the problem the alternate means of compliance is intended to solve, how the alternative shall contribute to a solution of the problem and why it is considered an effective solution;

(4) the projected costs of the alternative and projected cost savings to the ~~city, county, or city and~~ county, if any;

(5) a plan for developing and implementing the alternative including a ~~time line~~timeline where appropriate; and,

(6) a statement of how the overall goal of providing safety to staff and youth was or would be achieved during the pilot project evaluation phase.

(7) documentation of community outreach, engagement or public notice regarding application.

(c) The Board may consider applications for alternate means of compliance based on the relevance and appropriateness of the proposed alternative, the applicant's history of compliance~~/~~ or non-compliance with regulations, the completeness of the

[5] See Matrix item # 5

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information provided in the application, the experiences of the jurisdiction during the pilot project, if applicable and staff recommendations.

(d) Within 10 working days of receipt of the application, Board staff shall notify the applicant, in writing, that the application is complete and accepted for filing, or that the application is being returned as deficient and identifying what specific additional information is needed. This does not preclude the Board members from requesting additional information necessary to make a determination that the alternate means of compliance proposed meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application shall be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time and location of the meeting at which the application shall be considered.

(e) When an application for an alternate means of compliance is approved by the Board, Board staff shall notify the applicant, in writing within 10 working days of the meeting, of any conditions included in the approval and the time period for which the alternate means of compliance shall be permitted. Regular progress reports and evaluative data as to the success of the alternate means of compliance shall be submitted by the applicant. If disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.

(f) The Board may revise the minimum standards during the next biennial review based on data and information obtained during the alternate means of compliance process. If, however, the alternate means of compliance does not have universal application, a ~~city, county, or city and~~ county may continue to operate under this status as long as they meet the terms of this regulation.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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Article 2. Application of Standards and Inspections

§ 1310. Applicability of Standards. [6]

All standards and requirements contained herein shall apply to any county~~, city and county,~~ or joint juvenile facility that is used for the confinement of youth.

(a) Juvenile halls, camps, ranches, forestry camps ~~and~~, boot camps and secure youth treatment facilities shall comply with all regulations.

(b) Special purpose juvenile halls shall comply with all regulations except the following

1322(c)	Child Supervision Staff Orientation and Training
1370	School Program
1415	Health Education
1464	Food Services Manager
1481	Special Clothing
1488	Hair Care Services

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 875, Welfare and Institutions Code.

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[6] See Matrix item # 6

§ 1311. Emergency Suspension of Standards or Requirements. [7]

~~Nothing contained herein shall be construed to deny the power of any facility administrator to temporarily suspend any standard or requirement herein prescribed in the event of any emergency which threatens the safety of a local juvenile facility, youth, staff, or the public. Only such regulations directly affected by the emergency may be suspended. The facility administrator shall notify the Board in writing in the event that such a suspension lasts longer than three days. In no event shall a suspension continue more than 15 days without the approval of the chairperson of the Board for a time specified by him/her.~~

(a) A facility administrator may temporarily suspend standards or requirements herein prescribed in the event of an emergency, as defined in Title 15, section 1302, Definitions, which threatens the safety of a local juvenile facility, youth, staff, or the public. Only regulations or requirements directly affected by the emergency may be suspended.

(b) The facility administrator shall maintain a written record of all emergency suspensions of standards or requirements to include the following information:

(1) Description of the emergency requiring a suspension of standards or requirements;

(2) The standard(s) or requirement(s) being suspended in response to the emergency and why suspension is necessary;

(3) The date when each standard(s) or requirement(s) was suspended;

(4) The facility, or portion(s) of the facility, where a standard(s) or requirement(s) was suspended;

(5) A description of actions taken to address the emergency;

(6) The number of youth impacted by each suspended standard and requirement;

(7) Action(s) taken to mitigate the suspension's impact on youth;

(8) The anticipated length of suspension and anticipated date of resolution of the emergency, if available; and,

(9) The date when each suspended standard(s) or requirement(s) resumed and how the emergency was resolved.

(c) The facility administrator shall notify the Board in writing when a suspension lasts longer than three days. The notice shall include the available information required in subsection (b).

(1) If the suspension is resolved within 15 days, the facility administrator shall notify the Board in writing of the date the suspension ended.

(d) Suspensions exceeding 15 days require the approval of the chairperson of the Board. The facility administrator shall request the chairperson of the Board's approval in writing as soon as possible, and prior to the 15th day of suspension.

[7] See Matrix item # 7

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Requests for approval shall include the information required in subsection (b). The facility administrator will be notified of approval or denial in writing.

(1) The chairperson of the Board's approval will be based upon the nature and length of the emergency, the effect of the emergency on youth, whether the facility administrator is able to mitigate the impact of the emergency on youth, and whether the suspension affects the safety and security of youth, staff, or the public.

(2) The facility administrator shall notify the Board in writing when the emergency is resolved, and the standard(s) or requirement(s) are no longer suspended.

(e) In the event that an emergency suspension of standard(s) or requirement(s) lasts for more than 24 hours, the facility administrator shall notify parents or guardians, persons standing in loco parentis, spouses of youth, the youth's attorney of record, and the juvenile court. The initial notification shall be made as soon as practicable with a follow-up notification once the suspended standard(s) or requirement(s) has resumed. The notification shall provide a brief description of the emergency, including:

(1) the date on which the emergency began;

(2) a brief description of the emergency;

(3) the standard(s) or requirement(s) that is suspended;

(4) if available, a proposed date to resume the suspended standard(s) or requirement(s);

(5) the location where emergency suspension information or updates may be located or contact information for notified parties to request further information.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209, Welfare and Institutions Code.

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§ 1312. Juvenile Criminal History Information.[8]

Such juvenile criminal history information as is necessary for the conduct of facility inspections as specified in ~~S~~section 209 of the Welfare and Institutions Code shall be made available to the staff of the Board. Such information shall be held confidential except that published reports may contain such information in a form which does not identify an individual.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 204.5 and 209, Welfare and Institutions Code.

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[8] See Matrix item # 8

§ 1313. County Inspection and Evaluation of Building and Grounds.[9]

On an annual basis, or as otherwise required by law, each juvenile facility administrator shall obtain a documented inspection and evaluation from the following:

(a) county building inspector or person designated by the Board of Supervisors to approve building safety;

(b) fire authority having jurisdiction, including a fire clearance as required by Health and Safety Code ~~S~~section 13146.1(a) and (b);

(c) local health officer, inspection in accordance with Health and Safety Code ~~S~~section 101045;

(d) county superintendent of schools on the adequacy of educational services and facilities as required in ~~S~~section 1370;

(e) juvenile court as required by ~~S~~section 209 of the Welfare and Institutions Code; and,

(f) the Juvenile Justice Commission as required by ~~S~~section 229 of the Welfare and Institutions Code or Probation Commission as required by ~~S~~section 240 of the Welfare and Institutions Code.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 101045 and 13146.1, Health and Safety Code; Sections 209, 229 and 240, Welfare and Institutions Code.

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[9] See Matrix item # 9

§ 1314. Appeal.[10]

The appeal hearing procedures are intended to provide a review concerning the Board application and enforcement of standards and regulations governing juvenile facilities. A county~~, city, city and county,~~ or joint juvenile facility may appeal on the basis of alleged misapplication, capricious enforcement of regulations, or substantial differences of opinion as may occur concerning the proper application of regulations or procedures.

(a) Levels of Appeal.

(1) There are two levels of appeal as follows:

(A) appeal to the Executive Director; and,

(B) appeal to the Board.

(2) An appeal shall first be filed with the Executive Director.

(b) Appeal to the Executive Director.

(1) If a county~~, city, city and county,~~ or joint juvenile facility is dissatisfied with an action of the Board staff, it may appeal the cause of the dissatisfaction to the Executive Director. Such appeal shall be filed within 30 calendar days of the notification of the action with which the county ~~or city~~ is dissatisfied.

(2) The appeal shall be in writing and:

(A) state the basis for the dissatisfaction;

(B) state the action being requested of the Executive Director; and,

(C) attach any correspondence or other documentation related to the cause for dissatisfaction.

(c) Executive Director Appeal Procedures.

(1) The Executive Director shall review the correspondence and related documentation and render a decision on the appeal within 30 calendar days except in those cases where the appellant withdraws or abandons the appeal.

(2) The procedural time requirement may be waived with the mutual consent of the appellant and the Executive Director.

(3) The Executive Director may render a decision based on the correspondence and related documentation provided by the appellant and may consider other relevant sources of information deemed appropriate.

(d) Executive Director's Decision.

The decision of the Executive Director shall be in writing and shall provide the rationale for the decision.

(e) Request for Appeal Hearing by Board.

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[10] See Matrix item # 10

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(1) If a county~~, city, city and county,~~ or joint juvenile facility is dissatisfied with the decision of the Executive Director, it may file a request for an appeal hearing with the Board. Such appeal shall be filed within 30 calendar days after receipt of the Executive Director's decision.

(2) The request shall be in writing and:

(A) state the basis for the dissatisfaction;

(B) state the action being requested of the Board; and,

(C) attach any correspondence related to the appeal from the Executive Director.

(f) Board Hearing Procedures.

(1) The hearing shall be conducted by a hearing panel designated by the ~~Chairman~~chairperson of the Board at a reasonable time, date, and place, but not later than 21 days after the filing of the request for hearing with the Board, unless delayed for good cause. The Board shall mail or deliver to the appellant or authorized representative a written notice of the time and place of hearing not less than 7 days prior to the hearing.

(2) The procedural time requirements may be waived with mutual consent of the parties involved.

(3) Appeal hearing matters shall be set for hearing, heard, and disposed of by a notice of decision within 60 days from the date of the request for appeal hearing, except in those cases where the appellant withdraws or abandons the request for hearing or the matter is continued for what is determined by the hearing panel to be good cause.

(4) An appellant may waive a personal hearing before the hearing panel and, under such circumstances, the hearing panel shall consider the written information submitted by the appellant and other relevant information as may be deemed appropriate.

(5) The hearing is not formal or judicial in nature. Pertinent and relative information, whether written or oral, shall be accepted. Hearings shall be tape recorded.

(6) After the hearing has been completed, the hearing panel shall submit a proposed decision in writing to the Board at its next regular public meeting.

(g) Board Decision.

(1) The Board, after receiving the proposed decision, may:

(A) adopt the proposed decision;

(B) decide the matter on the record with or without taking additional evidence; or,

(C) order a further hearing to be conducted if additional information is needed to decide the issue.

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(2) the Board, or notice of a new hearing ordered, notice of decision or other such actions shall be mailed or otherwise delivered by the Board to the appellant.

(3) The record of the testimony exhibits, together with all papers and requests filed in the proceedings and the hearing panel's proposed decision, shall constitute the exclusive record for decision and shall be available to the appellant at any reasonable time for one year after the date of the Board's notice of decision in the case.

(4) The decision of the Board shall be final.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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Article 3. Training, Personnel, and Management

§ 1320. Appointment and Qualifications. [11]

(a) Appointment

In each juvenile facility there shall be a superintendent, director or facility manager in charge of its program and employees. Such superintendent, director, facility manager and other employees of the facility shall be appointed by the facility administrator pursuant to applicable provisions of law.

(b) Employee Qualifications

Each facility shall:

(1) recruit and hire employees who possess knowledge, skills and abilities appropriate to their job classification and duties in accordance with applicable civil service or merit system rules;

(2) require a medical evaluation and physical examination including tuberculosis screening test and evaluation for immunity to contagious illnesses of childhood (i.e., diphtheria, rubeola, rubella, and mumps);

(3) adhere to the minimum standards for the selection and training requirements adopted by the Board pursuant to ~~S~~section 6035 of the Penal Code: and

(4) conduct a criminal records review, on each new employee, and psychological examination in accordance with ~~S~~section 1031 of the Government Code.

(c) Contract personnel, volunteers, and other non-employees of the facility, who may be present at the facility, shall have such clearance and qualifications as may be required by law, and their presence at the facility shall be subject to the approval and control of the facility manager.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code Reference: Section 1031, Government Code; Section 6035, Penal Code; Section 209, Welfare and Institutions Code.

[11] See Matrix item # 11

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§ 1321. Staffing. [12]

Each juvenile facility shall:

(a) have an adequate number of personnel sufficient to carry out the overall facility operation and its programming, to provide for safety and security of youth and staff, and meet established standards and regulations;

(b) ensure that ~~no required~~ services required by laws or regulations shall not be denied, violated, or suspended ~~because of~~due to insufficient numbers of staff on duty absent exigent circumstances;

(c) have a sufficient number of supervisory level staff to ensure adequate supervision of all staff members;

(d) have ~~a clearly identified person~~at least one staff member on duty at all times who is responsible for operations and activities and has completed the Juvenile Corrections Officer Core Course and PC 832 training;

(e) have at least one staff member present on each living unit whenever there are youth in the living unit;

(f) have sufficient food service personnel relative to the number and security of living units, including staff qualified and available to: plan menus meeting nutritional requirements of youth; provide kitchen supervision; direct food preparation and servings; conduct related training programs for culinary staff; and maintain necessary records; or, a facility may serve food that meets nutritional standards prepared by an outside source;

(g) have sufficient administrative, clerical, ~~recreational~~program, medical, dental, mental health, building maintenance, transportation, control room, facility security and other support staff for the efficient management of the facility, and to ensure that youth supervision staff shall not be diverted from supervising youth; and,

(h) assign sufficient youth supervision staff to provide continuous wide awake supervision of youth, subject to temporary variations in staff assignments to meet special program needs. Staffing shall be in compliance with a minimum youth-staff ratio for the following facility types:

(1) Juvenile Halls and Secure Youth Treatment Facilities

(A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 10 youth in detention;

(B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth in detention;

(C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in detention, unless an

[12] See Matrix item # 12

arrangement has been made for backup support services which allow for immediate response to emergencies; and,

(D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility.

(E) personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen or maintenance shall not be classified as youth supervision staff positions.

(2) Special Purpose Juvenile Halls

(A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 10 youth in detention;

(B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth in detention;

(C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in detention, unless an arrangement has been made for backup support services which allow for immediate response to emergencies; and,

(D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility, unless an arrangement has been made for immediate same gender supervision.

(E) personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen or maintenance shall not be classified as youth supervision staff positions.

(3) Camps

(A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 15 youth in the camp population;

(B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth present in the facility;

(C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in residence, unless arrangements have been made for backup support services which allow for immediate response to emergencies;

(D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility;

(E) in addition to the minimum staff to youth ratio required in (h)(3)(A)-(B), consideration shall be given to the size, design, and location of

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the camp; types of youth committed to the camp; and the function of the camp in determining the level of supervision necessary to maintain the safety and welfare of youth and staff;

(F) personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, farm, forestry, kitchen or maintenance shall not be classified as youth supervision staff positions.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 875, Welfare and Institutions Code.

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§ 1322. Youth Supervision Staff Orientation and Training. [13]

(a) Prior to assuming any responsibilities each youth supervision staff member shall be properly oriented to their duties, including:

(1) youth supervision duties;

(2) scope of decisions they shall make;

(3) the identity of their supervisor;

(4) the identity of persons who are responsible to them;

(5) persons to contact for decisions that are beyond their responsibility; ~~and~~

(6) ethical responsibilities~~.~~; and

(7) Title 15 Minimum Standards for Juvenile Facilities.

(b) Prior to assuming any responsibility for the supervision of youth, each youth supervision staff member shall receive a minimum of 40 hours of ~~facility-specific~~ orientation related to juvenile facility operations, including:

(1) individual and group supervision techniques;

(2) regulations and policies relating to ~~discipline~~behavior management and rights of youth pursuant to law and the provisions of this chapter, including the Youth Bill of Rights;

(3) basic health, sanitation and safety measures;

(4) suicide prevention and response to suicide attempts;

(5) policies regarding use of force, de-escalation techniques, chemical agents, ~~mechanical and physical~~and restraint~~s~~ devices;

(6) ~~review of policies and procedures referencing~~ trauma and trauma-informed approaches, adverse childhood experiences, adolescent brain development, and a review of related policies and procedures;

(7) procedures to follow in the event of emergencies;

(8) routine security measures, including facility perimeter and grounds;

(9) crisis intervention and mental health referrals to mental health services;

(10) documentation; and

(11) fire~~/~~ and life safety training

(c) Prior to assuming sole supervision of youth, each youth supervision staff member shall successfully complete the requirements of the Juvenile Corrections Officer Core Course pursuant to Penal Code ~~S~~section 6035.

[13] See Matrix item # 13

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(d) Prior to exercising the powers of a peace officer youth supervision staff shall successfully complete training pursuant to ~~S~~section 830 et seq. of the Penal Code.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 830 and 6035, Penal Code; Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1323. Fire and Life Safety. [14]

Whenever there is a youth in a juvenile facility, there shall be at least one wide awake person on duty at all times who meets the training standards established by the Board for general fire and life safety which relate specifically to the facility.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[14] See Matrix item # 14

§ 1324. Policy and Procedures Manual. [15]

All facility administrators shall develop, publish, and implement a manual of written policies and procedures that address, at a minimum, all regulations that are applicable to the facility. Such a manual shall be made available to all employees, reviewed by all employees, and shall be administratively reviewed at a minimum every two years, and updated, as necessary. Those records relating to the standards and requirements set forth in these regulations shall be accessible to the Board on request.

The manual shall include:

(a) table of organization, including channels of communications and a description of job classifications;

(b) responsibility of the probation department, purpose of programs, relationship to the juvenile court, the Juvenile Justice~~/~~ and Delinquency Prevention Commission or Probation Committee, probation staff, school personnel and other agencies that are involved in juvenile facility programs;

(c) responsibilities of all employees;

(d) initial orientation and training program for employees;

(e) initial orientation, including safety and security issues and anti-discrimination policies, for support staff, contract employees, school, mental~~/~~ and behavioral health and medical staff, program providers and volunteers;

(f) maintenance of record-keeping, statistics and communication system to ensure:

(1) efficient operation of the juvenile facility;

(2) legal and proper care of youth;

(3) maintenance of individual youth's records;

(4) supply of information to the juvenile court and those authorized by the court or by the law; and,

(5) release of information regarding youth.

(g) ethical responsibilities;

(h) trauma-informed approaches;

(i) culturally responsive approaches;

(j) gender responsive approaches;

(k) a non-discrimination provision that provides that all youth within the facility shall have fair and equal access to all available services, placement and housing, care, treatment, and benefits, and provides that no person shall be subject to discrimination or harassment on the basis of actual or perceived race, ethnicity ~~group identification~~, ancestry, national origin, language, immigration status, color,

[15] See Matrix item # 15

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religion, ~~gender~~sex, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status, including restrictive housing or classification decisions based solely on any of the above mentioned categories;

~~(l)~~(l) storage and maintenance requirements for any chemical agents related security devices, and weapons and ammunition, where applicable;

(m) establishment of procedures for collection of Medi-Cal eligibility information and enrollment of eligible youth; and,

(n) establishment of a zero tolerance policy ~~that prohibits~~against all forms of abuse, including sexual abuse, sexual assault and sexual harassment. The policy shall include an approach to preventing, detecting, and promptly responding to such conduct and any retaliation for reporting such conduct, as well as a provision for documenting, reporting, investigating, and responding to all suspicions or reports of such conduct by youth, staff or a third party.

(o) policy on the use of force, that meets current state and federal legal requirements and includes prohibition of the use of carotid restraint and choke holds.

(p) policy and procedure that provides for youth access to the Division of the Ombudsperson of the Office of Youth and Community Restoration as outlined in Welfare and Institutions Code section 2200.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209, 224.71, 224.73, 2200 and 14029.5, Welfare and Institutions Code.

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§ 1325. Fire Safety Plan. [16]

The facility administrator shall consult with the local fire department having jurisdiction over the facility, or with the State Fire Marshal, in developing a plan for fire safety which shall include, but not be limited to:

(a) a fire prevention plan to be included as part of the manual of policy and procedures;

(b) monthly fire and life safety inspections by facility staff with two-year retention of the inspection record;

(c) fire prevention inspections as required by Health and Safety Code ~~S~~section 13146.1(a) and (b);

(d) an evacuation plan;

(e) documented fire drills not less than quarterly;

(f) a written plan for the emergency housing of youth in the case of fire; and,

(g) development of a fire suppression pre-plan in cooperation with the local fire department.

NOTE: Authority cited: ~~Section 6030, Penal Code;~~ Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 13146.1, Health and Safety Code; Section 209, Welfare and Institutions Code.

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[16] See Matrix item # 16

§ 1326. Security Review.[17]

Each facility administrator shall develop policies and procedures to annually review, evaluate, and document security of the facility. The review and evaluation shall include internal and external security, including, but not limited to, key control, equipment, and staff training.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

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[17] See Matrix item # 17

§ 1327. Emergency Procedures. [18]

The facility administrator shall develop facility-specific policies and procedures for emergencies that shall include, but not be limited to:

(a) escape, disturbances, and the taking of hostages;

(b) civil disturbance, active ~~shooter~~assailant and terrorist attack;

(c) fire and natural disasters;

(d) periodic testing of emergency equipment;

(e) emergency evacuation of the facility; and

(f) a ~~program~~process to provide all youth supervision staff with an annual review of emergency procedures.

(g) procedures to notify parents or guardians, persons standing in loco parentis, spouse of youth, and the youth's attorney of record as soon as practicable in the event of an emergency.

Confidential policies and procedures that relate to the security of the facility may be kept in a separate manual.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[18] See Matrix item # 18

§ 1328. Safety Checks. [19]

~~The facility administrator shall develop and implement policy and procedures that provide for direct visual observation of youth at a minimum of every 15 minutes, at random or varied intervals during hours when youth are asleep or when youth are in their rooms, confined in holding cells or confined to their bed in a dormitory. Supervision is not replaced, but may be supplemented by, an audio/visual electronic surveillance system designed to detect overt, aggressive or assaultive behavior and to summon aid in emergencies. All safety checks shall be documented with the actual time the check is completed.~~

The facility administrator shall develop and implement policy and procedures for conducting safety checks that include but are not limited to the following:

(a) Safety checks shall determine the safety and well-being of youth;

(b) Duration between safety checks shall not exceed 15 minutes;

(c) Safety checks shall occur at random or varied intervals;

(d) Safety checks shall be conducted through direct visual observation when youth are confined in a room or confined to their bed in a dormitory;

(e) Safety checks shall be minimally intrusive and minimally disruptive to sleep.

(f) A written plan that includes the documentation of all safety checks. Documentation shall include:

(1) The actual time at which each individual safety check occurred;

(2) The location where each individual safety check occurred, such as a room, module, or dormitory number; and,

(3) Initials or employee identification number of staff who completed the safety check(s).

(g) A documented process by which safety checks are reviewed at regular defined intervals by a supervisor or facility manager, including methods of mitigating patterns of inconsistent documentation, failure to complete, or untimely completion of, safety checks. Such supervisory review shall include review of video where available.

(h) Supervision is not replaced, but may be supplemented by, an audio/visual electronic surveillance system designed to detect overt, aggressive or assaultive behavior and to summon aid in emergencies.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code

[19] See Matrix item # 19

§ 1329. Suicide Prevention Plan. [20]

The facility administrator, in collaboration with the healthcare and behavioral~~/~~ or mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk. The plan shall include the following elements:

(a) Suicide prevention training as required in ~~S~~section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.

(b) Screening, Identification Assessment and Precautionary Protocols

(1) All youth shall be screened for risk of suicide at intake and as needed during detention.

(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.

(3) All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral~~/~~ or mental health staff for a suicide risk assessment as soon as possible.

(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral~~/~~ or mental health assessment. Separation of youth shall be avoided, and consistent with section 1354.5, room confinement shall not be used as an intervention for youth at risk of suicide.

(5) If the youth's behavior escalates, youth will be taken to a crisis stabilization unit or emergency department for further assessment of suicide risk.

(c) Referral process to behavioral~~/~~ or mental health staff for assessment and~~/or~~ services.

(d) Procedures for monitoring of youth identified at risk for suicide.

(e) Safety Interventions

(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:

(A) Housing consideration

(B) Treatment strategies including trauma-informed approaches

(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.

(f) Communication

(1) The intake process shall include communication ~~with~~between facility intake staff and the arresting officer or transporting officer and ~~family~~parents,

[20] See Matrix item # 20

guardians, or persons standing in loco parentis, regarding the youth's past or present suicidal ideations, behaviors or attempts.

(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/ or mental health staff.

(g) Debriefing of Critical Incidents Related to Suicides or Attempts

(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.

(2) Process for a debriefing event with affected staff.

(3) Process for a debriefing event with affected youth.

(h) Documentation

(1) Documentation processes shall be developed to ensure compliance with this regulation

Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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Article 4. Records and Public Information

§ 1340. Reporting of Legal Actions. [21]

Each facility shall submit to the Board a letter of notification on each legal action, pertaining to conditions of confinement, filed against persons or legal entities responsible for juvenile facility operation.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[21] See Matrix item # 21

§ 1341. Death and Serious Illness or Injury of a Youth While Detained. [22]

(~~1~~a) Death of a Youth.

~~(a)~~ The facility administrator, in cooperation with the health administrator and the behavioral~~/~~ or mental health director, shall develop written policies and procedures ~~in the event of the death of a youth while detained, which include notifications to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record.~~to address an in-custody death of a youth. Policies and procedures shall include, but not be limited to the following requirements:

(1) Notifications to necessary parties, which may include parents, guardians, persons standing in loco parentis, spouse of the youth, the youth's attorney of record, and the juvenile court.

(2) Within 10 calendar days of an in-custody death, the facility administrator shall provide the Board with a copy of the report submitted to the Attorney General under Government Code section 12525.

(~~b~~3) ~~The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure there is a~~ Within 30 days of an in-custody death, the initial review team shall complete a medical and operational review and written report~~of every in-custody death of a youth~~.

(A) The initial review team shall include the facility administrator ~~and/~~or facility manager, the health administrator, the behavioral or mental health director, the responsible physician, and other health care and supervision staff who are relevant to the incident.

(B) The medical and operational review shall include a determination of the appropriateness of clinical care, identify issues that require further study, and assess if changes to policies, procedures, or practices are necessary.

(4) Within 60 days of an in-custody death, the facility administrator shall submit the initial review report to the Board. The report shall adhere to the disclosure requirements of Penal Code section 832.10 and include the following information:

(A) Demographic information

(1) Full name of the decedent

(2) Date of birth

(3) Date of death

(4) Time of death

(5) Gender

[22] See Matrix item # 22

(6) Race and ethnicity

(7) Relevant medical history

(B) Facility Information

(1) Name and location of the juvenile facility

(2) Description of the location where the death occurred within the facility

(3) Date and time of the incident

(4) Facility staff (including names and roles) involved in the reporting of the death or incident

(C) Any relevant circumstances leading up to death, including behavioral health or medical issues.

~~(c) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted to the Board within 10 calendar days after the death.~~

(~~d~~5) Upon ~~receipt~~receiving ~~of~~ a report of ~~the~~an in-custody death ~~of a youth~~ from the facility administrator, the Board may within 30 calendar days inspect and evaluate the juvenile facility, jail, lockup or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.

(6) In the event of an in-custody death, the facility administrator shall ensure the availability of grief resources for other youth in custody and facility staff. In addition, a referral for grief resources shall be provided to parents, guardians, persons standing in loco parentis, and the spouse of the youth.

(~~2~~b) Serious Illness or Injury of a Youth.

~~(a)~~ The facility administrator, in cooperation with the health administrator, shall develop written policies and procedures ~~for the notification to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record in the case of~~to address a serious illness or injury of a youth, including communicable diseases. Policies and procedures shall ensure notification to necessary parties, which may include parents, guardians, persons standing in loco parentis, spouse of the youth, the youth's attorney of record, and the juvenile court, if appropriate.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 12525, Government Code; Section 832.10, Penal Code; Section 209, Welfare and Institutions Code.

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§ 1342. Population Accounting. [23]

Each juvenile facility shall submit required population and profile survey reports to the Board within 10 working days after the end of each reporting period, in a format to be provided by the Board.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[23] See Matrix item # 23

§ 1343. Juvenile Facility Capacity.[24]

The Board shall establish the rated capacity of a juvenile facility based on statute and applicable regulations. When the number of youth detained in a living unit of a juvenile facility exceeds its rated capacity for more than fifteen (15) calendar days in a month, the facility administrator shall provide a crowding report to the Board in a format provided by the Board. The Executive Director of the Board shall review the juvenile facility's report and initiate a process to make a preliminary determination if the facility is suitable for the continued confinement of youth. If the Executive Director determines that the facility is unsuitable for the confinement of youth, the recommendation shall be reviewed by the Board at the next scheduled meeting. Notice of the Board's findings and~~/or~~ actions shall be public record and, at a minimum, will be provided to the facility administrator, Presiding Juvenile Court Judge, Chairperson of the Board of Supervisors, Probation Commission and Juvenile Justice Commission within ten working days of the Board meeting.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[24] See Matrix item # 24

Article 5. Classification and ~~Segregation~~Separation[25]

§ 1350. Admittance Procedures. [26]

The facility administrator shall develop and implement written policies and procedures for admittance of youth that emphasize respectful and humane engagement with youth, and reflect that the admission process may be traumatic to youth who may have already experienced trauma. Policies shall be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youth. In addition to the requirements of ~~S~~sections 1324 and 1430 of these regulations:

(a) the admittance process for each youth shall ~~include~~be documented and include the following elements:

(1) Access to two free phone calls within one hour of admittance in accordance with the provisions of Welfare and Institutions Code ~~S~~section 627;

(2) Offer of a shower;

(3) ~~Documented s~~Secure storage of personal belongings;

(4) Offer of food upon arrival considering a youth's dietary restrictions;

(5) Screening for physical and behavio~~u~~ral health and safety issues, intellectual or developmental disabilities;

(6) Screening for physical and developmental disabilities in accordance with ~~S~~sections 1329, 141~~3~~38, and 1430 of these regulations;

(7) Contact with Regional Center for the Developmentally Disabled for youth that are suspected of or i~~n~~dentified as having a developmental disability, pursuant to ~~S~~section 141~~3~~38; and,

(8) Procedures consistent with ~~S~~section 1352.5.

(9) Contact with the youth's social worker if the youth is identified as a dependent pursuant to Welfare and Institutions Code section 300.

(b) juvenile hall administrators shall establish written criteria for detention that considers the least restrictive environment.

(c) juvenile camps, secure youth treatment facilities, and post-dispositional programs in juvenile halls shall develop policies and procedures that advise the youth of the estimated length of stay, inform them of program guidelines and provide written screening criteria for inclusion and exclusion from the program.

(d) juvenile halls shall develop policies and procedures that advise any committed youth of the estimated length of ~~his/her~~their stay.

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[25] See Matrix item # 25

[26] See Matrix item # 26

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NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, 224.71, 224.73, 300, 627 and 875, Welfare and Institutions Code.

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§ 1350.5. Screening for the Risk of Sexual Abuse. [27]

The facility administrator shall develop and implement written policies and procedures to reduce the risk of sexual abuse by or upon youth. The policy shall require facility staff to assess each youth within 72 hours of initial admission based on the following information:

(a) Prior sexual victimization or abusiveness;

(b) Gender nonconforming appearance or manner; or identification as lesbian, gay or bisexual, transgender, queer ~~or~~, intersex, or nonbinary and whether the youth may, therefore, be vulnerable to sexual abuse;

(c) Current charges and offense history;

(d) Age;

(e) Level of emotional and cognitive development;

(f) Physical size and stature;

(g) Mental illness or mental disabilities;

(h) Intellectual or developmental disabilities;

(i) Physical disabilities;

(j) The youth's perception of vulnerability; ~~and,~~

(k) Any other specific information about the individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth~~.~~; and

(l) Screening for commercially sexually exploited children (CSEC).

Staff shall ascertain this information through conversations with the youth during the admittance process, medical and behavioral health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files.

The facility administrator shall implement appropriate controls on the dissemination of information within the facility relative to responses received pursuant to this assessment in order to ensure that sensitive information is not exploited to the youth's detriment by staff or other youth.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

[27] See Matrix item # 27

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§ 1351. Release Procedures. [28]

The facility administrator shall develop and implement written policies and procedures for release of youth from custody which provide for:

(a) verification of identity~~/~~;

(b) release ~~papers~~documentation;

(~~b~~c) return of personal clothing and valuables;

(~~c~~d) notification to the youth's parents, ~~or~~ guardians, persons standing in loco parentis, or spouse;

(~~d~~e) notification to the facility health care provider in accordance with ~~S~~sections 1408 and 1437 of these regulations, for coordination with outside agencies; and,

(~~e~~f) notification of school staff;

(~~f~~g) notification of facility mental health personnel.

~~The facility administrator shall develop and implement policies and procedures for post-disposition youth to coordinate the provision of transitional and reentry services including, but not limited to, medical and behavioral health, education, probation supervision and community-based services.~~

The facility administrator shall develop and implement written policies and procedures for the furlough of youth from custody.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[28] See Matrix item # 28

§ 1352. Classification. [29]

The facility administrator shall develop and implement written policies and procedures on classification of youth for the purpose of determining housing placement in the facility.

Such procedures shall:

(a) provide for the safety of the youth, other youth, facility staff, and the public by placing youth in the appropriate, least restrictive housing and program settings. Housing assignments shall consider the need for single, double or dormitory assignment or location within the dormitory;

(b) consider facility populations and physical design of the facility;

(c) provide that a youth shall be classified upon admittance to the facility; classification factors shall include, but not be limited to: age, maturity, sophistication, emotional stability, program needs, legal status, public safety considerations, medical~~/~~ and mental health considerations, gender and gender identity of the youth;

(d) provide for periodic classification reviews, including provisions that consider the level of supervision and the youth's behavior while in custody; and,

(e) provide that facility staff shall not separate youth from the general population or assign youth to a single-occupancy room based solely on the youth's actual or perceived race, ethnicity ~~group identification~~, ancestry, national origin, language, color, religion, ~~gender~~sex, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status. This section does not prohibit staff from placing youth in a single-occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation.

(f) facility staff shall not consider lesbian, gay, bisexual, transgender, nonbinary, questioning or intersex identification or status as an indicator of likelihood of being sexually abusive.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 224.71 and 224.73, Welfare and Institutions Code.

[29] See Matrix item # 29

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§ 1352.5. Transgender, Nonbinary, and Intersex Youth. [30]

The facility administrator shall develop written policies and procedures ensuring respectful and equitable treatment of transgender, nonbinary, and intersex youth. The policies shall provide that:

(a) Facility staff shall respect every youth's gender identity, and shall refer to the youth by the youth's preferred name and gender pronoun, regardless of the youth's legal name. Facilities may prohibit the use of gang or slang names or names that otherwise compromise facility operations as determined by the facility manager or designee, and shall document any decision made on this basis.

(b) Facility staff shall permit youth to dress and present themselves in a manner consistent with their gender identity, and shall provide youth with the institution's clothing and undergarments consistent with their gender identity.

(c) Facility staff shall house youth in the unit or room that best meets their individual needs, and promotes their safety and well-being. Staff may not automatically house youth according to their external anatomy, and shall document the reasons for any decision to house youth in a unit that does not match their gender identity. In making a housing decision, staff shall consider the youth's preferences, as well as any recommendations from the youth's health or behavioral health provider.

(d) Facility administrators shall ensure that transgender, nonbinary, and intersex youth have access to medical and behavioral health providers qualified to provide care and treatment to transgender, nonbinary, and intersex youth, including gender-affirming health care and treatment when clinically indicated.

(e) Consistent with the facility's reasonable and necessary security considerations and physical plant, facility staff shall make every effort to ensure the safety and privacy of transgender, nonbinary, and intersex youth when the youth are using the bathroom or shower, or dressing or undressing.

Facility staff shall not conduct physical searches of any youth for the purpose of determining the youth's anatomical sex. Whenever feasible, the facility shall respect the youth's preference regarding the gender of the staff member who conducts any search of the youth.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, 224.71 and 224.73, Welfare and Institutions Code.

[30] See Matrix item # 30

§ 1353. Orientation. [31]

The facility administrator shall develop and implement written policies and procedures to ~~orient a youth~~provide youth with an age-appropriate orientation prior to placement in a living area. Both written and verbal information shall be provided and supplemented with video orientation if feasible. Provision shall be made to provide accessible and linguistically appropriate orientation information to all detained youth including those with disabilities, limited literacy, or limited English ~~language learners~~proficiency. Orientation shall include information that addresses:

(a) facility rules including contraband and searches and disciplinary procedures;

(b) facility's system of positive behavior interventions and supports, including behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility;

(c) age appropriate information that explains the facility's zero tolerance policy ~~prohibiting~~against sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment;

(d) identification of ~~key~~ staff and their roles;

(e) the existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve the issue;

(f) access to legal services and information on the court process;

(g) access to routine and emergency health and mental health care;

(h) access to education, religious services, and recreational activities;

(i) housing assignments;

(j) opportunity for personal hygiene and daily showers including the availability of personal care items;

(k) rules and access to correspondence, visits and telephone use;

(l) availability of reading materials, programming, and other activities;

(m) facility policies on the use of force, use of restraint~~s~~ devices, chemical agents and room confinement;

(n) immigration legal services;

(o) emergencies including evacuation procedures;

(p) non-discrimination policy and the right to be free from physical, verbal or sexual abuse and harassment by other youth and staff;

(q) availability of services and programs in a language other than English if appropriate;

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[31] See Matrix item # 31

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(r) the process for requesting different housing, education, programming and work assignments;

(s) a process for which parents~~/~~ or guardians, persons standing in loco parentis, or spouse of youth receive information regarding the youth's stay in the facility that at a minimum includes answers to frequently asked questions ~~and provides~~, contact information for the facility, medical, school and mental health; ~~and,~~

(t) ~~a process by which youth may request~~ access to Title 15 Minimum Standards for Juvenile Facilities.

(u) Youth Bill of Rights in accordance with section 224.71 of the Welfare and Institutions Code;

(v) access to the Division of the Ombudsperson of the Office of Youth and Community Restoration; and

(w) voter registration and voting.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, 224.71, 224.72 and 2200, Welfare and Institutions Code.

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§ 1354. Separation. [32]

The facility administrator shall develop and implement written policies and procedures that address the following:

(a) separation of youth for reasons that include, but are not ~~be~~ limited to, immediate threat to the safety and security of youth, staff, or the facility, medical and mental health conditions, assaultive behavior, disciplinary consequences ~~and~~, protective custody, and voluntary separation.

(b) documenting the reason for and purpose of separation and a plan to reintegrate youth as soon as the reason for separation has ceased.

(c) a documented daily review of separated youth to determine if separation remains necessary.

(~~b~~d) consideration of positive youth development and trauma-informed care.

(~~c~~e) separated youth shall not be denied ~~normal privileges available at the facility,~~ any provisions of this chapter except when necessary to accomplish the objective of separation.

(~~d~~f) when the objective of the separation is ~~discipline~~behavior management, Title 15 ~~S~~section 1390 shall apply.

(~~e~~g) when separation results in room confinement, the ~~separation shall occur in accordance with~~provisions of Welfare and Institutions Code ~~S~~section 208.3 and ~~S~~section 1354.5 of these regulations shall apply.

~~(f) policies and procedures shall ensure a documented daily review of separated youth to determine if separation remains necessary.~~

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 208.3 and 209, Welfare and Institutions Code.

[32] See Matrix item # 32

§ 1354.5. Room Confinement. [33]

(a) The facility administrator shall develop and implement written policies and procedures addressing ~~the~~room confinement ~~of youth in their room~~ that are consistent with Welfare and Institutions Code ~~S~~section 208.3 and this section.

(b) The placement of a youth in room confinement shall be accomplished in accordance with the following ~~guidelines~~:

(1) Room confinement shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.

(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

(3) Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth, including as an intervention for youth identified as at risk for suicide.

(4) Youth shall be provided reasonable access to toilets at all hours, including during normal sleeping hours.

(5) The placement of a youth in room confinement shall be documented, including the reason(s) for placement, date and time of placement, and date and time of removal from placement in room confinement.

(~~b~~6) ~~A youth may be held up to four hours in room confinement. After~~Youth shall be removed from room confinement as soon as practicable. If the youth has been held in room confinement for ~~a period of~~ four hours, staff shall do one or more of the following:

(~~1~~A) Return the youth to general population.

(~~2~~B) Consult with mental health or medical staff.

(~~3~~C) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

(~~4~~7) If room confinement must be extended beyond four hours, staff shall do each of the following:

(A) Document the reason(s) for extending room confinement beyond four hours~~and the basis for the extension, the date and time the youth was first placed in room confinement, and when he or she is eventually released from room confinement~~.

(B) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

[33] See Matrix item # 33

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(C) Obtain documented authorization ~~by~~ from the facility superintendent or ~~his or her~~their designee every four hours thereafter.

(c) The provisions of subsection (b) do not apply to the placement of a youth in a locked single-person room for a brief period lasting no longer than two hours when it is necessary for required institutional operations. Policies and procedures for placement of a youth in a locked single-person room for required institutional operations shall:

(1) define required institutional operations that may result in placement of youth in a single-person room for brief periods of time.

(2) outline reasonable minimum and maximum time limits for those operations, not to exceed two hours.

(3) require documentation of each youth's placement in a locked single-person room for required institutional operations, including the required institutional operation(s) resulting in placement, date and time of placement, and date and time of removal from placement in a locked single-person room.

(~~5~~d) This section is not intended to limit the use of single-person rooms ~~or cells~~ for the housing of youth in juvenile facilities and does not apply to normal sleeping hours, except as provided in subsection (b)(4).

(~~6~~e) This section does not apply to youth ~~or wards~~ in court holding facilities or adult facilities.

(~~7~~f) Nothing in this section shall be construed to conflict with any law providing greater or additional protections to youth.

(~~8~~g) This section does not apply during an extraordinary emergency circumstance that requires a significant departure from normal institutional operations, including a natural disaster or facility-wide threat that poses an imminent and substantial risk of harm to multiple staff or youth. This exception shall apply for the shortest amount of time needed to address this imminent and substantial risk of harm.

(~~9~~h) This section does not apply when a youth is placed in a locked ~~cell~~room or sleeping room to treat and protect against the spread of a communicable disease for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for an illness. Additionally, this section does not apply when a youth is placed in a locked ~~cell~~room or sleeping room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for illness.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 208.3, 209 and 224.71, Welfare and Institutions Code.

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§ 1355. ~~Institutional~~Youth Assessment and Case Plan. [34]

The facility administrator shall develop and implement written policies and procedures for youth assessment and case planning.

(a) Youth Assessment:

The youth assessment is based on information collected during the admission process ~~with~~and during periodic review~~, which~~. The youth assessment includes the youth's risk factors, needs and strengths including, but not limited to, identification of the youth's needs in relation to programming, treatment, substance ~~abuse history~~use disorder, education~~al~~, vocational training, counseling, medical, mental, emotional, and behavioral health, ~~consideration of known~~ history of trauma, ~~and~~ family ~~strengths and needs~~ or other supportive persons, disabilities, gender identity or other special needs.

(b) ~~Institutional~~ A Case Plan shall:

(1) ~~A case plan shall~~ be developed for each youth held for at least 30 days or more and created within 40 days of admission, except as specified in section 1355(b)(2).

(2) be developed for each youth committed to a secure youth treatment facility and may serve as an individual rehabilitation plan, for approval by the court within 30 judicial days of the order of commitment, in accordance with section 875(d) of the Welfare and Institutions Code.

(3) reflect, and be consistent with, the principles of trauma-informed, evidence-based, and culturally responsive care.

(~~2~~4) ~~The institutional plan shall~~ include, but not be limited to, written documentation that provides:

(A) objectives and time frames ~~for the resolution of problems~~to meet the youth's needs as identified in the youth assessment;

(B) a plan for meeting the objectives that includes a description of programming ~~resources needed~~, treatment, education, and other resources to be provided to the youth and individuals responsible for ~~assuring that~~ implementing the plan ~~is implemented~~;

(~~3~~C) periodic evaluation of the youth's progress towards meeting the objectives, including periodic review and discussion of the plan with the youth;

(~~4~~D) ~~a transition plan, the contents of which shall be subject to existing resources, shall be developed~~coordination of the provision for transition and reentry services for post dispositional youth in accordance with ~~S~~section 135~~1~~5.5~~; and,~~.

[34] See Matrix item # 34

(5) in as much as possible and if appropriate, the plan, ~~including the transition plan,~~ shall be developed with input from the youth, family, supportive adults, ~~youth,~~ and Regional Center for the Developmentally Disabled. The plan may be developed in consultation with a multidisciplinary team of youth service, mental and behavioral health, education, and other treatment providers. The prosecutor and the youth's attorney of record may provide input.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 875, Welfare and Institutions Code.

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§ 1355.5. Transition and Reentry. [35]

(a) The facility administrator shall develop and implement policies and procedures for coordinating the provision of transition and reentry services for post disposition youth. Transition and reentry services may include, but is not limited to, coordination for:

(1) continuation of medical, dental, behavioral and mental health care in accordance with sections 1408.5, 1413(b)(1)-(2), 1437(h), and 1439(a)(5) of these regulations;

(2) continuation of counseling or support groups, including referrals for continuation of substance use disorder treatment in accordance with section 1431(b)(7) of these regulations;

(3) continuation of educational, vocational and skill development opportunities in accordance with section 1370 of these regulations;

(4) housing or shelter supports;

(5) transportation supports;

(6) child care services;

(7) probation supervision; and

(8) other community-based services suitable to the youth population.

Note: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 875, Welfare and Institutions Code.

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[35] See Matrix item # 35

§ 1356. Counseling and Casework Services. [36]

The facility administrator shall develop and implement written policies and procedures ensuring the availability of appropriate counseling and casework services for all youth. Policies and procedures shall ensure:

(a) youth will receive assistance with needs or concerns that may arise;

(b) staff or outside providers have appropriate training and professional qualifications to provide the assistance given;

~~(b)~~(c) youth will receive assistance in requesting contact with parents, guardians, persons standing in loco parentis, spouse, extended family members, other supportive adults, attorney, clergy, probation officer, community-based service providers, the Office of Youth and Community Restoration, or other public officials; and,

~~(c)~~(d) youth will be ~~provided access to available resources to meet the youth's needs~~consulted about their preferences and needs with respect to counselors or treatment providers. The resources, services, and treatments provided or arranged for shall include, but not be limited to, those identified during the youth's assessment described in section 1355.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[36] See Matrix item # 36

§ 1357. Use of Force.[37]

The facility administrator, in cooperation with the responsible physician and behavioral or mental health director, shall develop and implement written policies and procedures for the use of force in accordance with Government Code section 7286, which may include chemical agents. ~~Force shall never be applied as punishment, discipline, retaliation or treatment.~~

(a) At a minimum, in addition to the requirements set forth in Government Code section 7286, each facility shall develop and implement policies and procedures which:

(1) prohibit use of force as punishment, discipline, retaliation, or as a substitute for treatment.

(~~1~~2) restrict~~s~~ the use of force to that which is deemed reasonable and necessary force, as defined in ~~S~~section 1302 to ensure the safety and security of youth, staff, others and the facility. Force shall be the minimum necessary to ensure safety and security and shall end when the basis for the force has passed.

(~~2~~3) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.

(~~3~~4) describe force options or techniques that are expressly prohibited by the facility.

(5) outline de-escalation techniques.

(6) describe trauma-informed approaches.

(~~4~~7) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.

(~~5~~8) ~~define~~outline a standardized ~~reporting~~ format ~~that includes~~and time period ~~and procedure~~ for documenting ~~and~~, reporting ~~the~~, and reviewing use of force incidents~~, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved~~.

(9) require a log documenting all use of force incidents, including the date, time, location, reason, number of youth involved in the use of force incident and number of youth exposed to chemical agents (if any), number of staff involved in the incident, the type of force used, efforts to deescalate prior to force, including non-force options, amount of chemical agents used (if any),

[37] See Matrix item # 37

injuries (if any), and if youth were seen by medical personnel. The use of restraint devices shall be documented in accordance with section 1358.

(~~6~~10) Include an administrative review ~~and~~ , which include procedures for debriefing with staff and youth for the purpose of training as well as mitigating the effects of trauma that may have been experienced by staff and the youth involved.

(11) a system for investigating unreasonable use of force.

(~~7~~12) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents, ~~or legal~~ guardians, persons standing in loco parentis, or spouse.

~~(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.~~

(13) Outline limitations of use of force on pregnant, laboring, or delivering youth, or youth in postpartum recovery in accordance with Penal Code Section 3407 and section 1358 of these regulations which limits the use of restraint devices unless deemed necessary for the safety and security of the inmate, the staff, or the public.

(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that:

(1) identify who is approved to carry and~~/or~~ utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.

(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.

(3) prohibit the use of chemical agents on youth who are in restraint devices including handcuffs, and youth for whom the use of chemical agents is medically contraindicated, including but not limited to pregnant youth, youth with respiratory or cardiovascular conditions, and youth with mental illnesses. The facility administrator, in cooperation with the health administrator and behavioral or mental health director, shall develop policies for identifying youth for whom the use of chemical agents is contraindicated and ensuring that staff are aware of such youth.

(~~3~~)(4) outline the facility's approved methods and timelines for immediate decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents ~~shall not be left unattended~~remain under direct visual supervision until that youth is ~~fully~~ decontaminated or is no longer suffering the effects of the chemical agent, whichever is later. For purposes of this section, “immediate” means as soon as practicable after a threat to safety has passed, and “decontaminated” means the removal or neutralization of chemical agents to minimize harm, which may be achieved

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through flushing affected areas with water, or using chemical agent-specific wipes or solutions.

~~(4)~~(5) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents, ~~or legal~~ guardians, persons standing in loco parentis, or spouse.

~~(5)~~(6) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.

(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that comply with Government Code section 7286 and that address:

(1) known medical and behavioral health conditions that would contraindicate certain types of force~~:~~.

(2) acceptable chemical agents and the methods of application and decontamination.

(3) signs or symptoms that should result in immediate referral to medical or behavioral health.

(4) instruction on the Constitutional Limitations of Use of Force.

(5) physical training force options that may require the use of perishable skills.

(6) timelines the facility uses to define regular training.

(7) policies and procedures pursuant to this section.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 7286, Government Code; Section ~~6030(f)~~3407, Penal Code; and Section 222, Welfare and Institutions Code.

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§ 1357. Use of Force. *(Alternative – Prohibits Chemical Agents)*

The facility administrator, in cooperation with the responsible physician and behavioral or mental health director, shall develop and implement written policies and procedures for the use of force in accordance with Government Code section 7286~~, which may include chemical agents~~. ~~Force shall never be applied as punishment, discipline, retaliation or treatment.~~

(a) At a minimum, in addition to the requirements set forth in Government Code section 7286, each facility shall develop and implement policies and procedures which:

(1) prohibit use of force as punishment, discipline, retaliation, or as a substitute for treatment.

(~~1~~2) restrict~~s~~ the use of force to that which is deemed reasonable and necessary force, as defined in ~~S~~section 1302 to ensure the safety and security of youth, staff, others and the facility. Force shall be the minimum necessary to ensure safety and security and shall end when the basis for the force has passed.

(~~2~~3) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.

(~~3~~4) describe force options or techniques that are expressly prohibited by the facility. The use of chemical agents shall be prohibited.

(5) outline de-escalation techniques.

(6) describe trauma-informed approaches.

(~~4~~7) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.

(~~5~~8) ~~define~~outline a standardized ~~reporting~~ format ~~that includes~~and time period ~~and procedure~~ for documenting ~~and~~, reporting ~~the~~, and reviewing use of force incidents~~, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved~~.

(9) require a log documenting all use of force incidents, including the date, time, location, reason, number of youth involved in the use of force incident, type of force, number of staff involved in the incident, efforts to deescalate prior to force, including non-force options employed, injuries (if any), and if youth were seen by medical personnel. The use of restraint devices shall be documented in accordance with section 1358.

(~~6~~10) Include an administrative review ~~and~~ , which include procedures for debriefing with staff and youth for the purpose of training as well as

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mitigating the effects of trauma that may have been experienced by staff and the youth involved.

(11) a system for investigating unreasonable use of force.

(~~7~~12) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents, ~~or legal~~ guardians, persons standing in loco parentis, or spouse.

~~(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.~~

(13) Outline limitations of use of force on pregnant, laboring, or delivering youth, or youth in postpartum recovery in accordance with Penal Code Section 3407 and section 1358 of these regulations which limits the use of restraint devices unless deemed necessary for the safety and security of the inmate, the staff, or the public.

~~(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that:~~

~~(1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.~~

~~(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.~~

~~(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.~~

~~(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.~~

(~~c~~b) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force ~~and chemical agents when appropriate~~ that comply with Government Code section 7286 and that address:

(1) known medical and behavioral health conditions that would contraindicate certain types of force~~;~~.

(2) acceptable ~~chemical agents and the~~ methods of application.

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(3) signs or symptoms that should result in immediate referral to medical or behavioral health.

(4) instruction on the Constitutional Limitations of Use of Force.

(5) physical training force options that may require the use of perishable skills.

(6) timelines the facility uses to define regular training.

(7) policies and procedures pursuant to this section.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 7286, Government Code; Section ~~6030(f)~~3407, Penal Code; and Section 222, Welfare and Institutions Code.

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§ 1358. Use of ~~Physical~~ Restraint~~s~~ Devices. [38]

(a) The facility administrator, in cooperation with the responsible physician and behavioral or mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities ~~and/~~or prevent the youth from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by section 1358.5, Use of Restraint Devices for Movement Within the Facility.

(b) The following requirements shall apply to use of restraint devices:

(1) ~~Physical r~~Restraint~~s~~ devices may be used only for those youth who present an immediate danger to themselves or others~~, who exhibit behavior which results in the destruction of property,~~ or reveals the intent to cause self-inflicted physical harm. Restraint devices must be removed when a youth no longer presents an immediate danger to themselves or others.

(2) Where applicable, the facility manager shall not exceed the restraint device manufacturer's recommended maximum time limits for placement.

(3) ~~Physical r~~Restraint~~s~~ devices should be ~~utilized~~used only when ~~it appears less restrictive alternatives would be ineffective in controlling the youth's behavior~~de-escalation efforts have been unsuccessful or are not reasonably possible.

(4) In no case shall restraint~~s~~ devices be used as punishment ~~or~~, discipline, retaliation, or as a substitute for treatment.

(5) The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying), or keeping youth in the prone position after application of a restraint device is prohibited. ~~The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.~~

~~The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.~~

[38] See Matrix item # 38

(6) Laboring or delivering youth, or youth in postpartum recovery shall not be restrained by the wrist, ankles, or both, unless deemed necessary for the safety and security of the youth, the staff, or the public, pursuant to Penal Code section 3407.

(7) Pregnant youth, or youth in postpartum recovery, shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body, pursuant to Penal Code section 3407.

(8) Continuous direct visual supervision shall be conducted to ensure that the restraint devices are properly employed, and to ensure the safety and well-being of the youth.

(9) Youth shall be placed in restraint~~s~~ devices only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraint~~s~~ devices to a physician. The decision whether to approve shall be based upon individual assessment of the need to apply restraints that includes consideration of less restrictive alternatives, the youth's known medical or mental health conditions, and trauma-informed approaches. The approval shall be documented.

(10) Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. Reasons for continued retention in restraint~~s~~ devices shall be reviewed and documented at a minimum of every ~~hour~~30 minutes.

(11) An in-person medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than ~~two~~one hour~~s~~ from the time of placement. The youth shall be medically cleared for continued retention at least every ~~three~~ hour~~s~~ thereafter.

(12) A mental health consultation shall be secured as soon as possible, but in no case longer than ~~four~~one hour~~s~~ from the time of placement, to assess the need for mental health treatment.

(13) All use of restraint devices shall be included on the log that documents all use of force incidents as specified in section 1357, and shall include documentation of the circumstances leading to the application of restraints, date, time, location, number of youth affected, efforts to deescalate prior to use of restrains, including non-force options employed, type of restraint device used, identification of the person approving and the person applying the restraint device, length of time in restraint device, injuries (if any), and medical assistance provided.

~~Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded.~~

(c) In addition to the requirements above, policies and procedures shall address:

~~(a) documentation of the circumstances leading to an application of restraints.~~

(~~b~~1) known medical and mental conditions that would contraindicate certain restraint devices and~~/or~~ techniques.

(~~c~~2) acceptable restraint devices.

(~~d~~3) signs or symptoms which should result in immediate medical~~/~~ or mental health referral.

(~~e~~4) availability of cardiopulmonary resuscitation equipment.

(~~f~~5) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.

(~~g~~6) provision for hydration and sanitation needs.

(~~h~~7) exercising of extremities.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section ~~6030(f)~~3407, Penal Code; and Sections 222 and 224.71, Welfare and Institutions Code.

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§ 1358.5. Use of Restraint Devices for Movement and Transportation Within the Facility. [39]

The Facility Administrator, in cooperation with the responsible physician and behavioral~~/~~ or mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:

(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.

(b) the circumstances leading to the application of restraints must be documented.

(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval. Restraints shall not be used unless there is a clear justification of why less restrictive alternatives were not feasible.

(d) consideration of safety and security of youth, staff and the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.

(e) the use of restraints on pregnant youth is limited in accordance with Penal Code ~~S~~section ~~6030(f)~~3407 and Welfare and Institutions Code ~~S~~section 222.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 3407, Penal Code; Sections 209 and 222, Welfare and Institutions Code.

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[39] See Matrix item # 39

§ 1359. Safety Room Procedures. [40]

(a) The facility administrator, and where applicable, in cooperation with the responsible physician and behavioral or mental health director, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, ~~S~~section 1230.1.13. The room shall be used to hold only those youth who present an immediate danger to themselves or others~~, who exhibit behavior which results in the destruction of property,~~ or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:

(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;

(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;

(3) require the safety room door to remain unlocked and open and provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;

~~(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;~~

(~~5~~4) provide for immediate medical assessment and mental health consultation~~, where appropriate, or an assessment at the next daily sick call~~; and,

(5) provide for development of an individualized plan upon placement in the safety room or as soon as practicable, that includes the goals and objectives to be met in order to reintegrate the youth to general population and input from the youth.

(~~6~~6) provide a process for documenting the date and time of placement, reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.

(b) The placement of a youth in the safety room shall be accomplished in accordance with the following:

(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.

(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

[40] See Matrix item # 40

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(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.

(c) ~~A youth may be held up to four hours in the safety room. After~~Youth shall be removed from the safety room as practicable, considering the safety and security of the youth, staff, and other youth in the facility. If the youth has been held in the safety room for a period of four hours, staff shall ~~do one or more of the following:~~

~~(1)~~ return the youth to general population with a safety plan in place, developed in conjunction with mental health and medical staff.

~~(2) consult with mental health or medical staff,~~

~~(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.~~

(d) If ~~confinement~~placement in the safety room must be extended beyond four hours, the facility manager must approve such continued placement and mental health staff shall ~~develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population~~evaluate the youth to determine the need for continued placement in the safety room or transfer youth to a treatment facility in accordance with section 1437.5. Approval for continued placement must be documented.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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§ 1360. Searches. [41]

The facility administrator shall develop and implement written policies and procedures governing the search of youth, the facility, and visitors. Policies and procedures shall provide that:

(a) Searches shall be conducted to ensure the safety and security of the facility, public, visitors, youth, and staff.

(b) Searches shall be conducted in a manner that preserves the privacy and dignity of the person being searched, and shall not be conducted for harassment, retaliation or humiliation as a form of discipline or punishment.

(c) Strip searches and visual or physical body cavity searches shall comply with Penal Code ~~S~~section 4030.

(d) Physical body cavity searches shall only be conducted by a medical professional.

(e) Any youth held after a detention hearing shall only be strip searched with prior approval of a supervisor when there is reasonable suspicion based on specific and articulable facts to believe that youth is concealing contraband. The reasonable suspicion shall be documented.

(f) Searches of transgender, nonbinary, gender nonconforming, and intersex youth shall comply with ~~S~~section 1352.5.

(g) Cross-gender pat-down searches and strip searches are prohibited except in exigent circumstances or when conducted by a medical professional. Such searches must be justified and documented in writing.

(h) Youth shall have access to a written search policy at any time, including the policy on who may perform searches.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 4030, Penal Code; Sections 209 and 224.71, Welfare and Institutions Code.

[41] See Matrix item # 41

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§ 1361. Grievance Procedure. [42]

(a) The facility administrator shall develop and implement written policies and procedures ~~whereby any~~ensuring the right of each youth ~~may~~to file, appeal and have resolved grievances relating to any condition of confinement, including but not limited to health care services, classification decisions, program participation, telephone, mail or visiting procedures, food, clothing, bedding, mistreatment, harassment or violations of the nondiscrimination policy. There shall be no time limit on filing grievances while in custody. Policies and procedures shall include provisions whereby the facility manager ensures:

(~~a~~1) a linguistically appropriate grievance form and instructions for registering a grievance, which includes provisions for the youth to be made aware of, and have free access to the form;

(~~b~~2) provisions for multiple methods for~~the~~ youth ~~shall have the option~~ to confidentially or anonymously file the grievance ~~or~~ and the option for youth to deliver the form to any youth supervision staff working in the facility;

(3) Provision for a staff representative approved by the facility administrator to assist the youth in preparing or responding to a grievance. Youth may also contact their attorney for assistance.

(~~c~~4) resolution of the grievance at the lowest appropriate staff level;

(~~d~~5) provision for a prompt review and initial response to grievances within three (3) business days, grievances that relate to health and safety issues must be addressed immediately;

(~~1~~A) The youth may elect to be present to explain ~~his/her~~their version of the grievance to a person not directly involved in the circumstances which led to the grievance.

~~(2) Provision for a staff representative approved by the facility administrator to assist the youth.~~

(~~e~~6) provision for a written response to the grievance, which includes the reasons for the decisions, including how and when the grievance was resolved and notice of right to appeal;

(~~f~~7) a system which provides that any appeal of a grievance shall be heard by a person not directly involved in the circumstances which led to the grievance;

(~~g~~8) resolution of the grievance must occur within ten (10) business days unless circumstances dictate a longer time frame. The youth shall be notified of any delay; and,

[42] See Matrix item # 42

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(~~h~~9) the policy shall provide multiple internal and external methods to report sexual abuse and sexual harassment.

(b) Whether or not associated with a grievance, concerns of parents, guardians, attorneys, social workers, staff or other parties shall be addressed and documented in accordance with written policies and procedures within a specified timeframe.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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§ 1361.1 Office of Youth and Community Restoration Ombudsperson. [43]

The facility administrator shall develop and implement written policies and procedures that provide for youth access to the Division of the Ombudsperson of the Office of Youth and Community Restoration as outlined in Welfare and Institution Code section 2200. Policies and procedures shall include provisions whereby the facility manager ensures:

(a) Posters provided by the Division of the Ombudsperson of the Office of Youth and Community Restoration shall be placed throughout the facility including but not limited to living units, classrooms, common and visiting areas, and where telephones are accessible to youth.

(b) Youth have access to communicate with the Ombudsperson freely and confidentially.

(c) Youth and youth's family shall not be subject to retaliation for contacting the Ombudsperson for any reason.

(d) Brochures containing the rights of youth, provided by the Ombudsperson, shall be distributed in orientation packets provided to the youth's parents or guardians and offered in visiting areas.

(e) Upon request or notice that brochures containing the rights of youth are damaged, lost, or removed, a youth shall be offered and provided additional brochures.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209, 224.71, 224.72, and 2200, Welfare and Institutions Code.

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[43] See Matrix item # 43

§ 1362. Reporting of Incidents. [44]

A written report of all incidents which result in physical harm, use of force, serious threat of physical harm, or death of an employee, youth or other person(s) shall be maintained. Such written record shall be prepared by the staff and submitted to the facility manager by the end of the shift, unless additional time is necessary and authorized by the facility manager or designee. The facility administrator or designee shall document reasons for authorizing additional time to prepare and submit the written record beyond the end of the shift, if applicable.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[44] See Matrix item # 44

§ 1363. Use of Reasonable Force to Collect DNA Specimens, Samples, Impressions. [45]

(a) Pursuant to Penal Code ~~S~~section 298.1 authorized law enforcement, custodial, or corrections personnel including peace officers, may employ reasonable force to collect blood specimens, saliva samples, and thumb or palm print impressions from individuals who are required to provide such samples, specimens or impressions pursuant to Penal Code ~~S~~section 296 and who refuse following written or oral request.

(1) For the purpose of this section, the "use of reasonable force" shall be defined as the force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to gain compliance with this section.

(2) The use of reasonable force shall be preceded by efforts to secure voluntary compliance. Efforts to secure voluntary compliance shall be documented and include an advisement of the legal obligation to provide the requisite specimen, sample or impression and the consequences of refusal.

(b) The force shall not be used without the prior written authorization of the supervising officer on duty. The authorization shall include information that reflects the fact that the offender was asked to provide the requisite specimen, sample, or impression and refused.

(1) If the use of reasonable force includes a ~~cell~~room extraction, the extraction shall be videotaped. Video shall be directed at the ~~cell~~room extraction event. The videotape shall be retained by the agency for the length of time required by statute. Notwithstanding the use of the video as evidence in a court proceeding, the tape shall be retained administratively.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 296 and 298.1, Penal Code; Section 209, Welfare and Institutions Code.

[45] See Matrix item # 45

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Article 6. Programs and Activities

§ 1370. Education Programs. [46]

(a) School Programs

(1) The County Board of Education shall provide for the administration and operation of juvenile court schools in conjunction with the Chief Probation Officer, or designee pursuant to applicable State laws.

(2) The school and facility administrators shall develop and implement written policy and procedures to ensure communication and coordination between educators and probation staff.

(3) Culturally responsive and trauma-informed approaches should be applied when providing instruction.

(4) Education staff should collaborate with the facility administrator to use technology to facilitate learning and ensure safe technology practices.

(b) The facility administrator shall request an annual review of each required element of the program by the Superintendent of Schools, and a report or review checklist on compliance, deficiencies, and corrective action needed to achieve compliance with this section. Such a review, when conducted, cannot be delegated to the principal or any other staff of any juvenile court school site. The Superintendent of Schools shall conduct this review in conjunction with a qualified outside agency or individual. Upon receipt of the review, the facility administrator or designee shall review each item with the Superintendent of Schools and shall take whatever corrective action is necessary to address each deficiency and to fully protect the educational interests of all youth in the facility. The facility administrator or designee shall provide a copy of the annual review, including the report or review checklist on compliance, deficiencies, and corrective action taken to address each deficiency, to the Board of State and Community Corrections.

(~~b~~c) Required Elements

The facility school programs and facility administration shall comply with ~~the State Education Code and County Board of Education policies,~~ all applicable state and federal education statutes and regulations and provide for an annual evaluation of the educational program offerings. ~~As stated in the 2009 California Standards for the Teaching Profession, teachers~~Educators shall establish and maintain learning environments that are physically, emotionally, and intellectually safe. Youth shall be provided a rigorous, quality educational program that responds to the different learning styles and abilities of students and prepares them for high school graduation, career entry, and ~~post-secondary~~postsecondary education.

[46] See Matrix item # 46

All youth shall be treated ~~equally~~with equity, and the education program shall be free from discriminatory action. Staff shall refer to transgender, nonbinary, intersex, and gender~~-~~ nonconforming youth by their preferred name and gender.

The following elements will be communicated to all youth in a manner they can understand:

(1) The course of study for the juvenile court school shall comply with the State Education Code and include~~, but not be limited to,~~ courses required for high school graduation and should include courses that prepare youth for participation in postsecondary academic and career technical courses, such as prerequisites for admission to the University of California (UC) or California State University (CSU) systems (i.e., A-G courses), dual enrollment courses, or career technical educational (CTE) courses.

(2) Information and preparation for the High School Equivalency Test as approved by the California Department of Education shall be made available to eligible youth.

(3) ~~Youth shall be informed~~The facility shall provide information of ~~post-secondary~~postsecondary education, ~~and~~ vocational opportunities, dual enrollment, and state and federal financial aid programs.

(4) Administration of the High School Equivalency Tests as approved by the California Department of Education, shall be made available when possible.

(5) Supplemental instruction shall be afforded to youth who do not demonstrate sufficient progress towards grade level standards.

(6) The minimum school day shall be consistent with State Education Code Requirements for juvenile court schools. The facility administrator, in conjunction with education staff, must ensure that operational procedures do not interfere with the time afforded for the minimum instructional day. The reason for ~~A~~absences, time out of class for educational instruction, both excused and unexcused, shall be documented per California Education Code for K-12.

(7) The facility administrator shall develop policies and procedures to ensure that school attendance is a priority and youth are timely transported to and available for school for the full time designated for the length of the school day.

(~~7~~8) All ~~E~~education programs shall be provided to all youth regardless of classification, housing, security status, disciplinary or separation status, including room confinement, except when providing education poses an immediate threat to the safety of self or others. Education includes, but is not limited to, related services as provided in a youth's Section 504 Plan or Individualized Education Program (IEP).

(9) All state and federal laws and regulations shall be followed for all individuals with disabilities or suspected disabilities. This includes but is not limited to

Child Find, assessment, continuum of alternative placements, appropriate curriculum, manifestation determination reviews, and implementation of Section 504 Plans and IEPs.

(A) Adequate space, including private, quiet space, shall be provided for the appropriate provision of all IEP services, accommodations, and special education assessments.

(B) The facility administrator shall ensure access to youth for all disability assessments and services for postsecondary educational programs.

(C) The facility administrator shall work with the education staff to ensure that all required members of an IEP team are able to attend IEP meetings, which could include providing space for an IEP meeting in the facility or transporting the youth to a location outside the facility.

(10) Youth identified as English Learners (EL) shall be afforded an educational program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for EL students.

(11) In accordance with Welfare & Institutions Code section 858, graduated youth shall have access to rigorous postsecondary academic, career technical education and programs offered online, that fulfill the requirements for transfer to the University of California and the California State University and prepare them for career entry, respectively, and youth who have not completed their high school diplomas may also access postsecondary opportunities in juvenile facilities.

(A) The school and facility administrator should, whenever possible, collaborate with local postsecondary education providers to facilitate access to educational and vocational opportunities for youth that considers the use of technology to implement these programs.

(B) Juvenile facilities, in coordination with county offices of education, may use juvenile court school classrooms and computers, in accordance with agreements entered pursuant to Education Code section 48646, for the purpose of implementing this requirement.

(C) The facility administrator should, whenever possible, develop educational partnerships with local public postsecondary campuses to provide programs on campus and onsite at the juvenile facility.

(D) For youth enrolled in postsecondary education who are transitioning from one facility to another, probation staff should, whenever possible, collaborate to ensure the continuation of access to postsecondary education.

(12) The facility administrator must ensure that operational procedures do not interfere with the time afforded for postsecondary education instruction.

(13) Facility administration shall provide access to computers and internet to youth enrolled in college coursework, including those in dual enrollment

programs, for class time and outside of class hours to complete coursework between classes.

(~~c~~d) School ~~Discipline~~Behavior Management

(1) Positive behavior management will be implemented to reduce the need for disciplinary action in the school setting and be integrated into the facility's overall behavioral management plan and security system.

(2) ~~School~~Prior to the start of the school day, probation staff shall ~~be~~ advise~~d~~ juvenile court school staff of administrative decisions made by probation staff that may affect the educational programming of students. Written documentation of the administrative decision will be provided to school staff by the end of the school day.

(3) Except as otherwise provided by the State Education Code and the Individuals with Disabilities Education Act (IDEA), expulsion~~/~~ or suspension from school shall be imposed only when other means of correction fails to bring about proper conduct. School staff shall follow the appropriate due process safeguards as set forth in the State Education Code and IDEA, including the rights of students with special needs. School staff shall document the other means of correction used prior to imposing an expulsion~~/~~ or suspension if an expulsion~~/~~ or suspension is ultimately imposed.

(4) The facility administrator, in conjunction with education and behavioral health staff will develop policies and procedures that address the rights of any student who has continuing difficulty completing a school day. Additional interventions may include but are not limited to Child and Family Teams (CFTs), Multi-Disciplinary Teams (MDTs), and other collaborative interventions.

(5) If a youth develops a pattern of the inability to complete an educational school day program, education, probation, and behavioral health staff shall review the youth's development case plan and educational plan with the youth, in alignment with the Title 15, Minimum Standards for Juvenile Facilities, sections 1355(b) and 1370(e).

(6) Youth who are unable to complete an educational school day program shall be entitled to receive educational assistance throughout the school day and the opportunity to complete their schoolwork in an environment that supports learning development.

~~(d) Provisions for Special Populations~~

~~(1) State and federal laws and regulations shall be observed for all individuals with disabilities or suspected disabilities. This includes but is not limited to child find, assessment, continuum of alternative placements, manifestation determination reviews, and implementation of Section 504 Plans and Individualized Education Programs.~~

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~~(2) Youth identified as English Learners (EL) shall be afforded an educational program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for EL students.~~

(e) Educational ~~Screening and Admission~~Enrollment

(1) Youth will be enrolled on the first school day after admission. Educational staff shall conduct an assessment to determine the youth's general academic functioning levels to enable placement in core curriculum courses, dual enrollment, or postsecondary education.

(~~1~~2) Youth shall be interviewed by County Office of Education staff on the first attended school day after admittance. ~~and a~~A record shall be created and maintained that documents a youth's educational history, including but not limited to:

(A) School history and progress~~/school history~~, including dual enrollment experience and postsecondary education;

(B) Home Language Survey and the results of the State Test used for English language proficiency;

(C) Needs and services of special populations as defined by the State Education Code, including but not limited to, students with special needs.; and,

(D) ~~Discipline problems~~Behavior management concerns.

~~(2) Youth will be immediately enrolled in school. Educational staff shall conduct an assessment to determine the youth's general academic functioning levels to enable placement in core curriculum courses.~~

(3) Youth with a high school diploma, high school certification of completion, California high school equivalency certification, or with postsecondary experience, shall be interviewed by probation and offered postsecondary education opportunities.

(~~3~~4) After admission to the facility, a preliminary education plan shall be developed for each youth within five school days.

(A) Youth enrolled in juvenile court school shall have a plan developed by the County Office of Education.

(B) Youth with a high school diploma, high school certification of completion, California high school equivalency certification, or with postsecondary experience, shall have a plan developed by probation. The probation staff may coordinate with postsecondary education staff on the development of the preliminary education plan.

(~~4~~5) Upon enrollment in juvenile court school, education staff shall comply with the State Education Code and request the youth's records from ~~his/her~~their prior school(s), including, but not limited to, transcripts, Individual Education Program (IEP), 504 Plan, state language assessment scores, immunization

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records, exit grades, and partial credits. Upon receipt of the transcripts, the youth's educational plan shall be reviewed with the youth and modified as needed. Youth should be informed of the credits they need to graduate.

(f) Educational Reporting

(1) The complete facility educational record of the youth shall be forwarded to the next educational placement in accordance with the State Education Code.

(2) Per State Education Code section 51225.2, ~~T~~the County ~~Superintendent of Schools~~Office of Education, in collaboration with the youth's previous enrollment, shall provide appropriate credit (full or partial) for course work completed~~ while in juvenile court school in accordance with the State Education Code~~.

(g) Transition and Re-Entry Planning

(1) ~~The Superintendent of Schools and the Chief Probation Officer or designee, shall develop policies and procedures to meet the transition needs of youth, including the development of an education transition plan, in accordance with the State Education Code and in alignment with Title 15, Minimum Standards for Juvenile Facilities, Section 1355.~~ Each youth detained for more than 20 consecutive schooldays shall have an individualized transition plan developed by the County Office of Education in collaboration with the county probation department, as needed. The individualized transition plan shall be developed before the youth's release and reviewed and revised as needed, and shall address, but not be limited to, both of the following:

(A) The academic, behavioral, social-emotional, and career needs of the youth.

(B) The identification and engagement of programs, including higher educational programs, services, and individuals to support a youth's successful transition into and out of the juvenile facility.

(2) The individualized transition plan developed by the County Office of Education shall be in accordance with State Education Code section 48647 and in alignment with Title 15, Minimum Standards for Juvenile Facilities, section 1355.

(3) For youth intending to continue or start postsecondary education and CTE, probation shall work with the youth to include postsecondary education and CTE in the education transition plan. This should include identifying and connecting the youth with a point of contact at the community education program the youth plans to attend. Youth should be encouraged to schedule onsite community education program visits shortly after their release.

(4) The transition policies and procedures shall include collaboration with relevant local educational agencies to improve communication regarding

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dates of release and to coordinate immediate school placement and enrollment as well as to ensure the transfer of credits between placements.

(5) In accordance with State Education Code, the youth's education rights holder shall be given a copy of their educational records upon the youth's release from the facility, including school transcripts, the youth's individualized learning plan, IEP or 504 plan, if applicable, academic or vocational assessments, an analysis of credits completed and needed, and any certificates or diplomas earned by the youth.

~~(h) Post-Secondary Education Opportunities~~

~~(1) The school and facility administrator should, whenever possible, collaborate with local post-secondary education providers to facilitate access to educational and vocational opportunities for youth that considers the use of technology to implement these programs.~~

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, 224.71 and 858, Welfare and Institutions Code.

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§ 1371. Programs, Recreation, and Exercise. [47]

(a) The facility administrator shall develop and implement written policies and procedures for programs, recreation, and exercise for all youth. The intent is to minimize the amount of time youth are in their rooms or their bed area.

(b) Juvenile facilities shall provide the opportunity for programs, recreation, and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday, or other non-school days for each youth, of which one hour during the week and two hours during each Saturday, Sunday or other non-school days shall be an outdoor activity, weather permitting.

~~A youth's participation in programs, recreation, and exercise may be suspended~~limited ~~temporarily only upon a written finding by the administrator/manager or designee that a youth represents an immediate threat to the safety and security of the facility that cannot be addressed by any means other than limiting participation. Such program, recreation, and exercise schedule shall be up-to-date and posted in the living units. There will be a written annual review of the programs, recreation, and exercise by the responsible agency to ensure content offered is current, consistent, and relevant to the population.~~

(~~a~~c) Programs. All youth shall be provided with the opportunity for at least one hour of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro-social interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by ~~S~~sections 1355, 1355.5 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff. Programs may include but are not limited to:

(1) Cognitive Behavior Interventions;

(2) Management of Stress and Trauma;

(3) Anger Management;

(4) Conflict Resolution;

(5) Juvenile Justice System;

(6) Trauma-related interventions;

(7) Victim Awareness;

(8) Self-Improvement;

(9) Parenting Skills and support;

(10) Tolerance and Diversity;

[47] See Matrix item # 47

(11) Healing Informed Approaches;

(12) Interventions by Credible Messengers;

(13) Gender Specific and Gender Expansive Programming;

(14) Art, creative writing, or self-expression;

(15) CPR and First Aid training;

(16) Restorative Justice or Civic Engagement;

(17) Reentry support;

(18) Financial literacy;

(19) Vocational and job-readiness training;

(~~17~~20) Career and leadership opportunities; and,

(~~18~~21) Other topics suitable to the youth population.

(~~b~~d) Recreation. All youth shall be provided the opportunity for at least one hour of daily access to unscheduled activities such as leisure reading, letter writing, and entertainment. Activities shall be supervised and include orientation and may include coaching of youth.

(~~c~~e) Exercise. All youth shall be provided with the opportunity for at least one hour of large muscle activity each day.

~~The administrator/manager may suspend, for a period not to exceed 24 hours, access to recreation and programs. The administrator/manager shall document the reasons why suspension of recreation and programs occurs~~.

(f) The program, recreation, and exercise schedule shall be up-to-date and posted in the living units.

(g) A youth's participation in programs, recreation, and exercise may be temporarily limited only upon a written finding by the facility administrator or designee that temporarily limiting the youth's participation is necessary, including the reason for the finding.

(1) When a youth's temporarily limited participation in programs, recreation, and exercise results in separation, the separation shall occur in accordance with section 1354 of these regulations.

(h) The facility administrator shall conduct a written annual review of the available programs, recreation, and exercise. The review shall include consideration of feedback from the youth population, to ensure content offered is current, consistent, and relevant to the population.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1372. Religious Program. [48]

The facility administrator shall provide access to a variety of religious services ~~and/~~or religious counseling at least once each week. Attendance ~~shall be~~is voluntary. A youth shall be allowed to participate in an activity outside of their room if ~~he/she~~the youth elects not to participate in religious programs.

Religious programs shall provide for:

(a) opportunity ~~for~~to participate in religious services and exercise practices of the youth's choice, including use and possession of religious or sacred objects during such services and practices where practicable;

(b) availability of ~~clergy~~religious officials, mentors, healers, or advisors; and,

(c) availability of religious diets.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~ Section 209 and 224.71, Welfare and Institutions Code.

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[48] See Matrix item # 48

§ 1373. Voluntary Work Program. [49]

(a) The facility administrator shall develop and implement policies and procedures regarding ~~the fair and consistent assignment of youth to~~voluntary work programs~~.~~, which shall provide for:

(1) Fair assignment of youth to voluntary work programs.

(2) ~~Work assigned to a youth shall be m~~Meaningful~~,~~ and constructive ~~and~~work, related to vocational training, skill building, ~~or~~ increasing a youth's sense of responsibility, and opportunities upon release.

(3) Documentation reflecting completion of voluntary work programs.

(4) Fair wage, if the voluntary work program allows for compensation.

(b) There shall be a written annual review of the voluntary work programs, including consideration of feedback from the youth population, to ensure voluntary work programs offered are current and relevant to the population.

(c) Voluntary ~~W~~work programs shall not be imposed as a disciplinary measure.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

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[49] See Matrix item # 49

§ 1374. Visiting. [50]

~~The facility administrator shall develop and implement written policies and procedures for visiting, that include provisions for special visits. Youth shall be allowed to receive visits by parents, guardians or persons standing in loco parentis, and children of youth. Other family members, such as grandparents and siblings, and supportive adults, may be allowed to visit with the approval of the facility administrator or designee, and in conjunction with the youth's case plan or in the best interest of the youth.~~

~~All visits shall occur at reasonable times, subject only to the limitations necessary to maintain order and security. Visitation shall not be denied solely based on the visitor's criminal history. The staff shall determine in each case, whether the visitor's criminal history represents a risk to the safety of youth or staff in the facility. Any denial of visitation or limitation on visitations shall be communicated to the youth, person denied and facility administrator. Opportunity for visitation shall be a minimum of two hours per week. Visits may be supervised, but conversations shall not be monitored unless there is a security or safety need.~~

~~Provisions for special visits, in addition to the two-hour minimum and/or outside of the regular visiting hours, shall be accommodated as necessary and within the discretion of the facility administrator or designee. Family therapy and professional visits shall be accommodated outside the provisions of this regulation. Facilities may provide visitation opportunities outside of normal visiting hours to accommodate special visits.~~

~~The facility may provide access to technology as an alternative, but not as a replacement, to in-person visiting.~~

The facility administrator shall develop and implement written policies and procedures for visiting, including provisions for special visits, that promote family engagement and address the following requirements:

(a) As many in-person visits and visitors as facility schedules, space, and number of personnel will allow.

(b) Youth shall be allowed to receive visits from parents, guardians, persons standing in loco parentis, siblings, children of youth, and extended family members.

(c) Youth shall be allowed to receive visits from other supportive adults in conjunction with the youth's case plan or in the best interest of the youth, unless there is a documented reason to deny the visit.

(d) Each youth shall be allowed the opportunity for a minimum of two visits totaling at least two hours per week.

(e) The facility shall accommodate special visits unless the facility administrator has determined and documented that an operational or safety and security concern exists.

[50] See Matrix item # 50

(f) All visits shall occur at reasonable times, subject only to the limitations necessary to maintain order and security.

(g) Visits may be supervised, but conversations shall not be monitored unless there is a security or safety need.

(h) Family therapy and professional visits shall be accommodated outside the provisions of this regulation.

(i) Non-contact visits will only be required when a significant safety and security consideration is present.

(j) The facility may provide access to technology as a supplement or alternative, but not as a replacement, for in-person visiting.

(k) When a youth has not received a visit for 90 calendar days, the facility administrator or designee shall ensure that efforts to identify potential visitors and reduce logistical barriers to visitation are made and documented. This may include, but is not limited to, consulting with the youth, contacting the youth's family and other supportive adults to emphasize the importance of maintaining frequent and continuing contact with the youth, transportation assistance, or accommodating special visits.

(l) A visitor shall not be denied unless the facility administrator or designee has determined that the visitor presents a direct threat to the safety of youth or staff.

(1) A visitor shall not be denied solely based on the visitor's criminal history.

(2) Any denial of a visitor shall be documented and communicated to the youth and visitor denied.

(3) The facility administrator shall regularly review denials and document such review.

(m) Visiting shall not be cancelled unless the facility administrator has determined that an operational or safety and security concern exists.

(1) All cancelled visits must be documented, including the reason for the cancellation.

(2) The facility administrator or designee shall notify all scheduled visitors of the cancellation as soon as reasonably possible and provide the opportunity to reschedule the visit.

(3) Youth shall be notified of cancelled visits as soon as reasonably possible.

(4) The facility administrator shall regularly review cancelled visits and document such review.

(n) The facility visiting hours and requirements for visitors, including restrictions for visitors, shall be up-to-date, publicly posted, and provided to all approved visitors.

(o) Copies of the Youth Bill of Rights in English, Spanish, and other languages shall be made available in visiting areas, and upon request, to parents or guardians pursuant to section 224.72(c) of the Welfare and Institutions Code.

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NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, 224.71, 224.72, Welfare and Institutions Code.

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§ 1375. Correspondence. [51]

The facility administrator shall develop and implement written policies and procedures for correspondence which provide that:

(a) there is no limitation on the volume of mail that youth may send or receive;

(b) youth may send ~~two~~seven letters per week postage free;

(c) youth have access to writing materials;

(~~c~~d) youth may correspond confidentially with attorneys and their authorized representatives as specified in section 1377 of these regulations, state and federal courts, any member of the State Bar or holder of public office, ombudspersons, including the Division of the Ombudsperson of the Office of Youth and Community Restoration, and other advocates, legal service organizations, and the Board; however, authorized facility staff may open and inspect such mail only to search for contraband in a manner to prevent inadvertent reading of the contents and in the presence of the youth; and,

(~~d~~e) incoming and outgoing mail, other than that described in (~~c~~d), may be read by staff only when there is reasonable cause based on specific documented facts to believe facility safety and security, public safety, or youth safety is jeopardized.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, and 224.71 and 2200, Welfare and Institutions Code.

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[51] See Matrix item # 51

§ 1376. Telephone Access. [52]

The administrator of each juvenile facility shall develop and implement written policies and procedures to provide youth with access to telephone communications~~.~~ which provide for:

(a) accessible, functional voice communication services provided free of charge to the person initiating and the person receiving the communication.

(b) opportunity for daily telephone access during unstructured time and accommodation for telephone access during structured time in conjunction with the youth's case plan or in the best interest of the youth.

(c) ability for youth to make and receive confidential telephone calls with attorneys and their authorized representatives, ombudspersons, including the Division of the Ombudsperson of the Office of Youth and Community Restoration, and other advocates, holders of public office, state and federal court personnel, and legal service organizations. Such phone calls shall not be recorded.

(d) youth's right to telephone access shall not be suspended as a form of punishment, discipline, or retaliation.

(e) Division of the Ombudsperson of the Office of Youth and Community Restoration's contact information is posted near all phones and preloaded as a contact in each youth's telephone accounts, where preloaded contact telephone systems are used.

(f) Quarterly testing of the phones to ensure that youth have access to the Ombudsperson phone line.

(g) The ability for youth to make unlimited phone calls to the Ombudsperson. Youth calls to the Ombudsperson are not considered part of a youth's personal phone call entitlement.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 208.1, 209, 224.71 and 2200, Welfare and Institutions Code.

[52] See Matrix item # 52

§ 1377. Access to Legal Services. [53]

The facility administrator shall develop written procedures to ensure the right of youth to have access to the courts and legal services. Such access shall include:

(a) access, upon request by the youth, to licensed attorneys and their authorized representatives;

(b) provision for confidential consultation, to make and receive confidential telephone calls, send and receive confidential legal correspondence, and have confidential visits with attorneys and their authorized representatives; and,

(c) unlimited postage free, legal correspondence and cost-free telephone access as appropriate.

(d) authorized facility staff may open and inspect legal correspondence only to search for contraband in a manner to prevent inadvertent reading of the contents and in the presence of the youth.

(e) The facility may provide access to technology as a supplement or alternative, but not as a replacement, for in-person visits with attorneys and their authorized representatives if in-person visitation is requested by the youth or attorney and their authorized representative.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209 and 224.71, Welfare and Institutions Code.

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[53] See Matrix item # 53

§ 1378. ~~[Repealed]~~Voting [54]

In consultation with the county elections official or designee, the facility administrator shall develop and implement written policies and procedures to ensure the right of eligible youth to register to vote and cast a ballot in all elections, in accordance with sections 2105.7 and 2300, of the Elections Code. The policies and procedure shall include:

(a) identification of each youth who is of age and eligible to register to vote or pre-register to vote in accordance with section 2101, of the Elections Code;

(b) provision of an affidavit of registration to each eligible youth and assistance with the completion of the affidavit of registration, unless the youth declines assistance or declines to register or pre-register.

(c) assistance for previously registered youth to make timely updates to their voter registration;

(d) return of all completed affidavits of registration to the county elections official in a timely manner and in compliance with the registration deadline for the next election;

(e) a process by which all eligible registered youth may cast a ballot in elections, including provisions for secret voting, youth's ability to request assistance, the replacement of spoiled ballots, and casting of provisional ballots as needed;

(f) return of all completed voting ballots to the county elections official in a timely manner and in accordance with election deadlines;

(g) Provision of nonpartisan voter educational materials to youth, including the Voter Bill of Rights and registration information, in addition to timely provision of election voter guides in both English and Spanish with the ability for youth to request other languages, as provided by the Secretary of State.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code and Sections 2101, 2105.7 and 2300, Elections Code.

[54] See Matrix item # 54

Article 7. ~~Discipline~~Behavior Management [55]

§ 1390. ~~Discipline~~Behavior Management. [56]

The facility administrator shall develop and implement written policies and procedures for ~~the discipline~~behavior management of youth that shall promote acceptable behavior; including the use of positive behavior interventions and supports. ~~Discipline~~Consequences shall be imposed at the least restrictive level which promotes the desired behavior and shall not include room confinement, corporal punishment, group punishment, physical or psychological degradation. ~~Deprivation of the following is not permitted~~Youth shall not be deprived of the following:

(a) bed and bedding;

(b) daily shower, access to drinking ~~fountain~~water, toilet ~~and~~, personal hygiene items, and clean clothing;

(c) full nutrition;

(d) contact with parents, guardians, persons standing in loco parentis, siblings, children of the youth, extended family members, ~~or~~ attorney, or ombudsperson, including the Division of the Ombudsperson of the Office of Youth and Community Restoration;

(e) exercise;

(f) medical services and counseling;

(g) religious services;

(h) clean and sanitary living conditions;

(i) the right to send and receive mail;

(j) education, including postsecondary education; ~~and,~~

(k) rehabilitative programming~~.~~;

(l) reading material; and,

(m) the right to telephone access.

The facility administrator shall establish rules of conduct and ~~disciplinary penalties~~consequences to guide the conduct of youth. Such rules and ~~penalties~~consequences shall include both major violations and minor violations, be stated simply and affirmatively, and be made available to all youth. Provision shall be made to provide accessible information to youth with disabilities, limited English proficiency, or limited literacy.

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[55] See Matrix item # 55

[56] See Matrix item # 56

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NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 224.71, Welfare and Institutions Code.

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§ 1391. ~~Discipline~~Behavior Management Process. [57]

The facility administrator shall develop and implement written policies and procedures for the administration of ~~discipline~~behavior management which shall include, but not be limited to:

(a) designation of personnel authorized to impose ~~discipline~~consequences for violation of rules;

(b) prohibiting ~~discipline~~behavior management to be delegated to any youth;

(c) definition of major and minor rule violations and their consequences, and due process requirements;

(d) trauma-informed approaches and positive behavior interventions;

(e) minor rule violations may be handled informally by counseling, advising the youth of expected conduct, or imposing a minor consequence. ~~Discipline~~Behavior management shall be accompanied by written documentation and a policy of review and appeal to a supervisor; and,

(f) major rule violations and the ~~discipline~~behavior management process shall be documented and require the following:

(1) written notice of violation prior to a hearing;

(2) accommodations provided to youth with disabilities, limited literacy, and limited English ~~language learners~~proficiency;

(3) hearing by a person who is not a party to the incident;

(4) opportunity for the youth to be heard, present evidence and testimony;

(5) provision for youth to be assisted by staff in the hearing process;

(6) provision for administrative review.

(g) violations that result in a temporary removal from camp ~~or commitment program~~, but not a return to court or removal from the program, will follow the due process provisions in subsection (~~e~~f) above.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

[57] See Matrix item # 57

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Article 8. Health Services

§ 1400. Responsibility for Health Care Services. [58]

The facility administrator shall ensure that health care services are provided to all youth. The facility shall have a designated health administrator who, in cooperation with the behavioral~~/~~ or mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:

(a) develop policy for health care administration;

(b) identify health care providers for the defined scope of services;

(c) establish written agreements as necessary to provide access to health care;

(d) develop mechanisms to ~~assure~~ensure that those agreements are properly monitored; and,

(e) establish systems for coordination among health care service providers.

When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

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[58] See Matrix item # 58

§ 1401. Patient Treatment Decisions. [59]

Clinical ~~decisions~~recommendations about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their ~~license~~practice and within ~~facility~~health care administration policy ~~defining health care services~~.

Patient treatment decisions shall be made in consultation with the youth and, if appropriate, their parent, guardian, or person standing in loco parentis.

~~Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.~~

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[59] See Matrix item # 59

§ 1402. Scope of Health Care. [60]

(a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Health care provided within the facility shall meet the community standard level of care. Each facility shall provide:

(1) at least one health care provider to provide treatment; and,

(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute ~~symptoms and/or~~and chronic conditions, ~~and avoid preventable deterioration of health while in confinement~~provide preventative care, and promote overall health and well-being.

(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.

(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral~~/~~, mental health or other remedial treatment of youth that is permitted under law.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[60] See Matrix item # 60

§ 1403. Health Care Monitoring and Audits. [61]

(a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the behavioral or mental health director and facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.

(b) The health administrator, in cooperation with the behavioral or mental health director, responsible physician, and the facility administrator, shall establish policies and procedures to ~~assure~~require that the quality and adequacy of health care services are assessed at least annually. The assessment shall include input from youth residing in the facility.

(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.

(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.

(c) Medical, behavioral~~/~~, mental, and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.

(d) The annual written report shall be submitted to the Board and the local health officer annually.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[61] See Matrix item # 61

§ 1404. Health Care Staff Qualifications. [62]

(a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.

(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the behavioral or mental health director and facility administrator, shall establish policy and procedures to ~~assure~~require that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to youth.

(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.

(d) The health administrator shall ~~assure~~ensure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[62] See Matrix item # 62

§ 1405. Health Care Staff Procedures. [63]

The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[63] See Matrix item # 63

§ 1406. Health Care Records. [64]

In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:

(a) intake health screening form;

(b) health appraisals~~/~~ and medical examinations;

(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);

(d) complaints of illness or injury;

(e) names of personnel who treat, prescribe, ~~and/or~~ administer~~/~~, and deliver prescription medication;

(f) location where treatment is provided;

(g) medication records in conformance with Title 15, ~~S~~section 1438;

(h) progress notes;

(i) consent forms;

(j) authorizations for release of information;

(k) copies of previous health records;

(l) immunization records;

(m) laboratory reports; ~~and,~~

(n) individual treatment plan~~.~~ and;

(o) contact information of the youth's community-based treatment providers, if known or to the extent available.

Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical ~~and/or~~, behavioral~~/~~, and mental health records shall be controlled by the health administrator. ~~and shall assure that a~~All confidentiality laws related to the provider-patient privilege apply to the health record. Health care records shall be retained in accordance with community standards.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[64] See Matrix item # 64

§ 1407. Confidentiality. [65]

(a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator and behavioral or mental health director, shall establish policy and procedures~~, consistent with applicable laws,~~ for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, ~~child~~youth supervision staff, education staff, and ~~to~~ probation officers. These policies and procedures shall address the storing of information and training of non-health staff to include the prevention of re-disclosure of confidential information, when appropriate. Any sharing of health information must be communicated confidentially and consistent with applicable state and federal laws related to information sharing, confidentiality, and privilege, including but not limited to the Health Insurance Portability and Accountability Act, Public Law 104-191, Confidentiality of Substance Use Disorder Patient Records, 42 Code of Federal Regulations Part 2, and the Confidentiality of Medical Information Act, Civil Code section 56.36.

(b) Information in the youth's case file shall be shared with the health care staff when relevant and consistent with Welfare and Institutions Code section 827 and other applicable laws. ~~The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or others, management of the facility, maintenance of security, and preservation of safety and order.~~ Information shall be shared only to the extent necessary for treatment planning, program needs, providing accommodations for youth with disabilities, protection of the youth or others, management of the facility, maintenance of security, and preservation of privacy, privilege, safety, and order.

(~~b~~c) Medical ~~and~~, behavioral~~/~~, and mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA and all other applicable state and federal laws related to information sharing and confidentiality.

(~~c~~d) Youth shall not be used to translate confidential medical information for other non-English speaking youth.

(e) To the extent that sharing of health information relies on signed authorizations for release of information, such releases shall comply with applicable law. A copy of any authorization for release of information from a youth shall be provided to the youth's attorney upon request and in accordance with applicable state and federal laws related to information sharing and confidentiality.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: Section 56.36, Civil Code; 42 Code of Federal Regulations Part 2; Public Law 104-191; Sections 224.71, 209 and 827, Welfare and Institutions Code~~; 1995-96 Budget Act, Chapter 303, Item Number~~

[65] See Matrix item # 65

~~5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~.

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§ 1408. Transfer of Health Care Summary and Records. [66]

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to ~~assure~~require that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:

(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;

(b) relevant health records are forwarded to the health care staff of the receiving facility;

(c) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases or other high-risk health conditions, including but not limited to suicidal tendencies in accordance with section 1329 of these regulations, ongoing medical prescriptions, medical dietary restrictions, disability status and accommodations, or health conditions which may require immediate medical intervention, monitoring or accommodations;

(d) applicable authorization from the youth, ~~and/or~~ parent, ~~legal~~ guardian, or person standing in loco parentis, is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,

(e) confidentiality of health records is maintained consistent with all applicable state and federal laws.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

[66] See Matrix item # 66

§ 1408.5. ~~Release~~Request for Transfer of Health Care Summary and Records After Release. [67]

~~After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.~~Health care summary and records shall be promptly released upon request and with written authorization from the youth, parent, guardian, or person standing in loco parentis.

In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall ~~assure~~require that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[67] See Matrix item # 67

§ 1409. Health Care Procedures Manual. [68]

For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, responsible physician, and behavioral or mental health director, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.

Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.

Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. This review shall include consideration of the reports and recommendations prepared for the health care monitoring and audits under section 1403. The health administrator shall develop a system to document that this review occurs. The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[68] See Matrix item # 68

§ 1410. Management of Communicable Diseases. [69]

The health administrator~~/~~ or responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:

(a) intake health screening procedures;

(b) identification of relevant symptoms;

(c) referral for medical evaluation;

(d) treatment responsibilities during detention;

(e) coordination with public and private community-based resources for follow-up treatment;

(f) applicable reporting requirements; and,

(g) strategies for handling disease outbreaks, including policies and procedures to ensure isolation or quarantine is limited to the shortest amount of time required.

The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[69] See Matrix item # 69

§ 1411. Access to Treatment. [70]

The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to ~~provide~~ensure unimpeded access to health care. Youth shall receive a timely clinical judgement by a qualified health care professional within their scope of practice, and receive the ordered care from an individual qualified within their scope of competency to provide such care.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[70] See Matrix item # 70

§ 1412. First Aid/AED and Emergency Response. [71]

The health administrator~~/~~ or responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to ~~assure~~require access to first aid and emergency services. Facility staff shall provide emergency services until qualified emergency services arrive.

(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.

(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.

(c) Opioid antagonists shall be readily available in each juvenile facility.

(d) The policies and procedures specific to emergency services shall include, at a minimum:

(1) Notification to and responsibilities of health care staff and non-health staff.

(2) Emergency transport of the youth from the facility.

(3) Where emergency care shall be rendered.

Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[71] See Matrix item # 71

§ 1413. Individualized Treatment Plans. [72]

(a) With the exception of special purpose juvenile halls, the health administrator and behavioral~~/~~ or mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to ~~assure~~require that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for ~~significant~~ medical, behavioral~~/~~ or mental health, or dental health care concerns. Policies and procedures shall ~~assure~~require the following:

(~~a~~1) Health care treatment plans are considered in facility program planning.

(~~b~~2) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others, after providing reasonable accommodations.

(~~c~~3) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with ~~S~~section 1407 and applicable state and federal laws related to information sharing for purposes of programming, implementation, disability accommodations, and continuity of care.

(~~d~~4) Accommodations for youth who may have special needs when using showers and toilets and dressing~~/~~ or undressing, and any activities of daily living.

(5) To the extent that healthcare services are outside the scope of practice or the scope of competency of the providers, the treatment plan shall address or suggest alternatives.

(b) Treatment planning by health care providers shall address:

(~~a~~1) Pre-release and ~~discharge~~reentry planning for continuing medical, dental ~~and~~, behavioral~~/~~ and mental health care, including medication, following release or transfer, which ~~may~~ includes relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.

(~~b~~2) Participation in relevant programs upon return into the community to ensure continuity of care.

(~~c~~3) Youth and family participation (if applicable and available).

(~~d~~4) Cultural responsiveness, awareness and linguistic competence.

(~~e~~5) Physical and psychological safety.

(~~f~~6) Traumatic stress and trauma reminders when applicable.

[72] See Matrix item # 72

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NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1414. Health Clearance for In-Custody Work and Program Assignments. [73]

The health administrator~~/~~ or responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

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[73] See Matrix item # 73

§ 1415. Health Education. [74]

With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures to ~~assure~~require that interactive and gender and developmentally appropriate medical, behavioral~~/~~, mental health, and dental health education and disease prevention programs are provided to youth in an age and linguistically appropriate manner.

The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population, including feedback from the youth when feasible.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[74] See Matrix item # 74

§ 1416. Reproductive Services and Sexual Health. [75]

For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to ~~assure~~require that reproductive and sexual health services are available to all youth in accordance with current public health guidelines.

Such services shall include but not be limited to those prescribed by Welfare and Institutions Code ~~S~~sections 220, 221 and 222 and Health and Safety Code ~~S~~section 123450.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: Section 123450, Health and Safety Code; Sections 209, 220, 221, 222 and 224.71, Welfare and Institutions Code~~; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~.

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[75] See Matrix item # 75

§ 1417. Pregnant~~/~~ and Post-Partum Youth. [76]

With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth as required by Penal Code ~~S~~section 6030(e) and Welfare and Institutions Code sections 220, 221, and 222, and limitations on the use of restraints in accordance with Penal Code ~~Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222~~section 3407 and section 1358 of these regulations.

Written policies and procedures shall also include the following:

(a) Pregnant youth will receive counseling, assistance, and information regarding options for continuation of pregnancy, termination of pregnancy and adoption.

(b) Pregnant youth receive prenatal care, including physical examination, laboratory and diagnostic tests, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,

(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.

(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 6030(e), Penal Code; and Sections 220, 221 ~~and~~, 222 and 224.71, Welfare and Institutions Code.

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[76] See Matrix item # 76

§ 1418. Youth with Developmental Disabilities. [77]

Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and~~/or~~ treatment within 24 hours of identification, excluding holidays and weekends.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[77] See Matrix item # 77

§ 1430. ~~Medical Clearance/Intake Health and Screening~~Health Care Clearance and Intake Health Screening. [78]

(a) The health administrator~~/~~ or responsible physician, in cooperation with the facility administrator and behavioral~~/~~ or mental health director, shall ~~establish~~ develop and implement policies and procedures for a documented health care clearance prior to booking and an intake health screening upon acceptance for booking into the facility which shall address, but not be limited to the following provisions:~~procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.~~

~~For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.~~

(1) The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth for booking into the facility~~ without a documented medical clearance~~. The criteria shall be consistent with the facility's resources to ~~safely~~ hold the youth safely.

(A) Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention ~~and clearance for booking~~.

(B) If a youth is not accepted for booking, there shall be w~~W~~ritten documentation of the circumstances, including but not limited to the health care clearance, intake health screening, medical evaluations with progress notes, medical attention provided, and reasons for non-acceptance~~and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required~~.

~~Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.~~

(2) ~~Procedures for an i~~Intake health screening shall consist of a defined, systematic inquiry and observation of every youth to be booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and ~~may~~shall be performed by ~~either~~ health care personnel, or when health care personnel are not available, a trained youth supervision

[78] See Matrix item # 78

staff. Intake health Sscreening procedures shall include but not be limited to:

(aA) Medical, dental and, behavioral/, and mental health concerns that may pose a hazard to the youth or others in the facility;

(bB) Health conditions that require treatment while the youth is in the facility; and,

(cC) Identification of the need for accommodations, e.g., physical or developmental disabilities, behavioral health, gender identity, or medical holds.

(D) Identification of the need for medical attention or medical evaluation.

(3) Referral for medical attention or medical evaluation, or other necessary health care services, shall be commensurate with the nature of the illness, injury, complaint, or other health care need identified during the health care clearance and intake health screening process.

(4) Any youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an medical evaluation by healthcare staff. Separation shall be no longer than necessary to address the health risk and shall conform to public health standards for preventing the spread of communicable diseases.

(b) The health administrator or responsible physician, in cooperation with the facility administrator and behavioral or mental health director, shall develop and implement policies and procedures for the health care clearance, medical evaluation, and communicable disease screening, of all adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, prior to the beginning of their next stay.

Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996Sections 209 and 224.71, Welfare and Institutions Code.

§ 1431. Intoxicated Youth and Youth with a Substance Use Disorder. [79]

(a) The responsible health administrator~~/~~ or physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with ~~S~~section 1430.

(b) Policy and procedures shall address:

(1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;

(2) designated housing, including use of any protective environment for placement of intoxicated youth;

(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;

(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;

(5) medical responses to youth experiencing intoxication or withdrawal reactions;

(6) management of pregnant youth who use alcohol or other substances;

(7) initiation of substance abuse counseling and~~/or~~ treatment during confinement and referral procedures for continuation upon release to the community consistent with ~~S~~section 1413 and ~~S~~section 1355;

(8) coordination with behavioral~~/~~ or mental health services in cases of substance abusing youth with known or suspected mental illness.

(9) how, when and by whom the youth will be monitored when intoxicated;

(10) the frequency of monitoring and the documentation required;

(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,

(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

[79] See Matrix item # 79

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§ 1432. Health Assessment. [80]

The health administrator~~/~~ or responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth.

(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within ~~his/her~~their scope of practice and under the direction of a physician.

(1) At a minimum, the health assessment shall include, but is not limited to, health history, examination, laboratory and diagnostic testing, and immunization reviews as outlined below:

(A) The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of ~~recent~~ trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.

(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.

(C) Laboratory and diagnostic testing includes, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.

[80] See Matrix item # 80

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(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.

(2) The physical examination and laboratory and diagnostic testing components of the health assessment ~~may~~shall be ~~modified~~updated as appropriate by the health care provider, for youth admitted with an adequate examination done within the last 12 months~~, provided there is reason to believe that no substantial change would be expected since the last full evaluation~~. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission excluding holidays.

(3) Physical exams shall be updated annually for all youth.

(4) Diagnostic and treatment plans for each condition identified in the health assessment are developed as clinically indicated and in accordance with section 1413 of these regulations.

(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical assessment. If this assessment cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for communicable disease.

(c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to ~~assure~~require that a health assessment:

(1) is received from the sending facility at or prior to the time of transfer;

(2) is reviewed by designated health care staff at the receiving facility; and,

(3) is identified and any missing required assessments are scheduled within 96 hours.

(d) The health administrator~~/~~ or responsible physician shall develop policy and procedures to ~~assure~~require that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1433. Requests for Health Care Services. [81]

The health administrator, in cooperation with the facility administrator, shall develop age and linguistically appropriate materials to inform youth of the availability of health care services and develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental ~~and~~, behavioral~~/~~, and mental health care services.

(a) Youth shall be provided the opportunity to confidentially convey either through~~,~~ written or verbal communications, request for medical, dental ~~or~~, behavioral~~/~~, and mental health services. Provisions shall be made for youth who have language or literacy barriers.

(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental ~~and~~, behavioral~~/~~, or mental services appears to be urgent.

(c) Staff shall inquire and make observations of each youth regarding their medical, dental ~~and~~, behavioral~~/~~, and mental health including the presence of trauma-related behaviors, injury and illness.

(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical ~~and~~, behavioral~~/~~, and mental health care services.

(e) Provision shall be made for any youth requesting medical, dental, ~~and~~ behavioral~~/~~, or mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.

(f) All medical, dental ~~and~~, behavioral~~/~~ and mental health care requests shall be documented and maintained.

(g) If a request is made for community-based health care, there shall be a process by which youth, or their parent or guardian can arrange such care in cooperation with the facility manager and designated health care staff.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

[81] See Matrix item # 81

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§ 1434. Consent and Refusal for Health Care. [82]

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.

(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent~~/~~, guardian, or other person standing in loco parentis, including the requirements in Welfare and Institutions Code ~~S~~section 739.

(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.

(d) Conservators can provide consent only within limits of their court authorization.

Youth may refuse, verbally or in writing, non-emergency medical, dental ~~and~~, behavioral~~/~~, and mental health care.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209, 224.71 and 739, Welfare and Institutions Code.

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[82] See Matrix item # 82

§ 1435. Dental Care. [83]

The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures ~~to~~for dental care that require ~~that~~, at minimum:

(a) dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist.

(b) Treatment shall not be limited to extractions.

(c) An initial oral examination is performed by a dentist within 60 days of admission.

(d) ~~Annual~~Semi-annual dental exams, cleaning, and clinically indicated dental care shall be provided to any youth detained for longer than ~~one year~~six months.

(e) Address continuation of orthodontic care received in the community prior to admission.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[83] See Matrix item # 83

§ 1436. Prostheses and Orthopedic Devices. [84]

(a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.

(b) Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.

(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code ~~S~~section 2656.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 2656, Penal Code; Sections 209 and 224.71, Welfare and Institutions Code.

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[84] See Matrix item # 84

§ 1437. Mental Health Services. [85]

The health administrator~~/~~ or responsible physician, in cooperation with the behavioral~~/~~ or mental health director and the facility administrator, shall establish policies and procedures to provide behavioral~~/~~ and mental health services. These services shall include, but not be limited to:

(a) screening at intake for behavioral~~/~~ or mental health ~~problems at intake~~needs. Screening shall be performed by either behavioral~~/~~, mental~~/~~, or medical health personnel, or trained youth supervision staff when health care personnel is unavailable, using a validated screening tool.~~;~~ Screening shall include history of ~~recent~~ exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs. Urgent mental health needs identified during the screening process will be addressed within 24 hours.

(b) mental status assessment by a behavioral or mental health provider to occur within 7 days of intake.

(~~b~~c) voluntary ~~assessment~~evaluation by a behavioral~~/~~ or mental health provider when indicated by the screening process, mental health evaluation, or health assessment within 30 days of accepting the offer of services;

(~~c~~d) voluntary therapeutic services and preventive services ~~where resources permit~~according to the needs identified in the assessment process conducted by a behavioral or mental health provider;

(~~d~~e) crisis intervention and the management of acute psychiatric episodes;

(~~e~~f) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;

(~~f~~g) initial and periodic medication support services;

(~~g~~h) a mental status evaluation by a licensed behavioral or mental health clinician, psychologist, or psychiatrist, that may result in in-patient psychiatric care, for~~assurance that~~ any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent, or self-destructive behaviors, shall be provided ~~a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist~~.

(~~h~~i) transition planning for youth undergoing behavioral~~/~~ or mental health treatment, including arrangements for continuation of medication and services from behavioral~~/~~ or mental health providers, including providers in the community where appropriate.

Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under

[85] See Matrix item # 85

the LPS Act in Welfare and Institutions Code ~~S~~section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code ~~S~~section 4011.8 or Welfare and Institutions Code ~~S~~section 6552.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 4011.8, Penal Code; Sections 209 and 224.71, 5000 and 6552, Welfare and Institutions Code.

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§ 1437.5. Transfer to a Treatment Facility. [86]

The health administrator~~/~~ or responsible physician, in cooperation with the behavioral~~/~~ or mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:

(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and

(b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.

(c) Health care staff shall notify probation staff of the need to transfer. Probation staff shall notify the youth's parents, guardians, persons standing in loco parentis, spouse, and the youth's attorney of record as soon as practicable in the event of a transfer to a treatment facility.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[86] See Matrix item # 86

§ 1438. Pharmaceutical Management. [87]

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:

(1) securely lockable cabinets, closets, and refrigeration units;

(2) a means for the positive identification of the recipient of the prescribed medication;

(3) ~~administration/delivery of medicines~~administering and delivering medication to youth as prescribed;

(4) confirmation that the recipient has ingested the medication;

(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;

(6) prohibition of the delivery of medication from one youth to another;

(7) limitation to the length of time medication may be administered without further medical evaluation;

(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;

(9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication;

(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; and,

(11) transition planning, including plan for uninterrupted continuation of medication.

(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:

(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.

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[87] See Matrix item # 87

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(2) ~~Storage of medications shall assure that s~~Stock supplies of legend ~~medications~~drugs shall only be accessed by licensed health personnel. Supplies of legend ~~medications~~drugs that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.

(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.

(4) Preparation of labels can be done by a licensed physician, dentist, pharmacist or other personnel, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth. Labels shall be prepared in accordance with ~~S~~sections 4076 and 4076.5 of the Business and Professions Code.

(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.

(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.

(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.

(8) Disposal of legend ~~medication~~drugs shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.

(c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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§ 1439. Psychotropic Medications. [88]

The health administrator~~/~~ or responsible physician, in cooperation with the behavioral~~/~~ or mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.

(a) These policies and procedures shall include, but not be limited to:

(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;

(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;

(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider

(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;

(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,

(6) provision for regular clinical~~/~~ or administrative review of utilization patterns for all psychotropic medications, including every emergency situation.

(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.

(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.

(2) Absent an emergency, youth may refuse psychotropic medication without disciplinary consequences.

(c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.

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[88] See Matrix item # 88

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(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1450. [Repealed] [89]

~~NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.~~

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[89] See Matrix item # 89

§ 1452. Collection of Forensic Evidence. [90]

The health administrator, in cooperation with the facility administrator, shall establish policies and procedures ~~assuring~~that require that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the youth.

Policies and procedures shall include informing the youth of forensic evidence collection processes and their rights to refuse consent.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[90] See Matrix item # 90

§ 1453. Sexual Assaults. [91]

The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence, ~~and for~~ reporting such incidents to local law enforcement immediately, and ensuring that youth who are victims have access to a supportive adult throughout the process of investigation and treatment.

The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.~~.~~

All facility staff shall be trained on local protocols for the response to sexual assault.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[91] See Matrix item # 91

§ 1454. Participation in Research. [92]

The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require ~~assurances for~~ the safety of the youth and informed consent.

Participation shall not be a condition for obtaining privileges or other rewards in the facility. The court, health administrator, and facility administrator shall be informed of all such proposed actions.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[92] See Matrix item # 92

Article 9. Food

§ 1460. Frequency of ~~Serving~~Meals and Snacks. [93]

(a) Meals shall be served at least three times in any 24-hour period. At least ~~one~~two of these meals shall include hot food. The facility administrator or designee shall document when less than two hot meals are served and the reason, if applicable.

(b) Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between the last meal~~s~~ served and breakfast, and shall be served to youth on medical diets as prescribed by the attending physician.

(c) A snack shall be provided to all youth between 2 to 4 hours after the breakfast, lunch, and dinner meal is served. Snacks shall be served separately from meals.

(d) A minimum of ~~twenty~~thirty minutes shall be allowed for the actual consumption of each meal except for those youth on modified or medical diets where the responsible physician has prescribed additional time.

(e) Provisions shall be made for youth who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.

(f) Youth shall not be deprived of meals or snacks.

(g) Youth shall be allowed to converse during meals unless doing so disrupts facility operations or poses a safety or security risk.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[93] See Matrix item # 93

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§ 1461. Minimum Diet. [94]

~~Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program.~~

(a) The minimum diet provided shall be based upon the nutritional and caloric requirements found in the ~~2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015~~ 2020-2025 Dietary Guidelines for Americans.

(b) Facilities shall have a written process for how vegetarian or vegan diets may be requested ~~and granted or denied~~; vegetarian and vegan diets must conform to these nutritional standards.

(c) Religious diets~~, and when provided, vegetarian or vegan diets, must~~ will conform to these nutrition standards as close as possible.

(d) The nutritional requirements for the minimum diet are specified in the following subsections~~. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.~~:

(~~a~~1) Protein Group.

(A) The requirement is:

(1) 52 grams per day for ages 14-18 and 56 grams for ages 19 and older, or

(2) 364 grams per week for ages 14-18 and 392 grams per week for ages 19 and older.

(3) A serving of legumes shall be served three days per week.

(B) Protein may include, but is not limited to, the following~~Includes~~: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, tofu, seeds, and ~~textured vegetable protein (TVP)~~other protein alternatives with a first ingredient of peas, lentils, beans, nuts or seeds. ~~One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:~~

~~2 to 3 oz. (without bone) lean, cooked meat, poultry or fish~~

~~2 medium eggs~~

~~1 cup cooked dry beans, peas, or lentils~~

~~4 Tbsp. peanut butter~~

[94] See Matrix item # 94

~~8 oz. tofu~~

~~2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP~~

~~1/2 cup seeds~~

~~2/3 cup nuts~~

(~~b~~2) Dairy Group.

(A) The daily requirement is 3 servings. A serving is equivalent to 8 ounces of fluid milk and provides at least 250 mg. of calcium.

(B) All milk shall be pasteurized and fortified with vitamins A and D. Fluid milk substitutes (e.g., nondairy beverages) shall be nutritionally equivalent to fluid milk (e.g., soy milk).

(C) 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. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.~~

~~One serving equals, but is not limited to, one of the following examples:~~

~~8 oz. fluid milk (nonfat, 1% or 2% reduced fat)~~

~~1 1/2 oz. natural cheese~~

~~2 oz. processed cheese~~

~~1 1/2 cups of lowfat, or nonfat cottage cheese~~

~~1 1/2 cups of ice milk, or ice cream~~

~~1/3 cup nonfat dry milk~~

~~1/2 cup nonfat, or lowfat evaporated milk~~

~~1 cup nonfat, or lowfat plain yogurt~~

~~1 cup pudding~~

(~~c~~3) Vegetable Group.

(A) The daily requirement is at least 4 servings. A serving is equivalent to 1 cup cooked vegetables or 2 cups fresh leafy greens.

(B) At least 1 serving per day must be a fresh vegetable; Remaining servings may include fresh, frozen, and canned vegetables.

(C) 7 ½ servings per week must be red and orange vegetables and 2 ½ servings per week must be dark-green vegetables.

(4) ~~-~~Fruit Group. ~~Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1~~

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~~medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit. The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:~~

~~(1) One serving of a fresh fruit or vegetable.~~

~~(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to, the following examples:~~

~~Broccoli~~	~~Orange juice~~
~~Brussels Sprouts~~	~~Potato (baked only)~~
~~Cabbage~~	~~Strawberries~~
~~Cantaloupe, or honeydew melon~~	~~Tangerine, large~~
	~~Tomato paste~~
~~Cauliflower~~	~~Tomato puree~~
~~Green and red peppers (not dehydrated)~~	~~Tomato juice~~
	~~Tomato sauce (6 oz.)~~
~~Greens collards including kale, turnip, and mustard greens~~	~~Vegetable juice cocktail~~
~~Grapefruit~~	
~~Grapefruit juice~~	
~~Orange~~	

~~(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to, the following examples:~~

~~Apricot nectar (6 oz.)~~	~~Peas and carrots~~
~~Apricots~~	~~Pumpkin~~
~~Cantaloupe~~	~~Red peppers~~
~~Carrots~~	~~Sweet potatoes or yams~~
~~Greens, including kale, beets, chard, mustard, turnips, or spinach~~	~~Vegetable juice cocktail (6 oz.)~~
~~Mixed vegetables with carrots~~	~~Winter squash~~

(A) The daily requirement is at least 2 servings. A serving is equivalent to 1 cup fresh, canned or frozen fruit, 6 ounces of 100% juice, or ½ cup dried fruit.

(B) At least 1 serving per day must be fresh fruit. Remaining servings may include fresh, frozen, dried, and canned fruits. Frozen fruit shall not contain added sweeteners. Canned fruit must be in 100% fruit juice, light syrup, or water.

(C) 100% fruit juice may be served, but no more than two servings shall be counted toward the fruit group per week.

(D) 1 serving per day may be substituted for an additional serving from the vegetable group.

(~~d~~5) Grain Group.

(A) The daily requirement is at least 10-ounce equivalents per day, or 70-ounce equivalents per week. 1-ounce equivalent is 1 slice of bread, 1 cup of ready to eat cereal, ½ cup of cooked rice, cooked pasta or cooked cereal.

(B) At least half of the daily servings from this group must be whole grain. To be considered whole grain, a product must have whole grain first on its ingredient list.

(C) Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas~~, etc.~~, and any food item containing whole or enriched grains. ~~At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to, one of the following examples:~~

~~Bread, white (including French and Italian), whole wheat, rye, pumpernickel, or raisin~~	~~1 slice~~
~~Bagel, small~~	~~1/2~~
~~English muffin, small~~	~~1/2~~
~~Plain roll, muffin or biscuit~~	~~1~~
~~Frankfurter roll~~	~~1/2~~
~~Hamburger bun~~	~~1/2~~
~~Dry bread crumbs~~	~~3 Tbsp.~~
~~Crackers:~~	
~~Arrowroot~~	~~3~~
~~Graham, 2 1/2 "~~	~~2~~
~~Matzo, 4" x 6"~~	~~1/2~~
~~Oyster~~	~~20~~
~~Pretzels, 3 1/8" long, 1/8" diameter~~	~~25~~

~~Rye wafers, 2″ x 3 1/2″~~	~~3~~
~~Soda, 2 1/2″ sq.~~	~~6~~
~~Ready-to-eat unsweetened cereal~~	~~3/4 cup~~
~~Cereal, cooked~~	~~1/2 cup~~
~~Barley, couscous, grits, macaroni, noodles, pastas, rice, spaghetti, etc.~~	~~1/2 cup~~
~~Cornmeal, dry~~	~~2 Tbsp.~~
~~Flour (wheat, whole wheat, carob, soybean, cornmeal, etc.)~~	~~2 1/2 Tbsp.~~
~~Wheat germ~~	~~1/4 cup~~
~~Pancakes, 5″~~	~~1~~
~~Waffle, 5″~~	~~1~~
~~Tortilla, 6″ (corn/flour)~~	~~1~~

~~The following are examples of whole grains and whole grain products:~~

~~Barley~~	~~Pumpernickel bread~~
~~Bran~~	~~Rolled oats~~
~~Brown rice~~	~~Rye~~
~~Corn meal~~	~~Whole grain~~
~~tortilla~~	~~bagels, muffins, and crackers, graham~~
~~baked taco/tostada shell~~	~~hot cereal~~
~~Cracked wheat (bulgur)~~	~~pancakes and waffles~~
~~Flour~~	~~ready-to-eat cereal~~
~~carob~~	~~Whole wheat~~
~~soybean~~	~~bread~~
~~whole wheat~~	~~rolls~~
~~Oatmeal~~	~~tortilla~~
~~Popcorn~~	

(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed ~~3000~~3200. Calorie ~~increases with the exception of a medical diet~~modifications may occur as collaboratively determined by the facility manager, dietitian, food service manager ~~and~~, physician, and youth, when feasible.

(1) Pregnant and lactating youth shall be provided with a diet as approved by a doctor in accordance with Penal Code ~~S~~section 6030(e) and a supplemental snack, if medically indicated.

(~~2~~f) Saturated fat. In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-

2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels.

(g) Added sugars. In keeping with chronic disease prevention goals and the 2020-2025 Dietary Guidelines for Americans, total calories from added sugars shall not exceed 10 percent of total calories on a weekly basis.

(h) Herbs ~~and~~, spices, and other condiments may be used to improve the taste and eye appeal of food served when it complies with all other aspects of these nutrition standards.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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§ 1462. Medical Diets. [95]

~~Only the attending physican shall prescribe a medical diet. The m~~Medical diets ~~utilized by a facility~~prescribed by a physician shall be planned, prepared, and served with the consultation of a registered dietitian. The facility manager shall comply with any medical diet prescribed for a youth. Diet orders shall be maintained on file for at least one year.

The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information. A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[95] See Matrix item # 95

§ 1463. Menus. [96]

(a) Menus shall be planned at least one month in advance of their use~~. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals. Menus shall~~ and be approved by a registered dietitian before being used.

(1) If any meal served varies from the planned menu, the change shall be noted in writing on the menu and~~/or~~ production worksheet.

(2) Menus, as planned and including menu changes, shall be retained for one year and evaluated by a registered dietitian at least annually.

(3) Menus shall provide a variety of foods considering the cultural and ethnic makeup of the facility and avoid repetitive meals.

(4) Youth input should be included in the meal planning processes where practicable (e.g., surveys and focus groups).

(b) Menus should include fresh, in season, locally available foods to support menu variety and quality.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209, Welfare and Institutions Code.

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[96] See Matrix item # 96

§ 1464. Food Service Plan. [97]

Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:

(a) menu planning;

(b) purchasing;

(c) storage and inventory control;

(d) food preparation;

(e) food serving;

(f) transporting food;

(g) orientation and on-going training;

(h) personnel supervision;

(i) budgets and food costs accounting;

(j) documentation and record keeping;

(k) emergency feeding plan;

~~(l)~~(l) waste management;

(m) maintenance and repair;

(n) hazard analysis critical control point plan; and,

(o) provision for maintaining three days of meals for testing in the event of food-borne illness.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

[97] See Matrix item # 97

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§ 1465. Food Handlers Education and Monitoring. [98]

The facility manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with ~~S~~sections 113947.1 – 113947.3 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 113947.1-113947.3, Health and Safety Code; Section 209, Welfare and Institutions Code.

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[98] See Matrix item # 98

§ 1466. Kitchen Facilities, Sanitation, and Food Storage. [99]

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, ~~S~~sections 113700 et seq. California Retail Food Code (CalCode).

In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code ~~S~~section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:

(a) Health and Safety Code ~~S~~sections 114130-114141;

(b) Health and Safety Code ~~S~~sections ~~114099.6,~~ 114095-114099.65, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;

(c) Health and Safety Code ~~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;

(d) Health and Safety Code ~~S~~sections 114268-114269; and,

(e) Health and Safety Code ~~S~~sections 114279-114282.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 114095-114099.65, 114101-114109, 114123, 114125, 114130-114141, 114149-114149.3, 114268-114269, and 114279-114282, Health and Safety Code; Section 209, Welfare and Institutions Code.

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[99] See Matrix item # 99

§ 1467. Food Serving and Supervision. [100]

Policies and site-specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and~~/or~~ served only under the immediate supervision of a staff member.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

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[100] See Matrix item # 100

Article 10. Clothing and Personal Hygiene

§ 1480. Standard Facility Clothing Issue. [101]

The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear. Clothing provisions shall ensure that:

(a) clothing is clean, freshly laundered at issue, reasonably fitted, durable, easily laundered, in good repair, and free of holes, ~~and~~ tears, and stains.

(b) the standard issue of climatically suitable clothing for youth shall consist of but not be limited to:

(1) socks and serviceable and appropriately sized footwear, including proper footwear for exercise and showers;

(2) outer garments, including pants, shorts, shirts, sweatshirts, and jackets;

(3) undergarments, including undershirts, bras, and underwear. Youth shall be provided with new non-disposable underwear which shall remain with the youth throughout their stay, and;

(4) ~~undergarments, that are freshly laundered and free of stains, including tee shirts and bras~~clothing appropriate for recreation activities and clothing appropriate for sleeping.

(5) youth shall have access to additional clothing upon request.

(c) clothing is laundered at the temperature required by local ordinances for commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer.

(d) suitable clothing is issued to pregnant youth.

(e) clothing issuance shall not be denied or modified as punishment, discipline, or retaliation.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 224.71, Welfare and Institutions Code.

[101] See Matrix item # 101

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§ 1481. Special Clothing. [102]

Provision shall be made to issue suitable additional clothing essential for ~~minors~~youth to perform special work assignments or participate in education or recreational activities where the issue of regular clothing would be unsanitary or inappropriate.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[102] See Matrix item # 102

§ 1482. Clothing Exchange. [103]

The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled exchange of clothing and a process for youth to report when personal clothing must be replaced because it is not clean, in good repair, or has stains, holes, or tears. Unless work, climatic conditions, or illness necessitates more frequent exchange, youth shall have access to a set of clean outer garments, undergarments, and socks each day~~except footwear, shall be exchanged at least once each week~~. ~~Tee shirts, bras, and underwear shall be exchanged daily; y~~Youth shall receive their own underwear, bras, and socks back at exchange.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[103] See Matrix item # 103

§ 1483. Clothing, Bedding and Linen Supply. [104]

There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the facility population. Each facility shall ~~have a~~develop and implement a written procedure for acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner. Consideration shall be given to mattress type and additional bedding and pillows for pregnant youth or youth with other medical-related needs.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Section 209 and 224.71, Welfare and Institutions Code.

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[104] See Matrix item # 104

§ 1484. Control of Vermin in Youths' Personal Clothing. [105]

There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and~~/or~~ spread of vermin and ecto-parasites in all youths' personal clothing. Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[105] See Matrix item # 105

§ 1485. Issue of Personal Care Items. [106]

(a) There shall be written policies and site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items.

(b) Clothing, grooming, and hygiene products shall be adequate and respect the youth's culture, ethnicity, and gender identity and gender expression.

(c) ~~Each female youth~~Youth who menstruate shall ~~be provided with~~, without needing to request, have ready access to sanitary napkins, panty liners and tampons ~~as requested~~.

(d) Each youth ~~to be held over 24 hours~~ shall be provided with the following personal care items upon intake:

(~~a~~1) toothbrush;

(~~b~~2) toothpaste;

(~~c~~3) soap;

(~~d~~4) comb, brush, or hair pick suitable for the youth's hair type;

(~~e~~5) ~~shaving implements~~disposable razor and shaving cream;

(~~f~~6) deodorant;

(~~g~~7) lotion;

(~~h~~8) shampoo; ~~and,~~

(9) conditioner;

(~~i~~10) post-shower conditioning hair products~~.~~; and,

(11) facial cleanser.

(e) Youth shall not be required to share any personal care items listed in items (~~a~~d)(1) through (~~d~~11). Liquid soap provided through a common dispenser is permitted.

(f) Youth shall not share disposable razors.

(g) Double edged safety razors, electric razors, and other non-disposable shaving instruments capable of breaking the skin~~, when shared among youth,~~ shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in ~~S~~sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.

(h) The facility shall provide youth with access to sunscreen, dental floss, lip balm and hair ties.

(i) The facility administrator shall conduct a written annual review of the available personal care items. The review shall include documentation and consideration of

[106] See Matrix item # 106

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feedback from the youth population, to ensure personal care items offered are current, consistent, and relevant to the population.

(j) Youth shall have access to alternative personal care items to address skin sensitivities or allergies. Agency policy and procedure shall outline a process for the youth to request such items in writing.

(k) Personal care items issued pursuant to this section shall not be denied or modified based on behavior.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224. 71, Welfare and Institutions Code.

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§ 1486. Personal Hygiene. [107]

There shall be written policies and site specific procedures developed and implemented by the facility administrator for showering~~/~~ or bathing and brushing of teeth. Youth shall be permitted to shower~~/~~ or bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[107] See Matrix item # 107

§ 1487. Shaving. [108]

Youth shall have access to a razor daily, unless their appearance must be maintained for reasons of identification in Court. All youth shall have equal opportunity to shave face and body hair regardless of gender identity. The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 224.71, Welfare and Institutions Code.

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[108] See Matrix item # 108

§ 1488. Hair Care Services. [109]

(a) Written policies and site specific procedures shall be developed and implemented by the facility administrator to ensure that ~~comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. H~~hair care services ~~shall be~~are available in all juvenile facilities. Youth shall ~~receive~~have access to hair care services at least once per month~~ly~~ and there shall not be more than 6 weeks between hair care services.

(b) Hair care services offered shall be culturally appropriate and provided in a manner that is considerate of a youth's gender identity and gender expression.

(c) Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology, as described in Title 16, Chapter 9, sections 979 and 980, California Code of Regulations.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Section 209 and 224.71, Welfare and Institutions Code.

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[109] See Matrix item # 109

Article 11. Bedding and Linens

§ 1500. Standard Bedding and Linen Issue. [110]

(a) Clean laundered, suitable bedding and linens, in good repair, and free of holes, tears, and stains, shall be provided for each youth upon housing assignment ~~entering a living area who is expected to remain overnight,~~ and shall include, but not be limited to:

(~~a~~1) one mattress or mattress-pillow combination which meets the requirements of ~~S~~section 1502 of these regulations;

(~~b~~2) one pillow and a pillow case ~~unless provided for in (a) above~~;

(~~c~~3) one mattress cover and a sheet or two sheets;

(~~d~~4) one towel; ~~and,~~

(5) one wash cloth; and,

(~~e~~6) one blanket. ~~or more,~~

(b) Youth shall have access to additional blankets upon request to ensure warmth.

(c) Youth shall be offered one disposable sleep mask upon intake and have access to replacement disposable sleep masks, upon request.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

[110] See Matrix item # 110

§ 1501. Bedding and Linen Exchange. [111]

The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed. Washable items such as sheets, mattress covers, pillow cases, ~~and~~ towels, and wash cloths shall be exchanged for clean replacement at least once each week, or more frequently as needed.

The ~~covering~~ blankets shall be cleaned or laundered at least ~~once~~twice a month, or more frequently as needed.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[111] See Matrix item # 111

§ 1502. Mattresses. [112]

Any mattress issued to a youth in any facility shall be serviceable, conform to the size of the bed as referenced in Title 24, ~~S~~section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking. Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall ~~be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase~~meet the requirements outlined in Title 16 Code of Federal Regulations, Chapter II, Subchapter D, Part 1633 and Title 24 California Code of Regulations, Part 9, Chapter 8, section 805.3.2.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Title 16, Part 1633, Code of Federal Regulations; Section 209, Welfare and Institutions Code.

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[112] See Matrix item # 112

Article 12. Facility Sanitation and Safety

§ 1510. Facility Sanitation, Safety and Maintenance. [113]

The facility administrator shall develop and implement written policies and site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. The plan shall provide for a regular schedule of ~~housekeeping~~janitorial and maintenance tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner. Unsanitary and unsafe conditions shall be addressed immediately. The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).

Medical care housing as described in Title 24, ~~S~~section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.

Youth shall not be responsible for tasks related to facility sanitation, safety, and maintenance.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code. Reference: Sections 209 and 224.71, Welfare and Institutions Code.

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[113] See Matrix item # 113

§ 1511. Smoke Free Environment. [114]

The facility administrator shall develop policies and procedures that ~~assure~~prevent youth ~~are not~~ exposure~~ed~~ to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.

NOTE: Authority cited: Sections 210, 875 and 885, Welfare and Institutions Code~~; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~. Reference: ~~1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996~~Sections 209 and 224.71, Welfare and Institutions Code.

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[114] See Matrix item # 114