Title 15 Minimum Standards
For Local Detention Facilities
Title 15-Crime Prevention and Corrections
Division 1, Chapter 1, Subchapter 4

Effective January 1, 2023
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Article 1. General Instructions

§ 1004. Severability.

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


§ 1005. Other Standards and Requirements.

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 detention 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 health and safety code.


§ 1006. Definitions.

The following definitions shall apply:

“Administering Medication,” as it relates to managing legally obtained drugs, means the act by which a single dose of medication is given to a patient. The single dose of medication may be taken either from stock (undispensed), or dispensed supplies.

“Administrative separation” means the physical separation of different types of incarcerated persons from each other as specified in Penal Code Sections 4001 and 4002, and Section 1053 of these regulations. Administrative separation is accomplished to provide that level of control and security necessary for good management and the protection of staff and incarcerated persons.

“Alternate means of compliance” means a process for meeting or exceeding standards in an innovative way, after a pilot project evaluation, approved by the Board pursuant to an application.

“Average daily population” means the number of incarcerated persons housed in a facility in a day. Average daily population (ADP) is the daily population divided by the number of days in the period of measurement.

“Board” means the Board of State and Community Corrections, whose board acts by and through its executive director, deputy directors, and field representatives.
“Clean” means laundered immediately prior to issue unless new or, in the case of mattresses and items that cannot be laundered, disinfected immediately prior to issue.

“Clinical evaluation” means an assessment of a person’s physical and/or mental health condition conducted by licensed health personnel operating within recognized scope of practice specific to their profession and authorized by a supervising physician or psychiatrist.

“Concept drawings” means, with respect to a design-build project, any drawings or architectural renderings that may be prepared, in addition to performance criteria, in such detail as the agency determines necessary to sufficiently describe the agency’s needs.

“Contact” means any physical or sustained sight or sound contact between juveniles in detention and incarcerated adults. Sight contact is clear visual contact between incarcerated adults and juveniles within close proximity to each other. Sound contact is direct oral communication between incarcerated adults and juvenile offenders.

“Court Holding facility” means a local detention facility constructed within a court building after January 1, 1978, used for the confinement of persons solely for the purpose of a court appearance for a period not to exceed 12 hours.

“Custodial personnel” means those officers with the rank of deputy, correctional officer, patrol persons, or other equivalent sworn or civilian rank whose duties include the supervision of incarcerated persons.

“Delivering Medication,” as it relates to managing legally obtained drugs, means the act of providing one or more doses of a prescribed and dispensed medication to a patient.

“Design-bid-build” means a construction procurement process independent of the design process and in which the construction of a project is procured based on completed construction documents.

“Design-build” means a construction procurement process in which both the design and construction of a project are procured from a single entity.

“Developmentally disabled” means 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 disabilities, cerebral palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to cognitive and intellectual disabilities or that require treatment.

“Direct visual observation” means direct personal view of the incarcerated person in the context of their surroundings without the aid of audio/video equipment. Audio/video monitoring may supplement but not substitute for direct visual observation.
“Disability” means a physical or mental impairment that substantially limits one or more major life activities; a record or history of such an impairment; or is regarded or perceived by others as having such an impairment.

“Disciplinary separation” means the status assigned a person as the result of violating facility rules and which consists of confinement in a cell or housing unit.

“Dispensing,” as it relates to managing legally obtained drugs, means the interpretation of the prescription order, the preparation, repackaging, and labeling of the drug based upon a prescription from a physician, dentist, or other prescriber authorized by law.

“Disposal,” as it relates to managing legally obtained drugs, means the destruction of medication or its return to the manufacturer or supplier.

“Emergency” means any significant disruption of normal facility procedure, policies, or activities caused by a riot, fire, earthquake, attack, strike, or other emergent condition.

“Emergency medical situations” means those situations where immediate services are required for the alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed and treated.

“Exercise” means the opportunity for physical exertion.

“Facility/system administrator” means the sheriff, chief of police, chief probation officer, or other official charged by law with the administration of a local detention facility/system.

“Facility manager” means the jail commander, camp superintendent, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator.

“Facility watch commander” means the individual designated by the facility manager to make operational decisions during their work hours.

“Gender expression” means a person’s gender-related appearance and behavior regardless of whether it is stereotypically associated with the person’s assigned sex at birth.

“Gender identity” means a person’s sense of being male, female, some combination of male or female, or neither male nor female.

“Health authority” means that individual or agency that is designated with responsibility for health care policy pursuant to a written agreement, contract, or job description. The health authority may be a physician, an individual, or a health agency. In those instances where medical and mental health services are provided by separate entities, decisions
regarding mental health services shall be made in cooperation with the mental health
director. When this authority is other than a physician, final clinical decisions rest with a
single designated responsible physician.

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

“In-person visit” means an on-site visit that may include barriers. In-person visits include
interactions in which an incarcerated person has physical contact with a visitor, is able to
see a visitor through a barrier, or is otherwise in a room with a visitor without physical
contact. “In-person visit” does not include an interaction between an incarcerated person
and a visitor through the use of an on-site two-way audio/video terminal.

“Jail,” as used in Article 8, means a Type II or III facility as defined in the “Minimum
Standards for Local Detention Facilities.”

“Labeling,” as it relates to managing legally obtained drugs, means the act of preparing
and affixing an appropriate label to a medication container.

“Law enforcement facility” means a building that contains a Type I Jail, Temporary
Holding Facility, or Lockup. It does not include a Type II or III jail, which has the purpose
of detaining adults, charged with criminal law violations while awaiting trial or sentenced
adult criminal offenders.

“Legend drugs” are any drugs defined as “dangerous drugs” under Chapter 9, Division 2,
Section 4211 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.

“Living areas” means those areas of a facility utilized for the day-to-day housing and
activities of incarcerated persons. These areas do not include special use cells such as
sobering, safety, and holding or staging cells normally located in receiving areas.

“Local detention facility” means any city, county, city and county, or regional jail, camp,
court holding facility, or other correctional facility, whether publicly or privately operated,
used for confinement of adults or of both adults and minors, but does not include that
portion of a facility for confinement of both adults and minors which is devoted only to the
confinement of minors.

“Local detention system” means all of the local detention facilities that are under the
jurisdiction of a city, county, or combination thereof whether publicly or privately operated.
Nothing in the standards are to be construed as creating enabling language to broaden
or restrict privatization of local detention facilities beyond that which is contained in
statute.
“Local Health Officer” means that licensed physician who is appointed pursuant to Health and Safety Code Section 101000 to carry out duly authorized orders and statutes related to public health within their jurisdiction.

“Lockup” means a locked room or secure enclosure under the control of a peace officer or custodial officer that is primarily used for the temporary confinement of adults who have recently been arrested; sentenced persons who are incarcerated workers may reside in the facility to carry out appropriate work.

“May” is permissive; “shall” is mandatory.

“Medical detoxification” means a process that systematically and safely withdraws people who may be addicted to drugs or alcohol, under the care of a licensed medical provider. The detoxification process is designed to treat the immediate bodily effects of stopping drug or alcohol use that may be life-threatening.

“Mental Health Director” means that individual who is designated by contract, written agreement, or job description, to have administrative responsibility for the facility or system mental health program.

“Non-secure custody” means that a minor's freedom of movement in a law enforcement facility is controlled by the staff of the facility; and
   (1) the minor is under constant direct visual observation by the staff;
   (2) the minor is not locked in a room or enclosure; and,
   (3) the minor is not physically secured to a cuffing rail or other stationary object.

“Non-sentenced” means an incarcerated person with any pending local charges or one who is being held solely for charges pending in another jurisdiction.

“Out-of-cell time” means time spent outside of the sleeping area, where an individual has the opportunity to exercise or participate in recreation.

“Over-the-counter (OTC) Drugs,” as it relates to managing legally obtained drugs, are medications which do not require a prescription (non-legend).

“Performance criteria” means, with respect to a design-build project, the information that fully describes the scope of the proposed project and includes, but is not limited to, the size, type, and design character of the buildings and site; the required form, fit, function, operational requirements and quality of design, materials, equipment and workmanship; and any other information deemed necessary to sufficiently describe the agency’s needs; including documents prepared pursuant to paragraph (1) of subdivision (d) of Section 20133 of the Public Contract Code.

“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 local detention facility pursuant to application to, and approval by, the Board.
“Procurement,” as it relates to managing legally obtained drugs, means the system for ordering and obtaining medications for facility stock.

“Psychotropic medication” means any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

“Rated capacity” means the number of incarcerated occupants for which a facility's single and double occupancy cells or dormitories, except those dedicated for health care or disciplinary separation housing, were planned and designed in conformity to the standards and requirements contained in Title 15 and in Title 24.

“Recreation” means the individual's ability to choose from activities that occupy the attention and offer the opportunity for relaxation and may include reading, games, socialization, entertainment, education, and programs.

“Regional Center for Developmentally Disabled” means those private agencies throughout the state, funded through the Department of Developmental Services, which assure provision of services to persons with developmental disabilities. Such centers will be referred to as regional centers in these regulations.

“Remodel” means to alter the facility structure by adding, deleting, or moving any of the buildings' components thereby affecting any of the spaces specified in Title 24, Part 2, Section 1231.

“Repackaging,” as it relates to managing legally obtained drugs, means the transferring of medications from the original manufacturers' container to another properly labeled container.

“Repair” means to restore to original condition or replace with like-in-kind.

"Responsible health care staff" means an individual who is qualified by education, training, licensure/regulation, and/or facility privileges (when applicable) who performs a professional service within their scope of practice and in accordance with assigned duties. This distinguishes the "responsible health care staff" from the many other "qualified health care staff" that are not specifically assigned to assure that certain care is rendered.

“Safety checks” means direct, visual observation performed at random intervals within timeframes prescribed in these regulations to provide for the health and welfare of incarcerated people.

“Secure custody” means that a minor being held in temporary custody in a law enforcement facility is locked in a room, enclosure, or is physically secured to a cuffing rail or other stationary object.
“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.

“Sentenced” means a person that has been sentenced/committed to custody in a local detention facility.

“Serviceable,” as it relates to mattresses, means mattresses that lack holes or tears and have sufficient padding.

“Sexual abuse” has the same meaning as 28 C.F.R. Section 115.6 (June 20, 2012), hereby incorporated by reference.

“Sexual harassment” has the same meaning as 28 C.F.R. Section 115.6 (June 20, 2012), hereby incorporated by reference.

“Shall” is mandatory; “may” is permissive.

“Sobering cell” as referenced in Section 1056, refers to an initial “sobering up” place for people who are sufficiently intoxicated from any substance to require a protected environment.

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

“Supervision in a law enforcement facility” means that a minor is being directly observed by the responsible individual in the facility to the extent that immediate intervention or other required action is possible.

“Supervisory custodial personnel” means those staff members whose duties include direct supervision of custodial personnel.

"Telehealth" means a collection of means or methods for enhancing health care using telecommunications technologies. Telehealth encompasses a broad variety of technologies to deliver virtual health services.

“Temporary custody” means that the minor is not at liberty to leave the law enforcement facility.

“Temporary Holding facility” means a local detention facility constructed after January 1, 1978, used for the confinement of persons for 24 hours or less pending release, transfer to another facility, or appearance in court.

“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.

“Type I facility” means a local detention facility used for the detention of persons for not more than 96 hours excluding holidays after booking. Such a Type I facility may also detain persons on court order either for their own safekeeping or those committed to a city jail, or may house people sentenced to the county jail provided such placement in the facility is made on a voluntary basis on the part of the person incarcerated. As used in this section, an incarcerated worker is defined as a person assigned to perform designated tasks outside of their cell or dormitory, pursuant to the written policy of the facility, for a minimum of four hours each day on a five-day scheduled work week.

“Type II facility” means a local detention facility used for the detention of persons pending arraignment, during trial, and upon a sentence of commitment.

“Type III facility” means a local detention facility used only for the detention of convicted and sentenced persons.

“Type IV facility” means a local detention facility or portion thereof designated for housing under Penal Code Section 1208 for work/education furlough or other programs involving access into the community.

“Video visitation” has the same meaning as Penal Code Section 4032.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.
§ 1007. Pilot Projects.

The pilot project is the short-term method used by a local detention facility/system, approved by the Board, to evaluate innovative programs, operations or concepts which meet or exceed the intent of these regulations.

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 detention facility. An application for a pilot project shall include, at a minimum, the following information:

(a) The regulations which the pilot project will affect.
(b) Review of case law, including any lawsuits brought against the applicant local detention facility, pertinent to the proposal.
(c) The applicant’s history of compliance or non-compliance with standards.
(d) A summary of the “totality of conditions” in the facility or facilities, including but not limited to;
   (1) program activities, exercise and recreation;
   (2) adequacy of supervision;
   (3) types of incarcerated persons affected; and,
   (4) classification procedures.
(e) 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.
(f) The projected costs of the pilot project and projected cost savings to the city, county, or city and county, if any.
(g) A plan for developing and implementing the pilot project including a time line where appropriate.
(h) A statement of how the overall goal of providing safety to incarcerated people and staff will be achieved.

The Board shall consider applications for pilot projects based on the relevance and appropriateness of the proposed project, the completeness of the information provided in the application, and staff recommendations.

Within 10 working days of receipt of the application, Board staff will 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 will 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 will be considered. (The Board meeting schedule for the current calendar year is available through its office in Sacramento.)
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. 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.

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 application, the Board may extend the expiration date for up to an additional twelve months. 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 as described in Section 1008 of these regulations.


§ 1008. Alternate Means of Compliance.

The alternate means of compliance is the long-term method used by a local detention facility/system, approved by the Board, to encourage responsible innovation and creativity in the operation of California’s local detention facilities. The Board may, upon application of a city, county, or city and county, consider alternate means of compliance with these regulations after the pilot project process has been successfully evaluated (as defined in Section 1007). The city, county, or city and county must present the completed application to the Board no later than 30 days prior to the expiration of its pilot project.

Applications for alternate means of compliance must meet the spirit and intent of improving jail management, shall be equal to or exceed the 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:

(a) Review of case law, including any lawsuits brought against the applicant local detention facility, pertinent to the proposal.
(b) The applicant’s history of compliance or non-compliance with standards.
(c) A summary of the “totality of conditions” in the facility or facilities, including but not limited to:
   (1) program activities, exercise and recreation;
   (2) adequacy of supervision;
   (3) types of incarcerated persons affected; and,
   (4) classification procedures.
(d) A statement of the problem the alternate means of compliance is intended to solve, how the alternative will contribute to a solution of the problem and why it is considered an effective solution.
(e) The projected costs of the alternative and projected cost savings to the city, county, or city and county if any.
(f) A plan for developing and implementing the alternative including a timeline where appropriate.

(g) A statement of how the overall goal of providing safety to incarcerated people and staff was achieved during the pilot project evaluation phase (Section 1007).

The Board shall consider applications for alternate means of compliance based on the relevance and appropriateness of the proposed alternative, the completeness of the information provided in the application, the experiences of the jurisdiction during the pilot project, and staff recommendations.

Within 10 working days of receipt of the application, Board staff will 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 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 will 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 will be considered. (The Board meeting schedule for the current calendar year is available through its office in Sacramento.)

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. The Board may require regular progress reports and evaluative data as to the success of the alternate means of compliance. 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.

The Board may revise the minimum jail standards during the next biennial review (reference Penal Code Section 6030) 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 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

Article 2. Inspection and Application of Standards

§ 1010. Applicability of Standards.

(a) All standards and requirements contained herein shall apply to Types I, II, III and IV facilities except as specifically noted in these regulations.

(b) Court holding facilities shall comply with the following regulations:
(1) 1012, Emergency Suspensions of Standards or Requirements
(2) 1018, Local Detention Facility Appeal Process
(3) 1024, Court Holding and Temporary Holding Facility Training
(4) 1027, Number of Personnel
(5) 1027.5, Safety Checks
(6) 1028, Fire and Life Safety Staff
(7) 1029, Policy and Procedures Manual
(8) 1030, Suicide Prevention Program
(9) 1032, Fire Suppression Preplanning
(10) 1044, Incident Reports
(11) 1046, Death in Custody
(12) 1050, Classification Plan
(13) 1051, Communicable Diseases
(14) 1052, Behavioral Crisis Identification
(15) 1053, Administrative Separation
(16) 1057, Developmental Disabilities
(17) 1058, Use of Restraint Devices
(18) 1058.5, Restraints and Pregnant Persons
(19) 1068, Access to Courts and Counsel
(20) Title 24, Section 13-102(c)1, Letter of Intent
(21) Title 24, Section 13-102(c)3, Operational Program Statement
(22) Title 24, Section 13-102(c)5, Submittal of Plans and Specifications
(23) Title 24, Section 13-102(c)6C, Design Requirements
(24) Title 24, Part 2, Section 1231.2, Design Criteria for Required Spaces
(25) Title 24, Part 2, Section 1231.3, Design Criteria for Furnishings and Equipment
(26) 1200, Responsibility for Health Care Services
(27) 1220, First Aid Kit(s)
(28) 1246, Food Serving and Supervision
(29) 1280, Facility Sanitation, Safety, Maintenance

(c) In addition to the regulations cited above, court holding facilities that hold minors shall also comply with the following regulations:
   (1) 1047, Serious Illness of a Minor in an Adult Detention Facility
   (2) 1122.5, Pregnant Minors
   (3) 1160, Purpose
   (4) 1161, Conditions of Detention
   (5) 1162, Supervision of Minors
   (6) 1163, Classification

(d) Temporary holding facilities shall comply with the following regulations:
   (1) 1012, Emergency Suspensions of Standards or Requirements
   (2) 1018, Local Detention Facility Appeal Process
   (3) 1024, Court Holding and Temporary Holding Facility Training
   (4) 1027, Number of Personnel
   (5) 1027.5, Safety Checks
(6) 1028, Fire and Life Safety Staff
(7) 1029, Policy and Procedures Manual
(8) 1030, Suicide Prevention Program
(9) 1032, Fire Suppression Preplanning
(10) 1044, Incident Reports
(11) 1046, Death in Custody
(12) 1050, Classification Plan
(13) 1051, Communicable Diseases
(14) 1052, Behavioral Crisis Identification
(15) 1053, Administrative Separation
(16) 1057, Developmental Disabilities
(17) 1058, Use of Restraint Devices
(18) 1058.5, Restraints and Pregnant Persons
(19) 1067, Access to Telephone
(20) 1068, Access to Courts and Counsel
(21) Title 24, Section 13-102(c)1, Letter of Intent
(22) Title 24, Section 13-102(c)3, Operational Program Statement
(23) Title 24, Section 13-102(c)5, Submittal of Plans and Specifications
(24) Title 24, Section 13-102(c)6C, Design Requirements
(25) Title 24, Part 2, Section 1231.2, Design Criteria for Required Spaces
(26) Title 24, Part 2 Section 1231.3, Design Criteria for Furnishings and Equipment
(27) 1200, Responsibility for Health Care Services
(28) 1207, Medical Receiving Screening
(29) 1209, Transfer to Treatment Facility
(30) 1212, Vermin Control
(31) 1213, Detoxification Treatment
(32) 1220, First Aid Kit(s)
(33) 1240, Frequency of Serving
(34) 1241, Minimum Diet
(35) 1243, Food Service Plan
(36) 1246, Food Serving and Supervision
(37) 1280, Facility Sanitation, Safety, Maintenance

(e) The following sections are applicable to temporary holding facilities where such procedural or physical plant items are utilized.

(1) 1055, Use of Safety Cell
(2) 1056, Use of Sobering Cell
(3) 1058, Use of Restraint Devices
(4) 1058.5, Restraints and Pregnant Persons
(5) 1080, Rules and Disciplinary Actions
(6) 1081, Plan for Discipline of Incarcerated Persons
(7) 1082, Forms of Discipline
(8) 1083, Limitations on Disciplinary Actions
(9) 1084, Disciplinary Records
(10) Title 24, Part 2, Section 1231.2.1 Area for Reception and Booking
(f) Law enforcement facilities, including lockups, that hold minors in temporary custody shall, in addition to the previously cited applicable regulations, comply with the following regulations:

1. 1046, Death in Custody
2. 1047, Serious Illness of a Minor in an Adult Detention Facility
3. 1140, Purpose
4. 1141, Minors Arrested for Law Violations
5. 1142, Written Policies and Procedures
6. 1143, Care of Minors in Temporary Custody
7. 1144, Contact Between Minors and Adult Prisoners
8. 1145, Decision on Secure Detention
9. 1146, Conditions of Secure Detention
10. 1147, Supervision of Minors Held Inside a Locked Enclosure
11. 1148, Supervision of Minors in Secure Detention Outside a Locked Enclosure
12. 1149, Criteria for Non-secure Custody
13. 1150, Supervision of Minors in Non-secure Custody
14. 1151, Intoxicated and Substance Abusing Minors in a Lockup


§ 1012. Emergency Suspensions of Standards or Requirements.

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 detention facility, incarcerated people, 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. Suspensions lasting for more than 15 days require approval of the chairperson of the Board. Such approval shall be effective for the time specified by the chairperson.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1013. Criminal History Information.

Such criminal history information as is necessary for conducting facility inspections as specified in Section 6031.1 of the Penal Code and detention needs surveys as specified in Section 6029 of the Penal Code shall be made available to the staff of the Corrections
Standards Authority. Such information shall be held confidential except that published reports may contain such information in a form which does not identify an individual.


§ 1016. Contracts for Local Detention Facilities.

In the event that a county, city or city and county contracts for a local detention facility with a community-based public or private organization, compliance with appropriate Title 15 and Title 24 regulations shall be made a part of the contract. Nothing in this standard shall be construed as creating enabling language to broaden or restrict privatization of local detention facilities beyond that which is contained in statute.


§ 1018. Local Detention Facility Appeal Process.

The appeal hearing procedures are intended to provide a review concerning the Board application and enforcement of standards and regulations in local detention facilities and lockups. A county, city, or city and county 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, or city and county 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.
   (1) If a county, city, or city and county 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 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 of State and Community Corrections 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.
(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.


Article 3. Training, Personnel and Management

§ 1020. Corrections Officer Core Course.

(a) In addition to the provisions of California Penal Code Section 831.5, all custodial personnel of a Type I, II, III, or IV facility shall successfully complete the “Corrections Officer Core Course” as described in Section 179 of Title 15, CCR, within one year from the date of assignment.
(b) Custodial Personnel who have successfully completed the course of instruction required by Penal Code Section 832.3 shall also successfully complete the “Corrections Officer Basic Academy Supplemental Core Course” as described in Section 180 of Title 15, CCR, within one year from the date of assignment.


§ 1021. Jail Supervisory Training.

Prior to assuming supervisory duties, jail supervisors shall complete the core training requirements pursuant to Section 1020, Corrections Officer Core Course. In addition, supervisory personnel of any Type I, II, III or IV jail shall also be required to complete either the STC Supervisory Course (as described in Section 181, Title 15, CCR) or the POST supervisory course within one year from date of assignment.

NOTE: Authority cited: Sections 6030, 6031.6 and 6035, Penal Code. Reference: Section 6030, Penal Code.


Managerial personnel of any Type I, II, III or IV jail shall be required to complete either the STC management course (as described in Section 182, Title 15, CCR) or the POST management course within one year from date of assignment.

NOTE: Authority cited: Sections 6030, 6031.6 and 6035, Penal Code. Reference: Section 6030, Penal Code.
§ 1024. Court Holding and Temporary Holding Facility Training.

At a minimum, all supervisors of and personnel who supervise incarcerated persons in, a Court Holding or Temporary Holding facility shall complete eight hours of specialized corrections training. Such training shall include, but not be limited to:
(a) applicable minimum jail standards;
(b) jail operations liability;
(c) separation of incarcerated persons;
(d) emergency procedures and planning, fire and life safety; and;
(e) suicide prevention;
(f) de-escalation;
(g) juvenile procedures;
(h) racial bias; and,
(i) mental illness.

Such training shall be completed as soon as practical, but in any event not more than six months after the date of assigned responsibility. Successful completion of Core training or supplemental Core training, pursuant to Section 1020, Corrections Officer Core Course, may be substituted for the initial eight hours of training.

A total of eight hours of refresher training shall be completed every two years. Successful completion of the requirements in Section 1025, Continuing Professional Training may be substituted for the eight-hour refresher.

Each agency shall determine if additional training is needed based upon, but not limited to, the complexity of the facility, the number of people incarcerated, the employees' level of experience and training, and other relevant factors.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1025. Continuing Professional Training.

With the exception of any year that a core training module is successfully completed, all facility/system administrators, managers, supervisors, and custody personnel of a Type I, II, III, or IV facility shall successfully complete the “annual required training” specified in Section 184 of Title 15, CCR.


§ 1027. Number of Personnel.

A sufficient number of personnel shall be employed in each local detention facility to ensure the implementation and operation of the programs and activities required by these regulations.
Whenever there is a person in custody, there shall be at least one employee on duty at all times in a local detention facility or in the building which houses a local detention facility who shall be immediately available and accessible to incarcerated people in the event of an emergency. Such an employee shall not have any other duties which would conflict with the supervision and care of incarcerated people in the event of an emergency. Whenever one or more females are in custody, there shall be at least one female employee who shall be immediately available and accessible to such females.

Additionally, in Type IV programs the administrator shall ensure a sufficient number of personnel to provide case review, program support, and field supervision.

In order to determine if there is a sufficient number of personnel for a specific facility, the facility administrator shall prepare and retain a staffing plan indicating the personnel assigned in the facility and their duties. Such a staffing plan shall be reviewed by the Board staff at the time of their biennial inspection. The results of such a review and recommendations shall be reported to the local jurisdiction having fiscal responsibility for the facility.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 6030, 6031 and 6031.1, Penal Code.

§ 1027.5 Safety Checks.

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 will determine the safety and well-being of individuals and shall be conducted at least hourly through direct visual observation of all people held and housed in the facility.
(b) There shall be no more than a 60-minute lapse between safety checks.
(c) Safety checks for people in sobering cells, safety cells, and restraints shall occur more frequently as outlined in section 1055, section 1056, and section 1058 of these regulations.
(d) Safety checks shall occur at random or varied intervals.
(e) There shall be 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 cell, module, or dormitory number; and,
   (3) Initials or employee identification number of staff who completed the safety check(s).
(f) 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, or untimely completion of, safety checks.

§ 1028. Fire and Life Safety Staff.

Pursuant to Penal Code Section 6030(c), effective January 1, 1980, whenever there is a person in custody, there shall be at least one person on duty at all times who meets the training standards established by the Board for general fire and life safety. The facility manager shall ensure that there is at least one person on duty who trained in fire and life safety procedures that relate specifically to the facility.


Facility administrator(s) shall develop and publish a manual of policy and procedures for the facility. The policy and procedures manual shall address all applicable Title 15 and Title 24 regulations and shall be comprehensively reviewed and updated at least every two years. Such a manual shall be made available to all employees.

(a) The manual for Temporary Holding, Type I, II, and III facilities shall provide for, but not be limited to, the following:

(1) Table of organization, including channels of communications.
(2) Inspections and operations reviews by the facility administrator/manager.
(3) 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.
(4) Policy on the use of restraint equipment, including the restraint of pregnant persons as referenced in Penal Code Section 3407.
(5) Procedure and criteria for screening newly received persons for release.
(6) Security and control including physical counts and searches of the facility and incarcerated persons, contraband control, and key control. Each facility administrator shall, at least annually, review, evaluate, and make a record of security measures. The review and evaluation shall include internal and external security measures of the facility including security measures specific to prevention of sexual abuse and sexual harassment.
(7) Emergency procedures include:
   (A) fire suppression preplan as required by section 1032 of these regulations;
   (B) escape, disturbances, and the taking of hostages;
   (C) mass arrests;
   (D) natural disasters;
   (E) periodic testing of emergency equipment; and,
   (F) storage, issue, and use of weapons, ammunition, chemical agents, and related security devices.
(8) Suicide Prevention.
(9) Separation of incarcerated persons.
(10) Zero tolerance in the prevention of sexual abuse and sexual harassment.
(11) Policy and procedure to detect, prevent, and respond to retaliation against any staff or person after reporting any abuse.
(12) Release policy, including release planning for incarcerated persons.

(b) The policies and procedures required in subsections (a)(6) and (a)(7) may be placed in a separate manual to ensure confidentiality.

(c) The manual for court holding facilities shall include all of the procedures listed in subsection (a), except number (5).

(d) The manual for Type IV facilities shall include, in addition to the procedures required in subsection (a), except number (5), procedures for:

1. accounting of funds belonging to incarcerated people;
2. community contacts;
3. field supervision;
4. temporary release; and
5. obtaining health care.

(e) The manual for Temporary Holding, Court Holding, Type I, II, III, and IV facilities shall provide for, but not be limited to, the following:

1. multiple internal ways for incarcerated people to privately report sexual abuse and sexual harassment, retaliation by other incarcerated persons or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents,
2. a method for uninvolved incarcerated persons, family, community members, and other interested third parties to report sexual abuse or sexual harassment. The method for reporting shall be publicly posted at the facility.


§ 1030. Suicide Prevention Program.

The facility shall have a comprehensive written suicide prevention program developed by the facility administrator, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those inmates who present a suicide risk. The program shall include the following:

(a) Suicide prevention training for all staff that have direct contact with inmates.
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.
(c) Provisions facilitating communication among arresting/transporting officers, facility staff, medical and mental health personnel in relation to suicide risk.
(d) Housing recommendations for inmates at risk of suicide.
(e) Supervision depending on level of suicide risk.
(f) Suicide attempt and suicide intervention policies and procedures.
(g) Provisions for reporting suicides and suicides attempts.
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.


§ 1032. Fire Suppression Preplanning.
Pursuant to Penal Code Section 6031.1(b), the facility administrator shall consult with the local fire department having jurisdiction over the facility, with the State Fire Marshal, or both, in developing a plan for fire suppression which shall include, but not be limited to:

(a) a fire suppression pre-plan developed with the local fire department to be included as part of the policy and procedures manual (Title 15, California Code of Regulations Section 1029);

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

(c) fire prevention inspections as required by Health and Safety Code Section 13146.1(a) and (b) which requires inspections at least once every two years;

(d) an evacuation plan; and,

(e) a plan for the emergency housing of incarcerated people in the case of fire.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030 and 6031.1, Penal Code.

Article 4. Records and Public Information


Except in court holding and temporary holding facilities, each facility administrator shall maintain a demographics accounting system which reflects the monthly average daily population of sentenced and non-sentenced people by gender and juvenile status. Facility administrators shall provide the Board with applicable demographic information as described in the Jail Profile Survey.


§ 1041. Records.

(a) Each facility administrator of a Type I, II, III or IV facility shall develop written policies and procedures for the maintenance of individual records for each incarcerated person which shall include, but not be limited to, intake information, personal property receipts, commitment papers, court orders, reports of disciplinary actions taken, medical orders issued by the responsible physician and staff response, and non-medical information regarding disabilities and other limitations.

(b) Each facility administrator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and from other facilities with which it contracts for the confinement of its incarcerated people. The data collected shall include, at a minimum, the data necessary to satisfy the reporting requirements of 34 U.S.C. section 30303(a)(1).


§ 1044. Incident Reports.
Each facility administrator shall develop written policies and procedures for the maintenance of written records and reporting of all incidents which result in physical harm, or serious threat of physical harm, to an employee or incarcerated person of a detention facility or other person. Such records shall include the names of the persons involved, a description of the incident, the actions taken, and the date and time of the occurrence. Such a written record shall be prepared by the staff assigned to investigate the incident and submitted to the facility manager or designee.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1045. Public Information Plan.

Each facility administrator of a Type I, II, III, or IV facility shall develop written policies and procedures for the dissemination of information to the public, to other government agencies, and to the news media. The public and incarcerated persons shall have available for review the following material:

(a) The Board of State and Community Corrections Minimum Standards for Local Detention Facilities as found in Title 15 of the California Code of Regulations.

(b) Facility rules and procedures affecting incarcerated people as specified in sections:

   (1) 1045, Public Information Plan
   (2) 1061, Education Plan
   (3) 1062, Visiting
   (4) 1063, Correspondence
   (5) 1064, Library Service
   (6) 1065, Exercise and Out of Cell Time
   (7) 1066, Books, Newspapers, Periodicals and Writings
   (8) 1067, Access to Telephone
   (9) 1068, Access to Courts and Counsel
   (10) 1069, Orientation
   (11) 1070, Individual/Family Service Programs
   (12) 1071, Voting
   (13) 1072, Religious Observance
   (14) 1073, Grievance Procedure
   (15) 1080, Rules and Disciplinary Actions
   (16) 1081, Plan for Discipline of Incarcerated Persons
   (17) 1082, Forms of Discipline
   (18) 1083, Limitations on Discipline
   (19) 1200, Responsibility for Health Care Services


§ 1046. Death in Custody.

(a) Death in Custody Reviews for Adults and Minors.
The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team at a minimum shall include the facility administrator or designee, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.

Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

(b) Death of a Minor
In any case in which a minor dies while detained in a jail, lockup, or court holding facility:

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

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

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1047. Serious Illness or Injury of a Minor in an Adult Detention Facility.

The facility administrator shall develop policy and procedures for notification of the court of jurisdiction and the parent, guardian, or person standing in loco parentis, in the event of a suicide attempt, serious illness, injury or death of a minor in custody.


Article 5. Classification And Separation

§ 1050. Classification Plan.
(a) Each administrator of a temporary holding, Type I, II, or III facility shall develop and implement a written classification plan designed to properly assign incarcerated persons to housing units and activities according to the categories of gender identity, age, criminal sophistication, seriousness of crime charged, physical or mental health needs, assaultive/non-assaultive behavior, risk of being sexually abused or sexually harassed, and other criteria which will provide for the safety of the incarcerated people and staff. Such housing unit assignment shall be accomplished to the extent possible within the limits of the available number of distinct housing units or cells in a facility.

The written classification plan shall be based on objective criteria and include receiving screening performed at the time of intake by trained personnel, and a record of each person’s classification level, housing restrictions, and housing assignments.
Each administrator of a Type II or III facility shall establish and implement a classification system which will include the use of classification officers or a classification committee in order to properly assign incarcerated persons to housing, work, rehabilitation programs, and leisure activities. Such a plan shall include the use of as much information as is available about and from the incarcerated person and shall provide for a channel of appeal by the incarcerated person to the facility administrator or designee. Each person may request a review of their classification plan no more often than 30 days from their last review.

(b) Each administrator of a court holding facility shall establish and implement a written plan designed to provide for the safety of staff and people held and housed at the facility. The plan shall include receiving and transmitting of information regarding incarcerated persons who represent unusual risk or hazard while confined at the facility, and the separation of such persons to the extent possible within the limits of the court holding facility.

(c) In deciding housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the health and safety of the incarcerated person, and whether the placement would present management or security problems. A person’s own views with respect to their own safety shall be given serious consideration.


§ 1051. Communicable Diseases.

The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed. At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority. The response shall be noted on the medical screening form.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.


The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled. An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at
the next daily sick call, whichever is earliest. Separation may be used if necessary, to protect the safety of the person in crisis or others.


§ 1053. Administrative Separation.

Except for Type IV facilities, facility administrators shall develop and implement policies and procedures for the administrative separation of incarcerated people.

Policies and procedures must include:

(a) Administrative separation may consist of separate housing but shall not involve any other deprivation of privileges than is necessary to obtain the objective of protecting the welfare of incarcerated people and facility staff.

(b) Administrative separation must not adversely affect an incarcerated person’s health.

(c) Administrative separation may be used for incarcerated people who have:

   (1) A documented history of activity or behavior, or promoting such activity or behavior, that is criminal in nature, disruptive to facility operations, or affects the safety of the facility, other incarcerated people, and facility staff.

   (2) Influenced or participated in activity that is criminal in nature, disruptive to facility operations or affects the safety of the facility, other incarcerated people, and facility staff.

   (3) Committed assault, attempted assault, or participated in a conspiracy to assault or harm other incarcerated persons or facility staff.

   (4) A history of escape or have recently attempted escape.

   (5) A demonstrated need for protection from other incarcerated people.

(d) Documentation indicating the necessity of administrative separation to obtain the objective of protecting the welfare of incarcerated people and facility staff.

(e) A documented individualized ongoing review and evaluation of the need to continue placement in administrative separation.


§ 1054. Administrative Removal-Type IV Facility.

In Type IV facilities, the facility administrator shall develop written policies and procedures which provide for the administrative removal of an incarcerated person for the safety and well-being of the person, the staff, the program, the facility, or the general public. Such removal shall be subject to review by the facility administrator or designee on the next business day.

§ 1055. Use of Safety Cell.
The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others. The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an incarcerated person in a safety cell to a physician. Policies and procedures shall include, but not be limited to:

(a) In no case shall the safety cell be used for punishment or as a substitute for treatment.
(b) A person shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours. (c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter.
(d) The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured as soon as possible, but not more than 12 hours from placement.
(e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than a 15-minute lapse between safety checks. Such observation shall be documented.
(f) Procedures shall be established to assure administration of necessary nutrition and fluids.
(g) People placed in the safety cell shall be allowed to retain sufficient clothing, or be provided with a suitably designed “safety garment,” to provide for their personal privacy unless specific identifiable risks to the person’s safety or to the security of the facility are documented.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1056. Use of Sobering Cell.
The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant to section 1213 of these regulations. At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour. Such observation shall be documented.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.
§ 1057. Developmental Disabilities.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all incarcerated persons with developmental disabilities.

The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends.


§ 1058. Use of Restraint Devices.
The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to responsible health care staff.

(a) The policy shall address the following areas:
   (1) acceptable restraint devices;
   (2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment;
   (3) protective housing of restrained persons;
   (4) provision for hydration and sanitation needs; and,
   (5) exercising of extremities.

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

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1058.5. Restraints and Pregnant Persons.

The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following:

(1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.
(2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public.
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.
(4) Upon confirmation of an incarcerated person’s pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 3407 and 6030, Penal Code.
§ 1059. DNA Collection, Use of Force.

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

1) For the purpose of this regulation, 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 regulation.

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 facility watch commander or designee 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.

(c) If the use of reasonable force includes a cell extraction, the extraction shall be videotaped, including audio. Video shall be directed at the cell 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 criminal proceeding, the tape shall be retained administratively.


Article 6. Programs and Services

§ 1061. Education Plan.
The facility administrator of any Type II or III facility shall plan and shall request of appropriate public officials an education program for incarcerated persons. When such services are not made available by the appropriate public officials, then the facility administrator shall develop and implement an education program with available resources. Such a plan shall provide for the voluntary academic or vocational, or both, education of housed people. Reasonable criteria for program eligibility shall be established. Modified academic or vocational opportunities may be provided based on sound security practices or a person’s failure to abide by facility rules and regulations.

§ 1062. Visiting.
The facility administrator shall develop and implement written policies and procedures, which include the following requirements:

(a) A visiting program which shall provide for:
   (1) As many in-person visits and visitors as facility schedules, space, and number of personnel will allow.
   (2) A publicly posted schedule of facility visiting hours. If practicable, visiting hours should be made available on weekends, evenings, or holidays.
   (3) For sentenced incarcerated persons in Type I facilities and all incarcerated persons in Type II, III, and IV facilities there shall be allowed no fewer than two visits totaling at least one hour per incarcerated person each week.
   (4) In Type I facilities, the facility administrator shall develop and implement written policies and procedures to allow visiting for non-sentenced detainees. The policies and procedures will include a schedule to assure that non-sentenced detainees will be afforded a visit no later than the calendar day following arrest.

(b) Visits may not be cancelled unless a legitimate operational or safety and security concern exists. All cancelled visits must be documented. The facility manager or designee shall regularly review cancelled visits and document such review.

(c) The visiting policies developed pursuant to this section shall include provision for visitation by minor children of the incarcerated person.

(d) Video visitation may be used to supplement existing visitation programs, but shall not be used to fulfill the requirements of this section if in-person visitation is requested by an incarcerated person.

(e) Facilities shall not charge for visitation when visitors are onsite and participating in either in-person or video visitation. For purposes of this subsection, “onsite” is defined as the location where the incarcerated person is housed.

(f) Subdivision (d) shall not apply to facilities which (1) exclusively used video visitation prior to January 1, 2017 or (2) had been designed without in-person visitation space and conditionally awarded by the Board prior to June 27, 2017, funding authorized by Chapter 3.11 (commencing with Section 15820.90), Chapter 3.12 (commencing with Section 15820.91), Chapter 3.13 (commencing with Section 15820.92), or Chapter 3.131 (commencing with Section 15820.93).

(g) If a local detention facility offered video visitation only as of January 1, 2017, the first hour of remote video visitation per week shall be offered free of charge.

§ 1063. Correspondence.
Except in Temporary Holding and Court Holding facilities, the facility administrator shall develop written policies and procedures for correspondence which provide that:
(a) there is no limitation on the volume of mail that an incarcerated person may send or receive;
(b) an incarcerated person’s correspondence may be read when there is a valid security reason and the facility manager or designee approves;
(c) jail staff shall not review an incarcerated person’s correspondence to or from state and federal courts, any member of the State Bar or holder of public office, and the State Board of State and Community Corrections; however, jail authorities may open and inspect such mail only to search for contraband, cash, checks, or money orders and in the presence of the incarcerated person;
(d) incarcerated persons may correspond, confidentially, with the facility manager or the facility administrator; and,
(e) those incarcerated persons who are without funds shall be permitted at least four postage paid envelopes and eight sheets of paper each week to permit correspondence with family members and friends but without limitation on the number of postage paid envelopes and sheets of paper to their attorney and to the courts.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1064. Library Service.
The facility administrator shall develop written policies and procedures for library service in all Type II, III, and IV facilities. The scope of such service shall be determined by the facility administrator. The library service shall include access to the following resources via paper documents or through electronic media and include current information on community services and resources, and religious, educational, legal reference material and recreational reading material. In Type IV facilities such a program can be either in-house or provided through access to the community.


§ 1065. Exercise and Recreation.
(a) The facility administrator of a Type II or III facility shall develop written policies and procedures for an exercise and recreation program, in an area designed for recreation, which will allow a minimum of three hours of exercise distributed over a period of seven days. Such regulations as are reasonable and necessary to protect the facility’s security and the inmates’ welfare shall be included in such a program. In Type IV facilities, such a program can be either in-house or provided through access to the community.

(b) The facility administrator of a Type I facility shall make table games and/or television available to inmates.


(a) The facility administrator of a Type II or III facility shall develop written policies and procedures which will permit incarcerated persons to purchase, receive, and read any book, newspaper, periodical, or writing accepted for distribution by the United States Postal Service. The facility administrator shall develop and implement a written plan to make available a current newspaper or other like source, including a non-English language alternative, to ensure reasonable access to interested people. Nothing herein shall be construed as limiting the right of a facility administrator to:

1. exclude any publications or writings based on any legitimate penological interest;
2. exclude obscene publications or writings, and mail containing information concerning where, how, or from whom such matter may be obtained; and any matter of a character tending to incite murder, arson, riot, violent racism, or any other form of violence; any matter of a character tending to incite crimes against children; any matter concerning unlawful gambling or an unlawful lottery; the manufacture or use of weapons, narcotics, or explosives; or any other unlawful activity;
3. open and inspect any publications or packages received by an incarcerated person; and
4. restrict the number of books, newspapers, periodicals, or writings the incarcerated person may have in their cell or elsewhere in the facility at one time.

(b) The facility administrator of a Type I facility shall develop and implement a written plan to make available a current newspaper or other like source, including a non-English language alternative, to ensure reasonable access to interested people.


§ 1067. Access to Telephone.

The facility administrator shall develop written policies and procedures which allow access to a telephone or communication device beyond those telephone calls which are required by Section 851.5 of the Penal Code. Individuals who are known to have, or are perceived by others as having hearing or speech impairments shall be provided access to the appropriate telecommunication device which will facilitate communication. Such devices may include but are not limited to videophones, teletypewriters, or third-party communications assistance. An individual’s access to telephone communications shall not be withdrawn unless doing so is required to uphold the safety and security of the facility.

§ 1068. Access to the Courts and Counsel.

The facility administrator shall develop written policies and procedures to ensure incarcerated persons have access to the court and to legal counsel. Such access shall consist of:

(a) Except in Temporary Holding and Court Holding facilities, unlimited mail as provided in Section 1063 of these regulations, and,
(b) confidential consultation with attorneys.


§ 1069. Orientation.

(a) In Type II, III, and IV facilities, the facility administrator shall develop written policies and procedures for the implementation of a program for people newly admitted to the facility designed to orient them at the time of placement in a living area. Both written and verbal information shall be provided and may be supplemented with video orientation. Provision shall be made to provide accessible orientation information to each person, including those with disabilities, limited literacy, or those with limited English proficiency (LEP). Such a program shall be published and include, but not be limited to, the following:

(1) correspondence, visiting, and telephone usage rules;
(2) rules and disciplinary procedures;
(3) grievance procedures;
(4) programs and activities available and method of application;
(5) medical and mental health services;
(6) classification/housing assignments;
(7) court appearance where scheduled, if known;
(8) voting, including registration;
(9) zero tolerance policy against sexual abuse and sexual harassment; and,
(10) availability of personal care items and opportunities for personal hygiene.

(b) In Type I facilities, the facility administrator shall develop written policies and procedures for a program reasonably understandable to non-sentenced detainees to orient them at the time of placement in a living area. Such a program shall be published and include, but not be limited to, the following:

(1) rules and disciplinary procedures;
(2) visiting rules;
(3) availability of personal care items, opportunities for personal hygiene;
(4) availability of reading and recreational materials; and,
(5) medical/mental health procedures.

§ 1070. Individual/Family Service Programs.
The facility administrator of a Type II, III, or IV facility shall develop written policies and procedures which facilitate cooperation with appropriate public or private agencies for individual or family social service programs for incarcerated persons. Such a program shall utilize the services and resources available in the community and may be in the form of a resource guide or actual service delivery. The range and source of such services shall be at the discretion of the facility administrator and may include:

(a) risk and needs assessments;
(b) best practices in:
   (1) individual, group or family counseling;
   (2) drug and alcohol abuse counseling;
   (3) cognitive behavioral interventions;
   (4) vocational testing and counseling;
   (5) employment counseling;
   (6) discharge and reentry planning;
(c) referral to community resources and programs;
(d) reentry planning and service development;
(e) legal assistance;
(f) regional center services for the developmentally disabled; and,
(g) community volunteers.


§ 1071. Voting.
The facility administrator of a Type I (holding sentenced incarcerated workers) II, III or IV facility shall develop written policies and procedures whereby the county registrar of voters allows qualified voters to vote in local, state, and federal elections, pursuant to election codes.


§ 1072. Religious Observances.
The facility administrator of a Type I, II, III or IV facility shall develop written policies and procedures to provide opportunities for incarcerated persons to participate in religious services, practices, and counseling on a voluntary basis.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1073. Grievance Procedure.
(a) Each administrator of a Type II, III, or IV facility and Type I facilities which hold incarcerated workers shall develop written policies and procedures whereby all
incarcerated persons have the opportunity and ability to submit and appeal grievances relating to any conditions of confinement, including but not limited to: medical care; classification actions; disciplinary actions; program participation; telephone, mail, and visiting procedures; and food, clothing, and bedding. Such policies and procedures shall include:

(1) a grievance form;
(2) instructions for registering and appealing a grievance, including relevant deadlines;
(3) a process for submission and handling of anonymous grievances;
(4) resolution of the grievance at the lowest appropriate staff level;
(5) appeal to the next level of review;
(6) written reasons for denial of grievance at each level of review which acts on the grievance;
(7) provision for a non-automated initial response within a reasonable time limit which shall not exceed a period of 15 calendar days;
(8) provision for resolving questions of jurisdiction within the facility;
(9) provision for providing a copy of the grievance, appeal, response, and related documents to the incarcerated person; and,
(10) The facility manager or designee shall conduct regular review of grievances, responses, and appeals.

(b) Grievance System Abuse:
The facility may establish written policy and procedure to control the submission of an excessive number of grievances.


Article 7. Discipline

§ 1080. Rules and Disciplinary Actions.

Wherever discipline is administered, each facility administrator shall establish written rules and disciplinary actions to guide the conduct of incarcerated persons. Such rules and disciplinary actions shall be stated simply and affirmatively and posted conspicuously in housing units and the booking area or issued to each person upon booking. For those individuals with limited literacy, who are unable to read English, and for persons with disabilities, provision shall be made for the jail staff to instruct them verbally or provide them with material in an understandable form regarding jail rules and disciplinary procedures and actions.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.
§ 1081. Plan for Discipline of Incarcerated Persons.
Each facility administrator shall develop written policies and procedures for discipline of incarcerated persons. The plan shall include, but not be limited to, the following elements:

(a) Temporary Loss of Privileges: For minor acts of non-conformance or minor violations of facility rules, staff may impose a temporary loss of privileges, such as access to television, telephones, commissary, or lockdown for less than 24 hours, provided there is written documentation and supervisory approval.

(b) Disciplinary Actions: Major violations of facility rules or repetitive minor acts of non-conformance or repetitive minor violations of facility rules shall be reported in writing by the staff member observing the act and submitted to the disciplinary officer. The consequences of such violations may include, but are not limited to:

1. Loss of good time/work time.
2. Placement in disciplinary separation.
3. Loss of privileges mandated by regulations.

A staff member with investigative and disciplinary authority shall be designated as a disciplinary officer to impose such consequences. Staff shall not participate in disciplinary review if they are involved in the charges.

Such charges pending against an incarcerated person shall be acted on with the following provisions and within specified timeframes:

1. A copy of the report, or a separate written notice of the violation(s), shall be provided to the incarcerated person.

2. Unless declined by the incarcerated person, a hearing shall be provided no sooner than 24 hours after the report has been submitted to the disciplinary officer and the incarcerated person has been informed of the charges in writing. The hearing may be postponed or continued for a reasonable time through a written waiver by the incarcerated person, or for good cause.

3. The incarcerated person shall be permitted to appear on their own behalf at the time of hearing and present witnesses and documentary evidence. The incarcerated person shall have access to staff or assistance when they have limited literacy, or the issues are complex.

4. A charge(s) shall be acted on no later than 72 hours after an incarcerated person has been informed of the charge(s) in writing.
5. Subsequent to final disposition of disciplinary charges by the disciplinary officer, the charges and the action taken shall be reviewed by the facility manager or designee.

6. The incarcerated person shall be advised in a written statement by the fact-finders about the evidence relied on and the reasons for the disciplinary action. A copy of the record shall be kept pursuant to Penal Code Section 4019.5.

7. There shall be a policy of review and appeal to a supervisor on all disciplinary action.

(c) Nothing in this section precludes a facility administrator from administratively separating any incarcerated person from the general population or program for reasons of personal, mental, or physical health, or under any circumstance in which the safety of the person, staff, program, or community is endangered, pending disciplinary action or a review as required by Section 1053 of these regulations.

(d) Nothing in this section precludes the imposition of conditions or restrictions that reasonably relate to a legitimate, non-punitive administrative purpose.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Sections 4019.5 and 6030, Penal Code.

§ 1082. Forms of Discipline.
The degree of actions taken by the disciplinary officer shall be directly related to the severity of the rule infraction and promotion of desired behavior through a progressive disciplinary process. Acceptable forms of discipline shall consist of, but not be limited to, the following:
(a) Loss of privileges.
(b) Extra work detail.
(c) Short term lockdown for less than 24 hours.
(d) Removal from work details.
(e) Forfeiture of “good time” credits earned under Penal Code Section 4019.
(f) Forfeiture of “work time” credits earned under Penal Code Section 4019.
(g) Disciplinary separation.


§ 1083. Limitations on Disciplinary Actions.
The Penal Code and the State Constitution expressly prohibit all cruel and unusual punishment. Disciplinary actions shall not include corporal punishment, group punishment when feasible, or physical or psychological degradation.

Additionally, there shall be the following limitations:
(a) Disciplinary separation shall be considered an option of last resort and as a response to the most serious and threatening behavior, for the shortest time possible, and with the least restrictive conditions possible.

(1) If a person is on disciplinary separation status for 30 consecutive days there shall be a review by the facility manager before the disciplinary separation status is continued. This review shall include a consultation with health care staff. Such reviews shall continue at least every fifteen days thereafter until the disciplinary status has ended. This review shall be documented.

(2) The disciplinary separation cells or cell shall have the minimum furnishings and space specified in Title 24, Part 2, 1231.2.6 and 2.7. Occupants shall be issued clothing and bedding as specified in Articles 13 and 14 of these regulations and shall not be deprived of them through any portion of the day except that those incarcerated persons who engage in the destruction of bedding or clothing may be deprived of such articles. The decision to deprive a person of such articles of clothing and bedding shall be reviewed by the facility manager or designee during each 24 hour period.

(3) If after placement in separation, mental health or medical staff determine that an individual has serious mental illness or an intellectual disability, they shall be removed from disciplinary separation immediately upon this determination.

(b) Penal Code Section 4019.5 expressly prohibits the delegation of authority to any incarcerated person or group of incarcerated people to exercise the right of punishment over any other incarcerated person or group of incarcerated people.

(c) In no case shall a safety cell, as specified in Title 24, Part 2, 1231.2.5, or any restraint device be used for disciplinary purposes.

(d) No incarcerated person may be deprived of the implements necessary to maintain an acceptable level of personal hygiene as specified in Section 1265 of these regulations.

(e) Food shall not be withheld as a disciplinary measure.

(f) Correspondence privileges shall not be withheld except in cases where the incarcerated person has violated correspondence regulations, in which case correspondence may be suspended for no longer than 72 hours, without the review and approval of the facility manager.

(g) In no case shall access to courts and legal counsel be suspended as a disciplinary measure.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1084. Disciplinary Records.

Penal Code Section 4019.5 requires that a record is kept of all disciplinary actions administered therefore. This requirement may be satisfied by retaining copies of rule violation reports and report of the disposition of each.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.
Article 8. Minors in Jails

§ 1100. Purpose.

The purpose of this article is to establish minimum standards for local adult detention facilities, Types II and III, in which minors are lawfully detained. Unless otherwise specified in statute or these regulations, minors lawfully held in local adult detention facilities shall be subject to the regulations and statutes governing those facilities found in Minimum Standards for Local Detention Facilities, Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part 1, Section 13-102, and Part 2, Section 1231, California Code of Regulations.

An existing jail built in accordance with construction standards in effect at the time of construction and approved for the detention of minors by the Board shall be considered as being in compliance with the provisions of this article unless the condition of the structure is determined by the Board to be dangerous to life, health or welfare of minors.


§ 1101. Restrictions on Contact with Incarcerated Adults.

The facility administrator shall establish policies and procedures to restrict sight and sound contact, as defined in Section 1006, between detained minors and adults confined in the facility. The policies and procedures should consider trauma-informed approaches in protecting minors from contact.

In situations where brief or accidental contact may occur, such as booking or facility movement, facility staff (trained in the supervision of incarcerated people) shall maintain a constant, side-by-side presence with the minor or the adult to prevent sustained contact.

The above restrictions do not apply to minors who are participating in supervised program activities pursuant to Section 208 (c) of the Welfare and Institutions Code.


§ 1102. Classification.

The facility administrator shall develop and implement a written plan designed to provide for the safety of staff and minors held at the facility. The plan shall include the following:

(a) a procedure for receiving and transmitting information regarding minors who present a risk or hazard to self or others while confined at the facility, and the separation of such minors to the extent possible within the limits of the facility.
(b) a procedure to provide care for any minor who appears to be in need of or who requests medical, mental health, or developmental disability treatment. Written procedures shall be established by the responsible health administrator in cooperation with the facility administrator.
(c) a suicide prevention program designed to identify, monitor, and provide treatment to those minors who present a suicide risk.
(d) provide that minors be housed separately from adults and not be allowed to come or remain in contact with adults except as provided in Section 208(c) of the Welfare and Institutions Code.


Facility staff shall notify the parents or guardians prior to the release of a minor. The minor's personal clothing and valuables shall be returned to the minor, parents or guardian, upon the minor's release or consent.


§ 1104. Supervision of Minors.

The facility administrator shall develop and implement policy and procedures that provide for:

(a) continuous around-the-clock supervision of minors with assurance that staff can hear and respond; and,
(b) safety checks of minors at least once every 30 minutes. These safety checks shall include the direct visual observation of movement and skin. Safety checks shall not be 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.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1105. Recreation Programs.

The facility administrator shall develop written policies and procedures to provide a recreation program that shall protect the welfare of minors and incarcerated adults, recognize facility security needs and comply with minimum jail standards for recreation (California Code of Regulations, Title 15, Section 1065).

§ 1106. Disciplinary Procedures.

Nothing in this regulation shall prevent the administrator from removing a detained minor from the general population or program for reasons of the minor’s mental or physical health; or under any circumstances in which the safety of the minor, incarcerated adults, staff, the program or community is endangered, pending a disciplinary action or review. With the exceptions noted below, the provisions of Sections 1080-1084 shall apply when a minor is involved in disciplinary actions.

(a) Pursuant to Welfare and Institutions Code Section 208.3, minors may not be placed in room confinement for disciplinary purposes.
(b) Permitted forms of discipline include:
   (1) temporary loss of privileges; and,
   (2) loss of privileges mandated by applicable regulations.
(c) Access to visitation and recreation shall be restricted only after a second level review by a supervisor or manager and shall not extend beyond five days without subsequent review.
(d) Prohibited forms of discipline include:
   (1) discipline that does not fit the violation;
   (2) corporal punishment;
   (3) discipline imposed by incarcerated persons;
   (4) placement in safety cells, sobering cells, or any other cell not specifically designated for the detention of minors;
   (5) deprivation of food; and,
   (6) room confinement

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code; and Section 208.3, Welfare and Institutions Code.

§ 1120. Education Program for Minors in Jails.

Whenever a minor is held in a Type II or III facility, the facility administrator shall coordinate with the County Department of Education or County Superintendent of Schools to provide education programs as required by Section 48200 of the Education Code.


§ 1121. Health Education for Minors in Jails.

The health administrator for each jail, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to assure that age- and sex-appropriate health education and disease prevention programs are offered to minors. The education program shall be updated as necessary to address current health priorities and meet the needs of the confined population.
§ 1122. Reproductive Information and Services for Minors in Jails.

The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive health services are available to minors in jails.

Such services shall include, but not be limited to, those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.


§ 1122.5. Pregnant Minors

(a) The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant minors that address the requirements in Title 15, Section 1417.

(b) The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant minors. The policy shall address requirements of Penal Code 3407. Policy shall include reference to the following:

1. A minor known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.
2. A pregnant minor in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the minor, the staff, or the public.
3. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant minor during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.
4. Upon confirmation of a minor's pregnancy, they shall be advised, orally or in writing, of the standards and policies governing pregnant minors.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 3407 and 6030, Penal Code.

§ 1123. Health Appraisals/Medical Examinations for Minors in Jails.

When a minor is held in a jail, the health administrator, in cooperation with the facility administrator, shall develop policy and procedures to assure that a health appraisal/medical examination:

(a) is received from the sending facility at or prior to the time of transfer; and
(b) is reviewed by designated health care staff at the receiving facility; or,

(c) absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, Health Appraisals/Medical Examinations is completed on the minor within 96 hours of admission.


§ 1124. Prostheses and Orthopedic Devices for Minors in Jails.

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 for minors in jail.

(a) Prostheses shall be provided when the health of the minor in the jail would otherwise be adversely affected, as determined by the responsible physician.

(b) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.


§ 1125. Psychotropic Medications for Minors in Jail.

The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall develop written policies and procedures governing the use of voluntary and involuntary psychotropic medications for minors.

(a) These policies and procedures shall include, but not be limited to:

(1) protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate to the minor's need;

(2) limitation to the length of time required for a physician's signature on verbal orders;

(3) the length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;

(4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;

(5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,
(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.

(b) Psychotropic medications shall not be administered to a minor absent an emergency unless informed consent has been given by the parent/guardian or the court.

(1) Minors shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.

(2) Absent an emergency, minors may refuse treatment.

c) Minors found by a physician to be a 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 prior to initiating treatment.

d) Administration of psychotropic medication is not allowed for disciplinary reasons.


Article 9. Minors in Temporary Custody in a Law Enforcement Facility

§ 1140. Purpose.

The purpose of this article is to establish minimum standards for law enforcement facilities in which minors are held in secure or non-secure custody. Unless otherwise specified in statute or these regulations, minors lawfully held in local adult detention facilities shall be subject to the regulations and statutes governing those facilities found in Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part 1, Section 13-102, and Part 2, Section 1231, California Code of Regulations.


§ 1141. Minors Arrested for Law Violations.

Any minor taken into temporary custody by a peace officer, on the basis that they are a person described by Section 602 of the Welfare and Institutions Code, may be held in secure or non-secure custody within a law enforcement facility that contains a lockup for adults provided that the standards set forth in these regulations are met.


§ 1142. Written Policies and Procedures.
The facility administrator shall develop written policies and procedures concerning minors being held in temporary custody which shall address:
(a) suicide risk and prevention;
(b) use of restraints;
(c) emergency medical assistance and services; and,
(d) prohibiting use of discipline.


§ 1143. Care of Minors in Temporary Custody.
(a) The following shall be made available to all minors held in temporary custody:

1. access to toilets and washing facilities;
2. one snack during term of temporary custody if the minor has not eaten within the past four (4) hours or is otherwise in need of appropriate nourishment;
3. access to drinking water;
4. access to language services;
5. access to disabilities services;
6. sanitary napkins, panty liners, and tampons as requested;
7. privacy during consultation with family, guardian, and/or lawyer;
8. blankets and clothing, as necessary, to assure the comfort of the minor; and,
9. personal clothing unless the clothing is inadequate, presents a health or safety problem, or is required to be utilized as evidence of an offense.

(b) Upon entry, the minor shall be informed in writing of what is available under this section, and it shall be posted in at least one conspicuous place to which minors have access.


§ 1144. Contact Between Minors and Incarcerated Adults.
The facility administrator shall establish policies and procedures to restrict contact, as defined in Section 1006, between minors and adults confined in the facility. In situations where brief or accidental contact may occur, such as booking or facility movement, facility staff (trained in the supervision of incarcerated people) shall maintain a constant, side-by-side presence with the minor or the adult to prevent sustained contact.


§ 1145. Decision on Secure Custody.
A minor who is taken into temporary custody by a peace officer on the basis that they are a person described by Section 602 of the Welfare and Institutions Code may be held in
secure custody in a law enforcement facility that contains a lockup for adults if the minor is 14 years of age or older and if, in the reasonable belief of the peace officer, the minor presents a serious security risk of harm to self or others, as long as all other conditions of secure custody set forth in these standards are met. Any minor in temporary custody who is less than 14 years of age, or who does not in the reasonable belief of the peace officer present a serious security risk of harm to self or others, shall not be placed in secure custody, but may be kept in non-secure custody in the facility as long as all other conditions of non-secure custody set forth in these standards are met.

In making the determination whether the minor presents a serious security risk of harm to self or others, the officer may take into account the following factors:

(a) age, maturity, and delinquent history of the minor;
(b) severity of the offense(s) for which the minor was taken into custody;
(c) minor’s behavior, including the degree to which the minor appears to be cooperative or non-cooperative;
(d) the availability of staff to provide adequate supervision or protection of the minor; and,
(e) the age, type, and number of other individuals who are detained in the facility.


§ 1146. Conditions of Secure Custody.

While in secure custody, minors may be locked in a room or other secure enclosure, secured to a cuffing rail, or otherwise reasonably restrained as necessary to prevent escape and protect the minor and others from harm.


(a) Minors shall receive adequate supervision which, at a minimum, includes:

(1) constant auditory access to staff by the minor; and,
(2) safety checks, as defined in Section 1006, of the minor by staff of the law enforcement facility, at least once every 30 minutes, which shall be documented.

(b) Minors of different genders shall not be placed in the same locked room unless under constant direct visual observation by staff of the law enforcement facility.


Minors held in secure custody outside of a locked enclosure shall not be secured to a stationary object for more than 60 minutes unless no other locked enclosure is available. A staff person from the facility shall provide constant direct visual observation to assure the minor’s safety while secured to a stationary object. Securing minors to a stationary object for longer than 60 minutes, and every 30 minutes thereafter, shall be approved by a supervisor. The decision for securing a minor to a stationary object for longer than 60 minutes, and every 30 minutes thereafter shall be based upon the best interests of the minor and shall be documented.


Minors held in temporary custody, who do not meet the criteria for secure custody as specified in Section 207.1(b) of the Welfare and Institutions Code, may be held in non-secure custody to investigate the case, facilitate release of the minor to a parent or guardian, or arrange for transfer of the minor to an appropriate juvenile facility. While minors are held in temporary non-secure custody the provisions of Section 1143 apply.


§ 1150. Supervision of Minors in Non-Secure Custody.

Minors held in non-secure custody shall receive constant direct visual observation by staff of the law enforcement facility. Entry and release times shall be documented and made available for review. Monitoring a minor using audio, video, or other electronic devices shall never replace constant direct visual observation.


§ 1151. Minors Under the Influence of Any Intoxicating Substance in Secure or Non-Secure Custody.

Facility administrators shall develop policies and procedures providing that a medical clearance shall be obtained for minors who are under the influence of drugs, alcohol or any other intoxicating substance to the extent that they are unable to care for themselves, prior to secure or non-secure custody of that minor.

Supervision of minors in secure custody in a locked room shall include safety checks at least once every 15 minutes until resolution of the intoxicated state or release. These safety checks shall be documented, with actual time of occurrence recorded.
Supervision of minors in secure custody outside of a locked room shall be supervised in accordance with Section 1148.

Supervision of minors in nonsecure custody shall be supervised in accordance with Section 1150.


**Article 10. Minors in Court Holding Facilities**

§ 1160. Purpose.

The purpose of this article is to establish minimum standards for court holding facilities in which minors are held pending appearance in juvenile or criminal court. Unless otherwise specified in statute or these regulations, minors held in court holding facilities shall be subject to the regulations and statutes governing those facilities found in Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part I, Section 13-102, and Part 2, Section 1231, California Code of Regulations.


§ 1161. Conditions of Detention.

Court holding facilities shall be designed to provide the following:

(a) Separation of minors from adults in accordance with Section 208 of the Welfare and Institutions Code.

(b) Separation of minors in accordance with an established classification plan.

(c) Secure non-public access, movement within and egress. If the same entrance/exit is used by both minors and adults, movements shall be scheduled in such a manner that there is no opportunity for contact.

An existing court holding facility built in accordance with construction standards at the time of construction shall be considered as being in compliance with this article unless the condition of the structure is determined by the appropriate authority to be dangerous to life, health, or welfare of minors. Upon notification of noncompliance with this section, the facility administrator shall develop and submit a plan for corrective action to the Board within 90 days.


§ 1162. Supervision of Minors.

A sufficient number of personnel shall be employed in each facility to permit unscheduled safety checks of all minors at least twice every 30 minutes, and to ensure the
implementation and operation of the activities required by these regulations. There shall be a written plan that includes the documentation and review of safety checks.


§ 1163. Classification.

The administrator of a court holding facility shall establish and implement a written plan designed to provide for the safety of staff and minors held at the facility. The plan shall include receiving and transmitting of information regarding minors who represent a risk or hazard to self or others while confined at the facility, and the separation of such minors to the extent possible within the limits of the court holding facility, and for the separation of minors from any adults confined there as required by Section 208 of the Welfare and Institutions Code.


Article 11. Medical/Mental Health Services

§ 1200. Responsibility for Health Care Services.

(a) In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all incarcerated persons. Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible qualified health care professionals, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Each facility shall have at least one physician available. In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.

(b) In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all incarcerated persons.


§ 1202. Health Service Audits.

The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided. The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually. The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.


§ 1203. Health Care Staff Qualifications.

State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community. Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.


§ 1204. Health Care Staff Procedure.

Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.


§ 1205. Health Care Records.

(a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:

(1) receiving screening form/history;
(2) health evaluation reports;
(3) complaints of illness or injury;
(4) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;
(5) location where treated; and,
(6) medication records in conformance with section 1216.

(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.

The health authority shall ensure the confidentiality of each incarcerated person's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the person's other jail records. Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the incarcerated person or others, management of the jail, or maintenance of jail security and order.
(c) Written authorization by the incarcerated person is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.

(d) Incarcerated persons shall not be used for health care recordkeeping.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.


The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:

(a) summoning and application of proper medical aid;

(b) contact and consultation with other treating health care professionals;

(c) emergency and non-emergency medical and dental services, including transportation;

(d) provision for medically required dental and medical prostheses and eyeglasses;

(e) notification of next of kin or legal guardian in case of serious illness which may result in death;

(f) provision for screening and care of pregnant and lactating people, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;

(g) screening, referral, and care of incarcerated persons who may be in behavioral crisis or have developmental disabilities;

(h) implementation of special medical programs;

(i) management of incarcerated persons suspected of or confirmed to have communicable diseases;

(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;

(k) use of non-physician personnel in providing medical care;

(l) provision of medical diets;

(m) patient confidentiality and its exceptions;
(n) the transfer of pertinent individualized health care information, or individual
documentation that no health care information is available, to the health authority of
another correctional system, medical facility, or mental health facility at the time each
incarcerated person is transferred and prior notification pursuant to Health and Safety
Code Sections 121361 and 121362 for incarcerated persons with known or suspected
active tuberculosis disease. Procedures for notification to the transferring health care
staff shall allow sufficient time to prepare the summary. The summary information shall
identify the sending facility and be in a consistent format that includes the need for
follow-up care, diagnostic tests performed, medications prescribed, pending
appointments, significant health problems, and other information that is necessary to
provide for continuity of health care. Necessary medication and health care
information shall be provided to the transporting staff, together with precautions
necessary to protect staff and incarcerated passengers from disease transmission
during transport;

(o) forensic medical services, including drawing of blood alcohol samples, body cavity
searches, and other functions for the purpose of prosecution shall not be performed
by medical personnel responsible for providing ongoing care to incarcerated people;

(p) provisions for application and removal of restraints on pregnant people consistent with
Penal Code Section 3407;

(q) other Services mandated by statute; and,

(r) provisions for timely and appropriate medical and mental health screenings, access to
medical and mental health services within seven days of request, and no-cost access to
contraception and STD treatment, for incarcerated persons who have reported sexual
abuse or sexual harassment, regardless of the location where the incident(s) occurred.


§ 1206.5. Management of Communicable Diseases in a Custody Setting.

(a) The responsible physician, in conjunction with the facility administrator and the county
health officer, shall develop a written plan to address the identification, treatment, control
and follow-up management of tuberculosis and other communicable diseases. The plan
shall cover the intake screening procedures, identification of relevant symptoms, referral
for a medical evaluation, treatment responsibilities during incarceration and coordination
with public health officials for follow-up treatment in the community. The plan shall reflect
the current local incidence of communicable diseases which threaten the health of
incarcerated people and staff.
(b) Consistent with the above plan, the health authority shall, in cooperation with the
facility administrator and the county health officer, set forth in writing, policies and
procedures in conformance with applicable state and federal law, which include, but are
not limited to:
   (1) the types of communicable diseases to be reported;
   (2) the persons who shall receive the medical reports;
(3) sharing of medical information with incarcerated persons and custody staff;
(4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;
(5) medical confidentiality requirements;
(6) housing considerations based upon behavior, medical needs, and safety of the affected incarcerated persons;
(7) provisions for consent by an incarcerated person that address the limits of confidentiality; and,
(8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 6030, 7501, and 7552, Penal Code.

§ 1207. Medical Receiving Screening.
A screening shall be completed on all incarcerated persons at the time of intake. This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases. The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.

The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).

There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.

Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.


§ 1207.5. Special Behavioral Health Assessment.
An additional mental health screening will be performed, according to written procedures, on incarcerated persons who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.

§ 1208. Access to Treatment.

The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and referring any incarcerated person who appears to be in need of medical, mental health, dental, or developmental disability treatment at any time during their incarceration subsequent to the receiving screening. The written plan shall also include the assessment and treatment of such persons as described in Section 1207, Medical Receiving Screening. Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and direction of licensed health personnel.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1208.5. Health Care Maintenance.

For people undergoing prolonged incarceration, an age appropriate and risk factor-based health maintenance visit shall take place within the person's second year of incarceration. The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health. Thereafter, the health maintenance examinations shall be repeated at reasonable intervals, but not to exceed one year, as determined by the responsible physician.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1209. Mental Health Services and Transfer to Treatment Facility.

(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:

1. Identification and referral of incarcerated persons with mental health needs;
2. Mental health treatment programs provided by qualified staff, including the use of telehealth;
3. Crisis intervention services;
4. Basic mental health services provided to incarcerated persons as clinically indicated;
5. Medication support services;
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.

(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may
perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility. (c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:

1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;
2. Designation of an appropriate setting where the involuntary administration of medication will occur;
3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff;
4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist;
5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and
6. Documentation of the administration of involuntary medication in the incarcerated person’s medical record.


§ 1210. Individualized Treatment Plans.
(a) For each person treated by a mental health service in a jail, the responsible mental health care provider shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

(b) For each person treated for health conditions for which additional treatment, special accommodations or a schedule of follow-up care is needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.


§ 1211. Sick Call.
The facility administrator, in cooperation with the health authority, shall develop written policies and procedures, which provide daily sick call for all incarcerated persons or provision made that any incarcerated person requesting medical/mental health attention be given such attention.
§ 1212. Vermin Control.

The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested incarcerated person.

§ 1213. Detoxification Treatment.

The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.

Facilities without medically licensed personnel in attendance shall not retain incarcerated people undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.

§ 1214. Informed Consent.

The health authority shall set forth in writing a plan for informed consent of incarcerated persons in a language understood by the incarcerated person. Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for care of incarcerated people. In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any incarcerated person who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care. Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person.

§ 1215. Dental Care.

The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each incarcerated person, upon request, under the direction and supervision of a dentist licensed in the state.
§ 1216. Pharmaceutical Management.

(a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:

(1) securely lockable cabinets, closets, and refrigeration units;
(2) a means for the positive identification of the recipient of the prescribed medication;
(3) procedures for administration/delivery of medicines to incarcerated persons as prescribed;
(4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);
(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;
(6) prohibiting the delivery of drugs by incarcerated people;
(7) limitation to the length of time medication may be administered without further medical evaluation; and,
(8) limitation to the length of time required for a physician’s signature on verbal orders.
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.

(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:

(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the incarcerated person. Labels shall be prepared in accordance with section 4076, Business and Professions Code.
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.

(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.

(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.

(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.

c) Policy and procedures on “over-the-counter” medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.

d) Policy and procedures may allow self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:

(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.

(2) Incarcerated persons with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.

(3) Prescribing health care staff document that each incarcerated person participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.

(4) Provisions are made for the secure storage of the prescribed medication when it is not on the incarcerated person.

(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an incarcerated person is in violation of rules regarding self-administration.

(6) Provisions are made for health care staff to perform documented assessments of an incarcerated person’s compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the person’s health.


§ 1217. Psychotropic Medications.
The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications. An
incarcerated person found by a physician to be a danger to themself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis. Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders. An emergency is a situation in which action to impose treatment over the incarcerated person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the incarcerated person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.

If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of incarcerated persons involuntarily receiving psychotropic medication.

Psychotropic medication shall not be administered to an incarcerated person absent an emergency unless the person has given informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.

There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all incarcerated people receiving psychotropic medications, including a review of all emergency situations.

The administration of psychotropic medication is not allowed for disciplinary reasons.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1220. First Aid Kit(s).

First aid kit(s) shall be available in all facilities. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.


§ 1230. Food Handlers.

The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen. Additionally, there shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.
Article 12. Food

§ 1240. Frequency of Serving.

In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period. At least one of these meals shall include hot food. Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals. Additionally, supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.

A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those on medical diets where the responsible physician has prescribed additional time.

Provisions shall be made for incarcerated persons who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and on medical diets shall be provided with their prescribed meal.

§ 1241. Minimum Diet.

The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2019 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, and the 2020-2025 Dietary Guidelines for Americans, which are hereby incorporated by reference. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group’s requirement is acceptable. A wide variety of food should be served.

(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.

(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating people, the requirement is four servings of milk or milk products.
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:

1. One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.
2. One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.
3. One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.

(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.

Providing only the minimum servings outlined in this regulation is not sufficient to meet an incarcerated person’s caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet daily caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2020-2025 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1242. Menus.

Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used. The dietitian shall ensure that the meals meet the nutritional and hot food requirements set forth in Sections 1240 and 1241.

If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet. Variations in the menu shall meet the caloric requirements set forth in Section 1241.

Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.


§ 1243. Food Service Plan.

Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more,
there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:

(a) menu planning;
(b) purchasing;
(c) storage and inventory control;
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;
(e) food serving;
(f) transporting food;
(g) orientation and ongoing training;
(h) personnel supervision;
(i) budgets and food cost accounting;
(j) documentation and record keeping;
(k) emergency feeding plan;
(l) waste management;
(m) maintenance and repair; and
(n) three-day mainline sample tray.


§ 1245. Kitchen Facilities, Sanitation, and Food Storage.

(a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.

(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:

(1) H & S Sections 114130-114141;
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;
(4) H & S Sections 114268-114269; and,
(5) H & S Sections 114279-114282.
§ 1246. Food Serving and Supervision.

Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.


§ 1248. Medical Diets.

The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet. The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian. The facility manager shall comply with any medical diet prescribed for an incarcerated person.

The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information. A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.

Pregnant and lactating people shall be provided a balanced, nutritious diet approved by a doctor.


Article 13. Clothing and Personal Hygiene


The standard issue of climatically suitable clothing to incarcerated people held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to:

(a) clean socks and footwear;
(b) clean outergarments; and,
(c) clean undergarments;
   (1) for males - shorts and undershirt, and
   (2) for females - bra and two pairs of panties.

The person’s personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.
All issued and exchanged clothing shall be clean and free of holes or tears, reasonably fitted, durable, easily laundered and repaired. Undergarments shall be clean, free of holes or tears, and substantially free of stains. Individuals shall be able to select the garment type more compatible with their gender identity and gender expression.


§ 1261. Special Clothing.

Provision shall be made to issue suitable additional clothing, essential for incarcerated people to perform such special work assignments as food service, medical, farm, sanitation, mechanical, and other specified work.

All issued clothing must be clean, free of holes and tears.


§ 1262. Clothing Exchange.

There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing. Unless work, climatic conditions, illness, or California Retail Food Code necessitates more frequent exchange, outergarments, except footwear, shall be exchanged at least once each week. Undergarments and socks shall be exchanged twice each week.


§ 1263. Clothing Supply.

There shall be a quantity of clean clothing, bedding, and linen available for actual and replacement needs of the population.

Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.


§ 1264. Control of Vermin in Personal Clothing.

There shall be written policies and procedures developed by the facility administrator to control the contamination and/or spread of vermin in all incarcerated people’s personal clothing. Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.

§ 1265. Issue of Personal Care Items.

There shall be written policies and procedures developed by the facility administrator for the issue of personal hygiene items. Each menstruating person shall be provided with sanitary napkins, panty liners, and tampons as requested with no maximum allowance. Each person to be held over 24 hours who is unable to supply themselves with the following personal care items, because of either indigency or the absence of a canteen, shall be issued:

(a) toothbrush,
(b) dentifrice,
(c) soap,
(d) comb, and
(e) shaving implements.

Personal care items shall be issued within the first 12 hours of housing assignment. Incarcerated persons shall not be required to share any personal care items listed in items “a” through “d.”

Incarcerated people will not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among incarcerated people, must be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Division 9, Title 16, California Code of Regulations.


§ 1266. Showering.

There shall be written policies and procedures developed by the facility administrator for showering/bathing. Incarcerated persons shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.

Absent exigent circumstances, no person shall be prohibited from showering at least every other day following assignment to a housing unit. If showering is prohibited, it must be approved by the facility manager or designee, and the reason(s) for prohibition shall be documented.


§ 1267. Hair Care Services.

(a) Hair care services shall be available.

(b) Except those who may not shave for reasons of identification in court, incarcerated people shall be allowed to shave daily and receive hair care services at least once a
month. The facility administrator may suspend this requirement in relation to people who are considered to be a danger to themselves or others.

(c) Equipment shall be disinfected, after each use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, Sections 979 and 980, California Code of Regulations.


**Article 14. Bedding and Linen**

**§ 1270. Standard Bedding and Linen Issue.**

The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:

(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;
(b) one mattress cover or one sheet;
(c) one towel; and,
(d) one blanket or more depending upon climatic conditions.

Policy and procedure shall require that items (a), (b), and (d) above be provided prior to the first night in the facility.

Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.

Temporary Holding facilities which hold persons longer than 12 hours shall provide an incarcerated person with bedding and linen that meet the requirements of (a), (b) and (d) above prior to their first night in the facility and every night thereafter.


**§ 1271. Bedding and Linen Exchange.**

There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each person housed. Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week. If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.

Mattress shall be free of holes and tears. Mattress with holes, tears, or that lack sufficient padding shall be replaced upon request with mattresses that meet the requirements of Section 1270.
§ 1272. Mattresses.

Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds. Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and the Bureau of Home Furnishings’ test standard for penal mattresses at the time of purchase.

Article 15. Facility Sanitation and Safety

§ 1280. Facility Sanitation, Safety, and Maintenance.

The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found. Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.