

A photograph of the California State Capitol dome, featuring a dark dome and white columns, set against a blue sky with some clouds. The image is framed by a white curved border at the bottom.

Juvenile Title 15 Regulations Revision

**Express Terms
(rev. 3.12.2018)**



Board of State & Community Corrections
2590 Venture Oaks Way, Suite 200
Sacramento CA 95833
www.bsc.ca.gov

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Article 1. General Instructions

§ 1302. Definitions.

The following definitions shall apply:

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

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

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

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

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

“Behavioral health” means mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include: substance use disorders, alcohol and drug addiction, and serious psychological distress, suicide, and mental disorders.

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

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

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

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

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

“Clergy” means persons ordained for religious duties.

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

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

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

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

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

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

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

“Developmentally ~~disabled~~abled” ~~applies to~~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 ~~mental retardation~~intellectual disability, cerebral palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to ~~mental retardation~~intellectual disabilities or to require treatment similar to that required for ~~mentally retarded~~individuals with intellectual disabilities, but shall not include other disabilities that are solely physical in nature.

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

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

“Dispensing,” as it relates to pharmaceutical management and pursuant to Business and Professions Code Section 4024, means the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the youth, the contents of the container, and all other vital information, ~~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 pharmaceutical management, means the destruction of medication or its return to the manufacturer or supplier on its expiration date or when retention is no longer necessary or suitable (e.g. upon youth discharge from the facility) or the provision of medication to the patient upon discharge.

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

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

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

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

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

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

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

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

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

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

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

"Gender expression" means the manner in which ~~a person expresses his or her gender~~ is expressed through clothing, appearance, behavior, speech, etc.

"Gender identity" means a person's sense of ~~identification with either the male or female self~~ being male, female, some combination of male or female, or either male or female.

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

"Gender Nonconforming" means a youth whose appearance or manner does not conform to traditional masculine and feminine gender norms.

"Group Punishment," which is not allowed, means sanctioning a group of uninvolved youth is ~~disciplined due to~~ based on the actions of one or more youth.

"Health administrator" means that individual or agency that is designated with responsibility for health care policy and procedures pursuant to a written agreement, contract or job description. The health administrator may be a physician, an individual or a health agency. ~~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 the administrator is other than a physician, final clinical judgements rest with a designated responsible physician.~~

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

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

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

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

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

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

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

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

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

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

“Legend drugs” are any drugs defined as “dangerous drugs” under Chapter 9, Division 2, Section ~~4211~~-4022 of the California Business and Professions Code. These drugs bear the legend, “Caution Federal Law Prohibits Dispensing Without a Prescription.” The Food and Drug Administration (FDA) has determined, because of toxicity or other potentially harmful effects, that these drugs are not safe for use except under the supervision of a health care practitioner licensed by law to prescribe legend drugs.

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

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

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

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

~~“Maximum capacity” means the number of youth that can be housed at any one time in a juvenile hall, camp, ranch, home, forestry camp, regional youth education facility or boot camp in accordance with provisions in this subchapter.~~

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

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

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

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

~~“Notice of decision” means a written statement by the Executive Director of the Board of State and Community Corrections which contains the formal decision of the Executive Director and the reason for that decision.~~

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

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

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

“Podular design” means a design concept for detention facilities in which housing cells, dormitories or sleeping rooms are positioned around the perimeter of a common dayroom, forming a housing/living unit. Generally, the majority of services for each housing/living unit (such as

dining, medical exam/sick call, programming, school, etc.) occur in specified locations within the unit.

“Post-dispositional youth” means a youth detained in a facility after a dispositional order by the Court.

~~“Primary responsibility” is the ability of a child supervision staff member to independently supervise one or more youth.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Separation” means limiting a youth’s participation in regular programming for a specific purpose.

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

“Sexual orientation” means a person’s emotional, romantic, and sexual attraction for members of the same, opposite or both ~~sexes~~genders.

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

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

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

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

“Special visits” mean visits by persons ~~that may not be other than~~ parents or guardians, those standing in loco parentis, and children of the youth, as outlined in Section 1374 of these regulations ~~and may include mentors, extended family members, role models and spouses.~~

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

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

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

“Transgender youth” means a youth whose gender identity ~~does not correspond with his or her anatomical sex~~ is different from the youth’s assigned sex at birth.

“Trauma” is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an

individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being.

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

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

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

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

"Un-enrolled" means an individual youth is not enrolled in school.

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

"Voyeurism" means an invasion of privacy of a youth by another individual during private activities such as using the toilet or undressing, or by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet in his or her room to perform bodily functions; requiring the youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions. Exceptions would include exigent circumstances or when such viewing is incidental to routine room safety checks.

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

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

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

§ 1303. Pilot Projects.

- (a) The Board may, upon application of a city, county or city and county, grant pilot project status to a program, operational innovation or new concept related to the operation and management of a local juvenile facility. An application for a pilot project shall include, at a minimum, the following information:
- (1) the regulations which the pilot project shall affect;
 - (2) any lawsuits brought against the applicant local juvenile facility, pertinent to the proposal;

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

- (A) program activities, exercise and recreation;
- (B) adequacy of supervision;
- (C) types of youth affected; and,
- (D) classification procedures.

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

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

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

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

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

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

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

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

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

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

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

§ 1304. Alternate Means of Compliance.

- (a) An alternate means of compliance is the long-term method used by a local juvenile facility/system, approved by the Board, to encourage responsible innovation and creativity in the operation of California's local juvenile facilities. The Board may, upon application of a city, county, or city and county, consider alternate means of compliance with these regulations either after the pilot project process has been successfully evaluated or upon direct application to the Board. The city, county, or city and county shall present the completed application to the Board no later than 30 days prior to the expiration of its pilot project, if needed.
- (b) Applications for alternate means of compliance shall meet the spirit and intent of improving facility management, shall be equal to, or exceed the intent of, existing standard(s), and shall include reporting and evaluation components. An application for alternate means of compliance shall include, at a minimum, the following information:
 - (1) any lawsuits brought against the applicant local facility, pertinent to the proposal;
 - (2) a summary of the "totality of conditions" in the facility or facilities, including but not limited to:
 - (A) program activities, exercise and recreation;
 - (B) adequacy of supervision;
 - (C) types of youth affected; and,
 - (D) classification procedures.
 - (3) a statement of the problem the alternate means of compliance is intended to solve, how the alternative shall contribute to a solution of the problem and why it is considered an effective solution;
 - (4) the projected costs of the alternative and projected cost savings to the city, county, or city and county, if any;
 - (5) a plan for developing and implementing the alternative including a time line where appropriate; and,
 - (6) a statement of how the overall goal of providing safety to staff and youth was or would be achieved during the pilot project evaluation phase.
 - (7) documentation of community outreach, engagement or public notice regarding application.
- (c) The Board may consider applications for alternate means of compliance based on the relevance and appropriateness of the proposed alternative, the applicant's history of compliance/non-compliance with regulations, the completeness of the information provided in the application, the experiences of the jurisdiction during the pilot project, if applicable and staff recommendations.
- (d) Within 10 working days of receipt of the application, Board staff shall notify the applicant, in writing, that the application is complete and accepted for filing, or that the application is being returned as deficient and identifying what specific additional information is needed. This does not preclude the Board members from requesting additional information necessary to make a determination that the alternate means of compliance proposed meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application shall be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time and location of the meeting at which the application shall be considered.
- (e) When an application for an alternate means of compliance is approved by the Board, Board staff shall notify the applicant, in writing within 10 working days of the meeting, of any conditions included in the approval and the time period for which the alternate means of

compliance shall be permitted. Regular progress reports and evaluative data as to the success of the alternate means of compliance shall be submitted by the applicant. If disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.

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

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

Article 3. Training, Personnel, and Management

§ 1321. Staffing.

Each juvenile facility shall:

- (a) have an adequate number of personnel sufficient to carry out the overall facility operation and its programming, to provide for safety and security of youth and staff, and meet established standards and regulations;
- (b) ensure that no required services shall be denied because of insufficient numbers of staff on duty absent exigent circumstances;
- (c) have a sufficient number of supervisory level staff to ensure adequate supervision of all staff members;
- (d) have a clearly identified person on duty at all times who is responsible for operations and activities and has completed the Juvenile Corrections Officer Core Course and PC 832 training;
- (e) have at least one staff member present on each living unit whenever there ~~is a youth or are~~ youth in the living unit;
- (f) have sufficient food service personnel relative to the number and security of living units, including staff qualified and available to: plan menus meeting nutritional requirements of ~~the gender and age groups of~~ youth; provide kitchen supervision; direct food preparation and servings; conduct related training programs for culinary staff; and maintain necessary records; or, a facility may serve food that meets nutritional standards prepared by an outside source;
- (g) have sufficient administrative, clerical, recreational, medical, dental, mental health, building maintenance, transportation, control room, ~~institutional-facility~~ security and other support staff for the efficient management of the facility, and to ensure that youth supervision staff shall not be diverted from supervising youth; and,
- (h) assign sufficient youth supervision staff to provide continuous wide awake supervision of youth, subject to temporary variations in staff assignments to meet special program needs. Staffing shall be in compliance with a minimum youth-staff ratio for the following facility types:
 - (1) Juvenile ~~H~~Halls
 - (A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 10 youth in detention;

- (B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth in detention;
 - (C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in detention, unless an arrangement has been made for backup support services which allow for immediate response to emergencies; and,
 - (D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility.
 - (E) personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen or maintenance shall not be classified as youth supervision staff positions.
- (2) Special Purpose Juvenile Halls
- (A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 10 youth in detention;
 - (B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth in detention;
 - (C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in detention, unless an arrangement has been made for backup support services which allow for immediate response to emergencies; and,
 - (D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility, unless an arrangement has been made for immediate same gender supervision.
 - (E) personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen or maintenance shall not be classified as youth supervision staff positions.
- (3) Camps
- (A) during the hours that youth are awake, one wide-awake youth supervision staff member on duty for each 15 youth in the camp population;
 - (B) during the hours that youth are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member on duty for each 30 youth present in the facility;
 - (C) at least two wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in residence, unless arrangements have been made for backup support services which allow for immediate response to emergencies;
 - (D) at least one youth supervision staff member on duty who is the same gender as youth housed in the facility;
 - (E) in addition to the minimum staff to youth ratio required in ~~(e)(2)(A)~~(h)(3)(A)-(B), consideration shall be given to the size, design, and location of the camp; types of offenders-youth committed to the camp; and the function of the camp in determining the level of supervision necessary to maintain the safety and welfare of youth and staff;

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

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

§ 1322. ~~Child-Youth~~ Supervision Staff Orientation and Training.

- (a) Prior to assuming any responsibilities each ~~child-youth~~ supervision staff member shall be properly oriented to ~~his/her~~ their duties, including:
- (1) ~~child-youth~~ supervision duties;
 - (2) scope of decisions ~~he/she~~ they shall make;
 - (3) the identity of ~~his/her~~ their supervisor;
 - (4) the identity of persons who are responsible to ~~him/her~~ them;
 - (5) persons to contact for decisions that are beyond ~~his or her~~ their responsibility; and
 - (6) ethical responsibilities.
- (b) Prior to assuming any responsibility for the supervision of ~~minors~~ youth, each ~~child-youth~~ supervision staff member shall receive a minimum of 40 hours of facility-specific orientation, including:
- (1) individual and group supervision techniques;
 - (2) regulations and policies relating to discipline and ~~basic rights of minors~~ youth pursuant to law and the provisions of this chapter;
 - (3) basic health, sanitation and safety measures;
 - (4) suicide prevention and response to suicide attempts
 - (5) policies regarding use of force, de-escalation techniques, chemical agents, mechanical and physical restraints;
 - (6) review of policies and procedures referencing trauma and trauma-informed approaches;
 - (7) procedures to follow in the event of emergencies;
 - (8) routine security measures, including facility perimeter and grounds;
 - (9) crisis intervention and mental health referrals to mental health services;
 - (10) documentation; and
 - (11) fire/life safety training
- (c) Prior to assuming ~~primary responsibility for sole~~ supervision of ~~minors~~ youth, each ~~child-youth~~ supervision staff member shall successfully complete the requirements of the Juvenile Corrections Officer Core Course pursuant to Penal Code Section 6035.
- (d) Prior to exercising the powers of a peace officer ~~child-youth~~ supervision staff shall successfully complete training pursuant to Section 830 et seq. of the Penal Code.

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

§ 1324. Policy and Procedures Manual.

All facility administrators shall develop, publish, and implement a manual of written policies and procedures that address, at a minimum, all regulations that are applicable to the facility. Such a manual shall be made available to all employees, reviewed by all employees, and shall be administratively reviewed at a minimum every two years, and updated, as necessary. Those

records relating to the standards and requirements set forth in these regulations shall be accessible to the Board on request.

The manual shall include:

- (a) table of organization, including channels of communications and a description of job classifications;
- (b) responsibility of the probation department, purpose of programs, relationship to the juvenile court, the Juvenile Justice/Delinquency Prevention Commission or Probation Committee, probation staff, school personnel and other agencies that are involved in juvenile facility programs;
- (c) responsibilities of all employees;
- (d) initial orientation and training program for employees;
- (e) initial orientation, including safety and security issues and anti-discrimination policies, for support staff, contract employees, school, mental/behavioral health and medical staff, program providers and volunteers;
- (f) maintenance of record-keeping, statistics and communication system to ensure:
 - (1) efficient operation of the juvenile facility;
 - (2) legal and proper care of youth;
 - (3) maintenance of individual youth's records;
 - (4) supply of information to the juvenile court and those authorized by the court or by the law; and,
 - (5) release of information regarding youth.
- (g) ethical responsibilities;
- (h) trauma-informed approaches;
- (i) culturally responsive approaches;
- ~~(g)~~(j) gender responsive approaches;
- ~~(h)~~(k) a non-discrimination provision that provides that all youth within the facility shall have fair and equal access to all available services, placement, care, treatment, and benefits, and provides that no person shall be subject to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, immigration status, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status, including restrictive housing or classification decisions based solely on any of the above mentioned categories;
- ~~(i)~~(l) storage and maintenance requirements for any chemical agents related security devices, and weapons and ammunition, where applicable; used in the facility; and,
- (m) establishment of procedures for collection of Medi-Cal eligibility information and enrollment of eligible youth; and,-
- ~~(j)~~(n) establishment of a policy that prohibits all forms of sexual abuse, sexual assault and sexual harassment. The policy shall include an approach to preventing, detecting and responding to such conduct and any retaliation for reporting such conduct, as well as a provision for reporting such conduct by youth, staff or a third party.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Sections 209 and 14029.5, Welfare and Institutions Code.

§ 1325. Fire Safety Plan.

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

- (a) a fire prevention plan to be included as part of the manual of policy and procedures;
- (b) monthly fire and life safety inspections by facility staff with two-year retention of the inspection record;
- (c) fire prevention inspections as required by Health and Safety Code Section 13146.1(a) and (b);
- (d) an evacuation plan;
- (e) documented fire drills not less than quarterly;
- (f) a written plan for the emergency housing of ~~minors~~ youth in the case of fire; and,
- (g) development of a fire suppression pre-plan in cooperation with the local fire department.

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

§ 1327. Emergency Procedures.

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

- (a) escape, disturbances, and the taking of hostages;
- (b) civil disturbance, active shooter and terrorist attack;
- (c) fire and natural disasters;
- (d) periodic testing of emergency equipment;
- ~~(e) storage, issue and use of chemical agents, related security devices, and weapons and ammunition, where applicable;~~
- ~~(f)~~(e) emergency evacuation of the facility; and
- ~~(g)~~(f) a program to provide all ~~child~~ youth supervision staff with an annual review of emergency procedures.

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

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

§ 1328. Safety Checks.

The facility administrator shall develop and implement policy and procedures that provide for direct visual observation of youth at least a minimum of every 15 minutes, at random or varied intervals during hours when youth are asleep or when youth are in their rooms, confined in holding cells or confined to their bed in a dormitory. Supervision is not replaced, but may be supplemented by an audio/visual electronic surveillance system designed to detect overt, aggressive or

assaultive behavior and to summon aid in emergencies. All safety checks shall be documented with the actual time the check is completed.

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

§ 1329. Suicide Prevention Plan.

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

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

(b) Screening, Identification Assessment and Precautionary Protocols

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

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

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

(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.

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

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

(e) Safety Interventions

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

(A) Housing consideration

(B) Treatment strategies including trauma-informed approaches

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

(f) Communication

(1) The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.

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

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

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

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

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

(h) Documentation

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

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

~~The facility shall have a comprehensive written suicide prevention program developed by the health administrator, mental health director and facility administrator. The program shall include the following:~~

~~a. Suicide prevention training, which may include training provided in accordance with Section 1322, Orientation and Training and Standards and Training for Corrections Regulations pursuant to Penal Code 6035.~~

~~b. Intake screening for suicide risk immediately upon confinement and prior to housing assignment.~~

~~c. Provisions facilitating communication among arresting officers, facility staff, family members, medical and mental health personnel in relation to suicide risk.~~

~~d. Guidance on housing of youth at risk of suicide.~~

~~e. Adequate supervision depending on level of suicide risk.~~

~~f. Suicide and suicide attempt intervention policies and procedures.~~

~~g. Provisions for reporting suicides and suicide attempts.~~

~~h. Critical incident debriefing.~~

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

Article 4. Records and Public Information

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

(1) Death of a Youth. ~~In any case in which a youth dies while detained in a juvenile facility:~~

(a) The facility administrator, in cooperation with the health administrator and the behavioral/mental health director, shall develop written policies and procedures in the event of the death of a youth while detained, which include notifications to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record.

(b) The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure there is a medical and operational review of every in-custody death of a youth. The review team shall include the facility administrator and/or facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.

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

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

(2) Serious Illness or Injury of a Youth.

~~(c) The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to assure that there is a medical and operational review of every in-custody death of a youth. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.~~

~~(d) The facility administrator, in cooperation with the health administrator and the mental health director, shall develop written policies and procedures for handling deaths, suicide attempts, suicide prevention and for notification of the Juvenile Court and the parent, guardian, or person standing in loco parentis, in the event of a serious illness, injury or death of a youth.~~

(a) The facility administrator, in cooperation with the health administrator, shall develop written policies and procedures for the notification to necessary parties, which may include the Juvenile Court, the parent, guardian or person standing in loco parentis and the youth's attorney of record in the case of a serious illness or injury of a youth.

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

§ 1343. Juvenile Facility Capacity.

The Board shall establish the ~~maximum-rated~~ capacity of a juvenile facility based on statute and applicable regulations. When the number of youth detained in a living unit of a juvenile facility exceeds its ~~maximum-rated~~ capacity for more than fifteen (15) calendar days in a month, the facility administrator shall provide a crowding report to the Board in a format provided by the Board. The Executive Director of the Board shall review the juvenile facility's report and initiate a process to make a preliminary determination if the facility is suitable for the continued confinement

of youth. If the Executive Director determines that the facility is unsuitable for the confinement of youth, the recommendation shall be reviewed by the Board at the next scheduled meeting. Notice of the Board's findings and/or actions shall be public record and, at a minimum, will be provided to the facility administrator, ~~p~~Presiding jJuvenile ~~e~~Court jJudge, ~~e~~Chairperson of the hBoard of ~~s~~Supervisors, Probation Commission and ~~j~~Juvenile jJustice ~~e~~Commission within ten working days of the Board meeting.

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

Article 5. Classification and Segregation

§ 1350. Admittance Procedures.

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

- (a) ~~the admittance process shall include;~~~~juvenile halls shall assure that a youth shall be allowed access to a telephone, in accordance with the provisions of Welfare and Institution Code Section 627;~~
 - (1) Access to two free phone calls within one hour of admittance in accordance with the provisions of Welfare and Institution Code Section 627;
 - (2) Offer of a shower;
 - (3) Documented secure storage of personal belongings;
 - (4) Offer of food upon arrival;
 - (5) Screening for physical and behavioral health and safety issues, intellectual or developmental disabilities;
 - (6) Screening for physical and developmental disabilities in accordance with Sections 1329, 1413, and 1430 of these regulations;~~and 1431~~
 - (7) Contact with Regional Center for the Developmentally Disabled for youth that are suspected of or identified as having a developmental disability, pursuant to Section 1413; and,
 - (8) Procedures consistent with Section 1352.5.
- (b) ~~juvenile hall administrators shall establish written criteria for detention~~ that considers the least restrictive environment; ~~and,~~
- (c) ~~juvenile camps and post-dispositional programs in juvenile halls shall develop policies and procedures that advise the youth of the estimated length of stay, inform them of program guidelines and provide~~ shall develop program guidelines that include written screening criteria for inclusion and exclusion from the program.
- (d) ~~juvenile halls shall develop policies and procedures that advise any committed youth of the estimated length of his/her stay.~~

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

§ 1350.5. Screening for the Risk of Sexual Abuse.

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

- (a) Prior sexual victimization or abusiveness;
- (b) Gender nonconforming appearance or manner; or identification as lesbian, gay or bisexual, transgender, queer or intersex, and whether the youth may, therefore, be vulnerable to sexual abuse;
- (c) Current charges and offense history;
- (d) Age;
- (e) Level of emotional and cognitive development;
- (f) Physical size and stature;
- (g) Mental illness or mental disabilities;
- (h) Intellectual or developmental disabilities;
- (i) Physical disabilities;
- (j) The youth's perception of vulnerability; and,
- (k) Any other specific information about the individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth.

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

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

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

§ 1351. Release Procedures.

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

- (a) verification of identity/release papers;
- (b) return of personal clothing and valuables;
- (c) notification to the youth's parents or guardian;
- (d) notification to the facility health care provider in accordance with Sections 1408 and 1437 of these regulations, for coordination with outside agencies; and,
- (e) notification of school staff;
- (f) notification of facility mental health personnel.

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

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

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

§ 1352. Classification.

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

Such procedures shall:

- (a) provide for the safety of the youth, other youth, facility staff, and the public by placing youth in the appropriate, least restrictive housing and program settings. Housing assignments shall consider the need for single, double or dormitory assignment or location within the dormitory;
- (b) consider facility populations and physical design of the facility;
- (c) provide that a youth shall be classified upon admittance to the facility; classification factors shall include, but not be limited to: age, maturity, sophistication, emotional stability, program needs, legal status, public safety considerations, medical/mental health considerations, gender and gender identity and sex of the youth;
- (d) provide for periodic classification reviews, including provisions that consider the level of supervision and the youth's behavior while in custody; and,
- (e) provide that facility staff shall not separate youth from the general population or assign youth to a single occupancy room based solely on the youth's actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status. This section does not prohibit staff from placing youth in a single occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation.
- (f) facility staff shall not consider lesbian, gay, bisexual, transgender, questioning or intersex identification or status as an indicator of likelihood of being sexually abusive.

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

§ 1352.5 Transgender and Intersex Youth.

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

- (a) Facility staff shall respect every youth's gender identity, and shall refer to the youth by the youth's preferred name and gender pronoun, regardless of the youth's legal name. Facilities may prohibit the use of gang or slang names or names that otherwise compromise facility operations as determined by the facility manager or designee, and shall document any decision made on this basis.
- (b) Facility staff shall permit youth to dress and present themselves in a manner consistent with their gender identity, and shall provide youth with the institution's clothing and undergarments consistent with their gender identity.
- (c) Facility staff shall house youth in the unit or room that best meets their individual needs, and promotes their safety and well-being. Staff may not automatically house youth according to their external anatomy, and shall document the reasons for any decision to house youth in a

unit that does not match their gender identity. In making a housing decision, staff shall consider the youth's preferences, as well as any recommendations from the youth's health or behavioral health provider.

(d) Facility administrators shall ensure that transgender and intersex youth have access to medical and behavioral health providers qualified to provide care and treatment to transgender and intersex youth.

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

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

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

§ 1353. Orientation.

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

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

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

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

(d) identification of key staff and their roles;

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

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

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

~~(e)~~ access to counseling services;

~~(f)~~ access to religious services;

~~(g)~~(h) access to educational, religious services, and recreational activities;

~~(h)~~ information on the court process;

(i) housing assignments;

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

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

- (l) availability of reading materials, programmings, and other activities;
- (m) facility policies on the use of force, use of restraints, and chemical agents and room confinement;
- (n) use of force immigration legal services;
- (o) emergency emergencies including and evacuation procedures; and,
- (p) non-discrimination policy and the right to be free from physical, verbal or sexual abuse and harassment by other youth and staff;-
- (q) availability of services and programs in a language other than English if appropriate;
- (r) the process for requesting different housing, education, programming and work assignments;
- (s) a process for which parents/guardians receive information regarding the youth's stay in the facility that at a minimum includes answers to frequently asked questions and provides contact information for the facility, medical, school and mental health; and,
- (t) a process by which youth may request access to Title 15 Minimum Standards for Juvenile Facilities.

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

§ 1354. Separation.

The facility administrator shall develop and implement written policies and procedures that addressing:

- (a) the separation of youth for reasons that include, but are not be limited to, medical and mental health conditions, assaultive behavior, disciplinary consequences and protective custody.
- (b) consideration of positive youth development and trauma-informed care.
- (c) Sseparated youth shall not be denied normal privileges available at the facility, except when necessary to accomplish the objective of separation.
- (d) Wwhen the objective of the separation is discipline, Title 15 Section 1390 shall apply.
- (e) when separation results in room confinement, the separation shall occur in accordance with Welfare and Institutions Code Section 208.3 and Section 1354.5 of these regulations.
- (f) Ppolicies and procedures shall ensure a daily review of separated youth to determine if separation remains necessary.

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

§ 1354.5 Room Confinement.

- (a) The facility administrator shall develop and implement written policies and procedures addressing the confinement of youth in their room that are consistent with Welfare and Institutions Code Section 208.3. The placement of a youth in room confinement shall be accomplished in accordance with the following guidelines:
 - (1) Room confinement shall not be used before other, less restrictive, options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.
 - (2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

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

(b) A youth may be held up to four hours in room confinement. After the youth has been held in room confinement for a period of four hours, staff shall do one or more of the following:

(1) Return the youth to general population.

(2) Consult with mental health or medical staff.

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

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

(A) Document the reasons for room confinement and the basis for the extension, the date and time the youth was first placed in room confinement, and when he or she is eventually released from room confinement.

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

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

(5) This section is not intended to limit the use of single-person rooms or cells for the housing of youth in juvenile facilities and does not apply to normal sleeping hours.

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

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

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

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

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

§ 1355. Institutional Assessment and Plan.

The facility administrator shall develop and implement written policies and procedures ~~for~~ provide that for youth held for 30 days or more, an assessment and case planning shall be developed within 40 days of admission. ~~The assessment and plan shall be documented.~~

(a) Assessment:

The assessment is ~~a statement of~~ based on information collected during the admission process with periodic review, which includes the youth's problems, risk factors, needs and strengths including, but not limited to, identification of substance abuse history, educational,

vocational, counseling, ~~mental behavioral health~~, consideration of known history of trauma, and family reunification strengths and needs.

(b) Institutional Case Plan:

(1) A case plan shall be developed for each youth held for at least 30 days or more and created within 40 days of admission.

(2) The institutional plan, for pre-adjudicated youth, shall include, but not be limited to, written documentation that provides:

~~(1)~~(A) objectives and time frames for the resolution of problems identified in the assessment;

~~(2)~~(B) a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented;

~~(c) In addition to the items noted above, once a youth is adjudicated, the institutional plan shall include, but not be limited to, written documentation that provides:~~

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

~~(1)~~(4) a transition plan, the contents of which shall be subject to existing resources, shall be developed for post dispositional youth in accordance with Section 1351; and,

(5) in as much as possible and if appropriate, the plan, including the transition plan, shall be developed with input from the family, supportive adults, youth, and Regional Center for the Developmentally Disabled.

~~(2) a transition or aftercare plan, subject to existing resources, that is completed prior to the youth being released; and,~~

~~(3) contact with the Regional Center for the Developmentally Disabled for youth that are developmentally disabled, including provisions of Section 1413(b).~~

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

§ 1356. Counseling and Casework Services.

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

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

(b) youth will receive assistance in requesting contact with parents, other supportive adults, attorney, clergy, probation officer, or other public official; and,

(c) youth will be provided ~~services as appropriate to the population housed in the facility, and may include, but not be limited to: substance abuse, family crisis and reunification, counseling, public health and mental health services~~ access to available resources to meet the youth's needs.

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

§ 1357. Use of Force.

The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.

- (a) At a minimum, each facility shall develop ~~policies and procedures~~ statements which:
- (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 define the term "force," and address the escalation and appropriate level of force, while emphasizing the need to avoid the use of force whenever possible and using only that force necessary to ensure the safety and security of youth, staff, and others and the facility;
 - (2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.
 - (3) describe force options or techniques that are expressly prohibited by the facility.
 - (4) describe the requirements for of staff to report the any inappropriate use of force, and to take affirmative action to immediately stop itthe inappropriate use of force;
 - (5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and /or the youth involved.
 - (2)(6) Include an administrative review and a system for investigating unreasonable use of force.
 - (3)(7) define the role, notification, and follow-up procedures required after use of force incidents for of medical, and mental health staff and parents or legal guardians. concerning the use of force; and,
 - (4)(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222define the training which shall be provided and required for the use of force, which shall include: known medical conditions that would contraindicate certain types of force; acceptable chemical agents; methods of application; signs or symptoms that should result in immediate referral to medical or mental health staff; requirements of the decontamination of chemical agents, if such agents are utilized; and appropriate response if the current use of force is ineffective.
- (b) Facilities that authorize chemical agents as a force option shall include policies and procedures that ~~Policies and procedures shall be developed which include, but are not limited to, the types, levels and application of force, documentation of the use of force, a grievance procedure, a system for investigation of the use of force and administrative review, and discipline for the improper use of force. Such procedures shall address:~~
- (1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.the specific use of physical, chemical agent, lethal, and non-lethal force that may, or may not, be used in the facility;
 - (2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful

- ~~or are not reasonably possible, the limitations regarding use of force on pregnant youth in accordance with Penal Code 6030(f) and Welfare and Institutions Code Section 222; and,~~
- (3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agents.~~a standardized format, time period, and procedure for reporting the use of force, including the reporting requirements of management and line staff.~~
 - (4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.
 - (5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.

- (c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address:
- (1) known medical and behavioral health conditions that would contraindicate certain types of force;
 - (2) acceptable chemical agents and the methods of application.
 - (3) signs or symptoms that should result in immediate referral to medical or behavioral health.
 - (4) instruction on the Constitutional Limitations of Use of Force.
 - (5) physical training force options that may require the use of perishable skills.
 - (6) timelines the facility uses to define regular training.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 6030(f), Penal Code; and Section 222, Welfare and Institutions Code.

§ 1358. Use of Physical Restraints.

(a) The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.

(b) —Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior. The circumstances leading to the application of restraints must be documented.

(c) ~~Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.~~

In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is

prohibited. The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.

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

~~(d) In addition to the areas specifically outlined in this regulation, as a minimum, the policy shall address the following areas: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained youth; provision for hydration and sanitation needs; and exercising of extremities.~~

(e) Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.

(f) A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.

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

~~(h) —Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. While in restraint devices all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse. In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. Additionally, the affixing of hands and feet together behind the back (hogtying) is prohibited.~~

~~(i) —The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation reasons.~~

~~(j) —The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.~~

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

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

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

(c) acceptable restraint devices.

- (d) signs or symptoms which should result in immediate medical/mental health referral.
- (e) availability of cardiopulmonary resuscitation equipment.
- (f) protective housing of restrained youth. While in restraint devices, all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse.
- (g) provision for hydration and sanitation needs.
- (h) exercising of extremities.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 6030(f), Penal Code; and Section 222, Welfare and Institutions Code.

§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.

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

- (a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.
- (b) the circumstances leading to the application of restraints must be documented.
- (c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.
- (d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.
- (e) the use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.

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

§ 1359. Safety Room Procedures.

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

- (a)(1) _____ include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;
- (b)(2) _____ provide for approval of the facility manager, or designee, before a youth is placed into a safety room;
- (c)(3) _____ provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;

- ~~(d)(4) _____ provide that the youth shall be evaluated by the facility manager, or designee, every four hours;~~
- ~~(e)(5) _____ provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,~~
- ~~(f) provide that a youth shall be medically cleared for continued retention every 24 hours;~~
- ~~(g) provide that a mental health opinion is secured within 24 hours; and,~~
- ~~(h)(6) _____ provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.~~

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

- (1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.
- (2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.
- (3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.

(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:

- (1) return the youth to general population.
- (2) consult with mental health or medical staff.
- (3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.

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

§ 1360. Searches.

The facility administrator shall develop and implement written policies and procedures governing the search of youth, the facility, and visitors. ~~Searches shall be conducted to ensure the safety and security of the facility, and to provide for the safety and security of the public, visitors, youth, and staff. Searches shall, to the extent possible, be conducted in a manner that preserves the privacy and dignity of the person being searched, and shall not be conducted for harassment or as a form of discipline or punishment. Written Policies and procedures shall address~~provide that:

- (a) Searches shall be conducted to ensure the safety and security of the facility, public, visitors, youth, and staff.~~intake searches;~~
- (b) Searches shall be conducted in a manner that preserves the privacy and dignity of the person being searched, and shall not be conducted for harassment or as a form of discipline

~~or punishment, searching youth who are returning from activities outside of the living unit, court, another facility, or visiting;~~

- (c) Strip searches and visual or physical body cavity searches shall comply with Penal Code Section 4030.~~facility searches;~~
- (d) Physical body cavity searches shall only be conducted by a medical professional.~~searches of visitors; and,~~
- (e) Any youth held after a detention hearing shall only be strip searched with prior approval of a supervisor when there is reasonable suspicion based on specific and articulable facts to believe that youth is concealing contraband. The reasonable suspicion shall be documented.~~cross gender searches; and~~
- (f) ~~searches~~ Searches of transgender and intersex youth shall comply with Section 1352.5(f).
- (g) Cross-gender pat-down searches and strip searches are prohibited except in exigent circumstances or when conducted by a medical professional. Such searches must be justified and documented in writing.

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

§ 1361. Grievance Procedure.

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

- (a) a grievance form and instructions for registering a grievance, which includes provisions for the youth to have free access to the form;
- (b) the youth shall have the option to confidentially file the grievance or to deliver the form to any ~~youth~~ child-care supervision staff working in the facility;
- (c) resolution of the grievance at the lowest appropriate staff level;
- (d) provision for a prompt review and initial response to grievances within three (3) business days. grievances that relate to health and safety issues must be addressed immediately~~a specified time limit;~~
 - (1) The youth may elect to be present to explain his/her version of the grievance to a person not directly involved in the circumstances which led to the grievance.
 - (2) Provision for a staff representative approved by the facility administrator to assist the youth.
- (e) provision for a written response to the grievance which includes the reasons for the decisions; ~~and,~~
- (f) a system which provides that any appeal of a grievance shall be heard by a person not directly involved in the circumstances which led to the grievance;
- (g) resolution of the grievance must occur within ten (10) business days unless circumstances dictate a longer time frame. The youth shall be notified of any delay; and,
- (h) the policy shall provide multiple internal and external methods to report sexual abuse and sexual harassment.

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

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

§ 1362. Reporting of Incidents.

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

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

Article 6. Programs and Activities

§ 1370. Education Program.

(a) School Programs

The County Board of Education shall provide for the administration and operation of juvenile court schools in conjunction with the Chief Probation Officer, or designee pursuant to applicable State laws. The school and facility administrators shall develop and implement written policy and procedures to ensure communication and coordination between educators and probation staff. Culturally responsive and trauma-informed approaches should be applied when providing instruction. Education staff should collaborate with the facility administrator to use technology to facilitate learning and ensure safe technology practices. The facility administrator shall request an annual review of each required element of the program by the Superintendent of Schools, and a report or review checklist on compliance, deficiencies, and corrective action needed to achieve compliance with this section. Such a review, when conducted, cannot be delegated to the principal or any other staff of any juvenile court school site. ~~At the discretion of the Superintendent of Schools, shall conduct this review in conjunction with this review may be conducted by~~ a qualified outside agency or individual. Upon receipt of the review, the facility administrator or designee shall review each item with the Superintendent of Schools and shall take whatever corrective action is necessary to address each deficiency and to fully protect the educational interests of all youth in the facility.

(b) Required Elements

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

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

- (1) The course of study shall comply with the State Education Code and include, but not be limited to, courses required for high school graduation.~~the following:~~
 - (A) ~~English/Language Arts;~~
 - (B) ~~Social Sciences;~~
 - (C) ~~Physical Education;~~
 - (D) ~~Science;~~
 - (E) ~~Health;~~
 - (F) ~~Mathematics;~~
 - (G) ~~Fine Arts/Foreign Language; and,~~
 - (H) ~~Electives (including career education).~~
 - (2) Information and General Education Development (GED) preparation for the High School Equivalency Test as approved by the California Department of Education shall be made available to eligible youth.
 - (3) Youth shall be informed of post-secondary education and vocational opportunities.
 - (4) Administration of the High School Equivalency Tests as approved by the California Department of Education, shall be made available when possible.
 - (5) Supplemental instruction shall be afforded to youth who do not demonstrate sufficient progress towards grade level standards passing the California High School Exit Exam (CAHSEE) as set forth in the Education Code.
 - ~~(4)~~(6) The minimum school day shall be consistent with State Education Code Requirements for juvenile court schools. The facility administrator, in conjunction with education staff, must ensure that operational~~the procedures to deliver youth to their educational program do not interfere with the time afforded for the minimum instructional day.~~ Absences, time out of class or educational instruction, both excused and unexcused, shall be documented.
 - (7) Education shall be provided to all youth regardless of classification, housing, security status, disciplinary or separation status, including room confinement, except when providing education poses an immediate threat to the safety of self or others. Education includes, but is not limited to, related services as provided in a youth's Section 504 Plan or Individualized Education Program (IEP).
- (c) School Discipline
- (1) Positive behavior management will be implemented to reduce the need for disciplinary action in the school setting and~~The educational program shall be integrated into the facility's overall behavioral management plan and security system.~~
 - (2) School staff shall be advised of administrative decisions made by probation staff that may affect the educational programming of students.
 - (3) Except as otherwise provided by the State Education Code, eExpulsion/suspension from school shall be imposed only when other means of correction fails to bring about proper conduct. School staff shall follow the appropriate due process safeguards as set forth in the State Education Code including the rights of students with special needs. School staff shall document the other means of correction used prior to imposing expulsion/suspension if an expulsion/suspension is ultimately imposed.
 - (4) The facility administrator, in conjunction with education staff will develop policies and procedures that address the rights of any student who has continuing difficulty completing a school day.
- (d) ~~Provisions for Individuals with Special Needs~~Populations
- ~~(1) Educational instruction shall be provided to youth restricted to high security or other special units.~~
 - ~~(2)~~(1) State and federal laws and regulations shall be observed for all individuals with disabilities or suspected disabilities. This includes but is not limited to child find, assessment, continuum of alternative placements, manifestation determination reviews,

and implementation of Section 504 Plans and Individualized Education Programs special education needs.

~~(3)~~(2) Youth identified as ~~limited English proficient (LEP)~~ English Learners (EL) shall be afforded an educational program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for ~~LEP~~EL students.

(e) Educational Screening and Admission

(1) Youth shall be interviewed after admittance and a ~~written record prepared~~Maintained that documents a youth's educational history, including but not limited to:

(A) ~~S~~school progress/school history;

(B) Home Language Survey and ~~the California English Language Development Test (CELDT) results of the State Test used for English language proficiency to determine whether the youth is LEP/EL, fluent English proficient (FEP) as defined by the Education Code;~~

(D) Migrant status as defined by the Education Code;

~~(E)~~(C) Needs and services of special populations as defined by the State Education Code, including but not limited to, students with special needs, including special education eligibility when appropriate; and,

~~(F)~~(D) Discipline problems.

(2) Youth will be immediately enrolled in school ~~as soon as possible, but not to exceed three school days after admission to the facility.~~ Educational staff shall conduct an assessment to determine the youth's general academic functioning levels to enable placement in core curriculum courses.

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

(4) ~~If a youth is detained~~Upon enrollment, the education staff shall comply with the State Education Code and request immediately request the youth's records from his/her prior school(s), including, but not limited to, transcripts, Individual Education Program (IEP), 504 Plan, ~~CELDT state language assessment scores, CAHSEE results, immunization records, and exit grades, and partial credits.~~ Upon receipt of the transcripts, the youth's educational plan shall be reviewed with the youth and modified as needed. Youth should be informed of the credits they need to graduate.

(f) Educational Reporting

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

(2) The County Superintendent of Schools shall provide appropriate credit (full or partial) for course work completed while in juvenile court school in accordance with the State Education Code.

(g) Transition and Re-Entry Planning

(1) The Superintendent of Schools and the Chief Probation Officer or designee, shall develop policies and procedures to meet the transition needs of youth, including the development of an education transition plan, in accordance with the State Education Code and in alignment with Title 15, Minimum Standards for Juvenile Facilities, Section 1355.

(h) Post-Secondary Education Opportunities

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

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

§ 1371. Recreation, Programs, Recreation, and Exercise.

~~(a)~~ The facility administrator shall develop and implement written policies and procedures for ~~recreation, programs, recreation,~~ and exercise for all youth. The intent is to ~~maximize minimize~~ the amount of time youth are ~~out of~~in their rooms and ~~not confined to~~or their bed in a dormitory ~~setting~~area.

~~(b)~~ Juvenile facilities shall provide the opportunity for ~~recreation, programs, recreation,~~ and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday or other non-school days, of which one hour shall be an outdoor activity, weather permitting. A youth's participation in programs, recreation, and exercise may be suspended only upon a written finding by the administrator/manager or designee that a youth represents a threat to the safety and security of the facility. Such recreation, program, recreation, and exercise schedule shall be posted in the living units. There will be a written annual review of the programs, recreation, and exercise by the responsible agency to ensure content offered is current, consistent, and relevant to the population.

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

- (1) Cognitive Behavior Interventions;
- (2) Management of Stress and Trauma;
- (3) Anger Management;
- (4) Conflict Resolution;
- (5) Juvenile Justice System;
- (6) Trauma-related interventions;
- (7) Victim Awareness;
- (8) Self-Improvement;
- (9) Parenting Skills and support;
- (10) Tolerance and Diversity;
- (11) Healing Informed Approaches;
- (12) Interventions by Credible Messengers;
- (13) Gender Specific Programming;
- (14) Art, creative writing, or self-expression;
- (15) CPR and First Aid training;
- (16) Restorative Justice or Civic Engagement;
- (17) Restorative Justice or Civic Engagement;
- (18) Career and leadership opportunities; and,
- (19) Other topics suitable to the youth population.

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

~~(d) Programs shall include social awareness programs as outlined in Section 1378.~~

~~(e)(c) Exercise. All youth shall be provided with the opportunity for at least one hour of large muscle activity each day. That one hour of exercise may be suspended only upon a written finding by the administrator/manager that the youth represents a threat to the safety and security of the facility.~~

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

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

§ 1372. Religious Program.

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

Religious programs shall provide for:

- (a) opportunity for religious services and practices;
- (b) availability of clergy; and,
- (c) availability of religious diets.

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

§ 1373. Work Program.

The facility administrator shall develop policies and procedures regarding the fair and consistent assignment of ~~minors youth~~ to work programs. Work assigned to a ~~minor youth~~ shall be meaningful, constructive and related to vocational training or increasing a ~~youth minor's~~ sense of responsibility. Work programs shall not be imposed as a disciplinary measure.

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

§ 1374. Visiting.

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

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

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

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

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

§ 1376. Telephone Access.

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

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

§ 1377. Access to Legal Services.

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

- (a) access, upon request by the ~~minor~~ youth, to licensed attorneys and their authorized representatives;
- (b) provision for confidential consultation with attorneys; and,
- (c) unlimited postage free, legal correspondence and cost-free telephone access as appropriate.

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

~~§ 1378. Social Awareness Program.~~

~~Programs designed to promote social awareness and reduce recidivism shall be provided. Social Awareness Programs shall take into consideration the needs of male and female youth. Such programs may be provided under the direction of the County Board of Education or the chief probation officer and may include: victim awareness; conflict resolution; anger management; parenting skills; juvenile justice; self-esteem; tolerance and diversity; building effective decision making skills; appropriate gender specific programming; and, other topics that suit the needs of the youth. There will be a written annual record review of the programs by the responsible agency to ensure that program content offered is current, consistent, and relevant to the population.~~

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

Article 7. Discipline

§ 1390. Discipline.

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

- (a) bed and bedding;
- (b) daily shower, access to drinking fountain, toilet and personal hygiene items, and clean clothing;
- (c) full nutrition;
- (d) contact with parent or attorney;
- (e) exercise;
- (f) medical services and counseling;
- (g) religious services;
- (h) clean and sanitary living conditions;
- (i) the right to send and receive mail; ~~and,~~
- (j) education; and,
- (k) rehabilitative programming.

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

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

§ 1391. Discipline Process.

The facility administrator shall develop and implement written policies and procedures for the administration of discipline which shall include, but not be limited to:

- (a) designation of personnel authorized to impose discipline for violation of rules;
- (b) prohibiting discipline to be delegated to any youth;
- (c) definition of major and minor rule violations and their consequences, and due process requirements;
- ~~(e)~~(d) trauma-informed approaches and positive behavior interventions;
- ~~(d)~~(e) minor rule violations which may be handled informally by counseling, advising the youth of expected conduct imposing a minor consequence. Discipline shall be accompanied by written documentation and a policy of review and appeal to a supervisor; and,
- ~~(e)~~(f) ~~major rule violations which may include withdrawal from group activities for 24 hours or more or extension of time in custody. M~~major rule violations and the discipline process shall be documented and require the following:
 - (1) written notice of violation prior to a hearing;
 - (2) accommodations provided to youth with disabilities, limited literacy, and English language learners;
 - ~~(2)~~(3) hearing by a person who is not a party to the incident;
 - ~~(3)~~(4) opportunity for the youth to be heard, present evidence and testimony;
 - ~~(4)~~(5) provision for youth to be assisted by staff in the hearing process;
 - ~~(5)~~(6) provision for administrative review.
- ~~(f)~~(g) violations that result in a removal from camp or commitment program, but not a return to court, will follow the due process provisions in subsection (e) above.

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

Article 8. Health Services

§ 1400. Responsibility for Health Care Services.

The facility administrator shall ensure that health care services are provided to all ~~minors~~youth. The facility shall have a designated health administrator who, in cooperation with the behavioral/mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:

- (a) develop policy for health care administration;
- (b) identify health care providers for the defined scope of services;
- (c) establish written agreements as necessary to provide access to health care;
- (d) develop mechanisms to assure that those agreements are properly monitored; and,
- (e) establish systems for coordination among health care service providers.

When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgements.

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

§ 1401. Patient Treatment Decisions.

Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.

Safety and Ssecurity policies and procedures that are applicable to ~~child~~youth supervision staff also apply to health care personnel.

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

§ 1402. Scope of Health Care.

- (a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:
 - (1) at least one ~~physician~~health care provider to provide treatment; and,
 - (2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.
- (b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.
- (c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law.

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

§ 1403. Health Care Monitoring and Audits.

- (a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.
- (b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.
 - (1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.
 - (2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.
- (c) Medical, behavioral/mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.

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

§ 1404. Health Care Staff Qualifications.

- (a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.
- (b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to ~~minors~~youth.
- (c) Appropriate credentials shall be accessible on file at the facility, or in another central location where they are available for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.
- (d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.

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

§ 1406. Health Care Records.

In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain ~~complete~~ individual and dated health records that include when applicable, but are not limited to:

- (a) intake health screening form;
- (b) health appraisals/medical examinations;
- (c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);
- (d) complaints of illness or injury;
- (e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;
- (f) location where treatment is provided;
- (g) medication records in conformance with Title 15, Section 1438;
- (h) progress notes;
- (i) consent forms;
- (j) authorizations for release of information;
- (k) copies of previous health records;
- (l) immunization records; ~~and,~~
- (m) laboratory reports; ~~and,-~~
- (n) individual treatment plan.

Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record. ~~Minors shall not be used to translate confidential medical information for other non-English speaking minors.~~

Health care records shall be retained in accordance with community standards.

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

§ 1407. Confidentiality.

- (a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the minor's-youth's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the minor-youth or others, management of the facility, maintenance of security, and preservation of safety and order.
- (b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.
- (c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.

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

§ 1408. Transfer of Health Care Summary and Records.

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a minor-youth is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:

- (a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;
- (b) relevant health records are forwarded to the health care staff of the receiving facility;
- (c) ~~advance notification is provided to~~ health care staff ~~the local health officer in the sending jurisdiction and responsible physician of the receiving facility prior to~~ or at the time of the release or transfer of minors-youth with known or suspected communicable diseases~~active tuberculosis disease;~~
- (d) ~~applicable written~~ authorization from the minor-youth and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,
- (e) confidentiality of health records is maintained.

~~After minors are released to the community, health record information shall be transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the minor and/or parent/guardian.~~

~~In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that child supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.~~

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

§ 1408.5 Release of Health Care Summary and Records.

After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.

In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.

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

§ 1412. First Aid/AED and Emergency Response.

The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.

- (a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.
- (b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard~~The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.~~

Child-Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.

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

§ 1413. Individualized Treatment Plans.

With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director /responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who ~~have received~~ are receiving services for significant medical, behavioral/mental health or dental health care concerns. Policies and procedures shall assure:

- ~~(a) Policies and procedures shall assure that h~~Health care treatment plans are considered in facility program planning.
- (b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.
- ~~(c) Relevant Medical and mental health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care~~treatment planning and implementation.
- ~~(d) Program planning shall include pre-release arrangements for continuing medical and mental health care, together with participation in relevant programs upon return into the community.~~
- ~~(e)~~(d) Policies and procedures shall address aAccommodations for youth who may have special needs when using showers and toilets and dressing/undressing.

~~Policy and procedures shall require that any youth who is suspected or confirmed to be developmentally disabled is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.~~Treatment planning by health care providers shall address:

- (a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.
- (b) Participation in relevant programs upon return into the community to ensure continuity of care.
- (c) Youth and family participation (if applicable and available).
- (d) Cultural responsiveness, awareness and linguistic competence.
- (e) Physical and psychological safety.
- (f) Traumatic stress and trauma reminders when applicable.

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

§ 1415. Health Education.

With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator ~~and the local health officer~~, shall develop written policies and procedures to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dentalage and sex-appropriate health education and disease prevention programs are provided to youth. ~~offered to minors.~~

The education program content shall be updated as necessary to address current health and community priorities ~~and that~~ meet the needs of the confined population.

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

§ 1416. Reproductive Services and Sexual Health.

For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to both male and female minors all youth in accordance with current public health guidelines.

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

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

§ 1417. Pregnant/Post-Partum Youth ~~Minors.~~

With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant and post-partum youth ~~minors that address the following: a diet, vitamins~~

and education as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Sections 220, 221, and 222.

Written policies and procedures shall also include the following:

- (a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.
- (b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,
- (c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.
- (d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.

Note: Authority cited: Sections 210 and 885, Welfare and Institutions Code. Reference: Section 6030(e), Penal Code; and Sections 220, 221, and 222, Welfare and Institutions Code.

§ 1418. Youth with Developmental Disabilities.

Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.

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

§ 1430. Medical Clearance/Intake Health and Screening.

The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures ~~defining shall also define~~ when a health evaluation and/or treatment shall be obtained prior to acceptance for booking. ~~Policies and procedures shall also establish a documented intake health screening procedure to be conducted immediately upon entry to the facility.~~

For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.

~~(a) The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a minor youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the minor youth.~~

Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.

Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.

~~At a minimum, such criteria shall provide:~~

- ~~(1) a minor who is unconscious shall not be accepted into a facility;~~
- ~~(2) minors who are known to have ingested or who appear to be under the influence of intoxicating substances shall be cleared in accordance with Section 1431;~~
- ~~(3) written documentation of the circumstances and reasons for requiring a medical clearance whenever a minor is not accepted for booking; and,~~
- (4) written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility shall be received prior to accepting any minor referred for a pre-booking treatment and clearance.

~~(b) Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every minor-youth booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained child-youth supervision staff.~~

~~(1) Screening procedures shall address include but not be limited to: medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.~~

- (a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;
- (b) Health conditions that require treatment while the youth is in the facility; and,
- (c) Identification of the need for accommodations eg. physical or developmental disabilities, gender identity or medical holds.

~~(2) Any minor-youth suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by health-care staff.~~

~~(3) Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.~~

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

§ 1431. Intoxicated and Youth and Youth With a with Substance Abusing Youth Use Disorder.

- (a) The responsible health administrator/physician, in cooperation with ~~the health administrator~~ and the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other drug-substance intoxication, Withdrawal, and treatment of substance use disorder in accordance with Section 1430.

(b) Policy and procedures shall address:

- (1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;
- ~~(4)~~(2) designated housing, including use of any protective environment for placement of intoxicated youth;
- ~~(2)~~(3) symptoms ~~or~~ known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;
- ~~(3)~~(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;
- ~~(4)~~(5) medical responses to youth experiencing intoxication or withdrawal reactions;
- ~~(5)~~(6) management of pregnant youth who use alcohol or other ~~drugs~~ substances;
- ~~(6)~~(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355; ~~and~~,
- (8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.
- (9) how, when and by whom the youth will be monitored when intoxicated;
- (10) the frequency of monitoring and the documentation required;
- (11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,
- ~~(7)~~(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation.

~~(c) A medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to their own safety or the safety of others. Supervision of intoxicated youth who are cleared to be booked into a facility shall include monitoring by personal observation no less than once every 15 minutes until resolution of the intoxicated state. These observations shall be documented, with actual time of occurrence recorded. Medical staff, or child supervision staff operating pursuant to medical protocols, shall conduct a medical evaluation for all youth whose intoxicated behavior persists beyond six hours from the time of admission.~~

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

§ 1432. Health Appraisals/Medical Examinations Assessment.

The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health appraisal/~~medical examination~~ assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth.

(a) The health appraisal/~~medical examination~~ assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.

- (1) At a minimum, the health ~~evaluation/assessment~~ shall include, ~~but is not limited to,~~ a health history, examination, laboratory and diagnostic testing, and ~~necessary~~ immunizations ~~reviews~~ as outlined below:
- (A) The health history includes ~~but is not limited to:~~ Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other ~~drugs/substances~~), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.
 - (B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, ~~gross~~ hearing tests/screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.
 - (C) Laboratory and diagnostic testing includes, ~~but is not limited to:~~ Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, ~~pap smears~~, urinalysis, hemoglobin or hematocrit.
 - (D) Review and update of the immunization records within two weeks in accordance with current public health guidelines. ~~Immunizations shall be verified and, within two weeks of the health appraisal/medical examination, a program shall be started to bring the youth's immunizations up to date in accordance with current public health guidelines.~~
- (2) The physical examination and laboratory and diagnostic testing components of the health assessment/health examination may be modified by the health care provider responsible physician, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission excluding holidays.
- (3) Physical exams shall be updated annually for all youth.
- (b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical ~~evaluation and clearance/assessment~~. If this ~~evaluation and clearance/assessment~~ cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for ~~tuberculosis/communicable disease~~.
 - (c) For youth who are transferred to and from juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health ~~appraisal/medical examination/assessment~~:
- (1) is received from the sending facility at or prior to the time of transfer;

- (2) is reviewed by designated health care staff at the receiving facility; and,
- (3) ~~is identified and any missing required assessments are scheduled within 96 hours absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the youth within 96 hours of admission, excluding holidays.~~
- (d) The health administrator/responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.

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

§ 1433. Requests for Health Care Services.

The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency medical, dental and behavioral/mental health care services.

- (a) ~~There Youth~~ shall be provided the opportunity ~~ies to confidentially convey either through, for both written and or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made including provision~~ for youth who have language or literacy barriers.
- (b) ~~Child Youth~~ supervision staff shall relay requests from the youth, initiate referrals when a need for health care services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.
- (c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness of each youth on a daily basis and in the event of possible injury.
- (d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency medical and behavioral/mental health care services.
- (e) Provision shall be made for any youth requesting medical, dental and behavioral/mental health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.
- (f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.

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

§ 1434. Consent and Refusal for Health Care.

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.

- (a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

- (b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.
- (c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.
- (d) Conservators can provide consent only within limits of their court authorization.

Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.

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

§ 1436. Prostheses and Orthopedic Devices.

- (a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.
- (b) Prostheses shall be provided when the health of the ~~minor~~ youth would otherwise be adversely affected, as determined by the responsible physician.
- (c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.

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

§ 1437. Mental Health Services and Transfer to a Treatment Facility.

The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:

- (a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs
- (b) assessment by a behavioral/mental health provider when indicated by the screening process;
- ~~(a)(c)~~ therapeutic services and preventive services where resources permit;
- ~~(b)(d)~~ crisis intervention and the management of acute psychiatric episodes;
- ~~(e)(e)~~ stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;
- ~~(d)~~ elective therapy services and preventive treatment where resources permit;
- ~~(e)(f)~~ initial and periodic medication support services;
- ~~(f)~~ provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility;
- and,

- (g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, ~~or who is receiving psychotropic medication~~ shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.
- (h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and ~~therapeutic services from behavioral/mental health providers, including providers in the community where appropriate.~~

~~Mentally disordered youth who appear to be a danger to themselves or others, or to be gravely disabled, shall be evaluated either pursuant to applicable statute or by on-site licensed health personnel to determine if treatment can be initiated at the juvenile facility.~~ Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.

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

§ 1437.5. Transfer to a Treatment Facility.

The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:

- (a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and
- (b) Provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility.

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

§ 1438. Pharmaceutical Management.

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

- (a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:
 - (1) securely lockable cabinets, closets, and refrigeration units;
 - (2) a means for the positive identification of the recipient of the prescribed medication;
 - (3) administration/delivery of medicines to youth as prescribed;
 - (4) confirmation that the recipient has ingested the medication;
 - (5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;

- (6) prohibition of the delivery of medication from one youth to another;
 - (7) limitation to the length of time medication may be administered without further medical evaluation;
 - (8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;
 - (9) training by medical staff for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication; ~~and,~~
 - (10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator; ~~and,~~
 - (11) transition planning, including plan for uninterrupted continuation of medication.
- (b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:
- (1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.
 - (2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.
 - (3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.
 - (4) Preparation of labels can be done by a licensed physician, dentist, pharmacist or other personnel, ~~both licensed and trained 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 youth. Labels shall be prepared in accordance with Section ~~4047.5~~4076 and 4076.5 of the Business and Professions Code.
 - (5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.
 - (6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
 - (7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
 - (8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.
- (c) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.

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

§ 1439. Psychotropic Medications.

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

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

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

§ 1452. Collection of Forensic Evidence.

The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the ~~minor~~youth.

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

§ 1453. Sexual Assaults.

The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement ~~when they occur in the facility.~~

The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.

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

§ 1454. Participation in Research.

The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Human subjects Such research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. Written policy and procedure shall require assurances for the safety of the youth and informed consent.

~~Participation shall not be a condition for obtaining privileges or other rewards in the facility. This regulation does not preclude the collection and analysis of routine facility data or use of Investigational New Drug protocols that are available in the community. Neither does it prohibit blind studies of disease prevalence performed under the auspices of the local health officer. The court, health administrator, and facility administrator shall be informed of all such proposed actions.~~

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

Article 9. Food

§ 1460. Frequency of Serving.

~~Feed~~ Meals shall be served at least three times in any 24-hour period. At least one of these meals shall include hot food. ~~Supplemental f~~ Food shall be offered to ~~minors-youth~~ at the time of initial intake; ~~;~~ shall be served to minors-youth if more than 14 hours pass between meals; ~~;~~ and shall be served to minors-youth on medical diets as prescribed by the attending physician. A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.

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

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

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

§ 1461. Minimum Diet.

Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities shall have a written process for how -vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards. Facilities electing to provide vegetarian diets, and facilities that provide religious diets, shall also conform to these nutrition standards.

The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.

(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:

2 to 3 oz. (without bone) lean, cooked meat, poultry or fish

2 medium eggs

1 cup cooked dry beans, peas, or lentils

4 Tbsp. peanut butter

8 oz. tofu

2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP

1/2 cup seeds

2/3 cup nuts

- (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. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.

One serving equals, but is not limited to, one of the following examples:

8 oz. fluid milk (nonfat, 1% or 2% reduced fat)

1 1/2 oz. natural cheese

2 oz. processed cheese

1 1/2 cups of lowfat, or nonfat cottage cheese

1 1/2 cups of ice milk, or ice cream

1/3 cup nonfat dry milk

1/2 cup nonfat, or lowfat evaporated milk

1 cup nonfat, or lowfat plain yogurt

1 cup pudding

- (c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit. The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:

(1) One serving of a fresh fruit or vegetable.

(2) One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to, the following examples:

Broccoli	Orange juice
Brussels Sprouts	Potato (baked only)
Cabbage	Strawberries
Cantaloupe, or honeydew melon	Tangerine, large
Cauliflower	Tomato paste
Green and red peppers (not dehydrated)	Tomato puree
Greens collards including kale, turnip, and mustard greens	Tomato juice
Grapefruit	Tomato sauce (6 oz.)
Grapefruit juice	Vegetable juice cocktail

Orange	
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(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to, the following examples:

Apricot nectar (6 oz.)	Peas and carrots
Apricots	Pumpkin
Cantaloupe	Red peppers
Carrots	Sweet potatoes or yams
Greens, including kale, beets, chard, mustard, turnips, or spinach	Vegetable juice cocktail (6 oz.)
Mixed vegetables with carrots	Winter squash

(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to, one of the following examples:

Bread, white (including French and Italian), whole wheat, rye, pumpernickel, or raisin	1 slice
Bagel, small	1/2
English muffin, small	1/2
Plain roll, muffin or biscuit	1
Frankfurter roll	1/2
Hamburger bun	1/2
Dry bread crumbs	3 Tbsp.
Crackers:	
Arrowroot	3
Graham, 2 1/2 "	2
Matzo, 4" x 6"	1/2
Oyster	20
Pretzels, 3 1/8" long, 1/8" diameter	25
Rye wafers, 2" x 3 1/2"	3
Soda, 2 1/2" sq.	6
Ready-to-eat unsweetened cereal	3/4 cup
Cereal, cooked	1/2 cup
Barley, couscous, grits, macaroni, noodles, pastas, rice, spaghetti, etc.	1/2 cup
Cornmeal, dry	2 Tbsp.
Flour (wheat, whole wheat, carob, soybean, cornmeal, etc.)	2 1/2 Tbsp.
Wheat germ	1/4 cup
Pancakes, 5"	1
Waffle, 5"	1
Tortilla, 6" (corn/flour)	1

The following are examples of whole grains and whole grain products:

Barley	Pumpernickel bread
Bran	Rolled oats
Brown rice	Rye
Corn meal	Whole grain
tortilla	bagels, muffins, and crackers, graham
baked taco/tostada shell	hot cereal
Cracked wheat (bulgur)	pancakes and waffles
Flour	ready-to-eat cereal
carob	Whole wheat
soybean	bread
whole wheat	rolls
Oatmeal	tortilla
Popcorn	

- (e) ~~Calories. The average~~Recommended daily caloric allowances shall be based on the level of physical activities and shall be ~~1800-2000 calories for both females 11 to 18 years of age; 2000-2800 calories for~~and males ~~11 to 18 years of age~~is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.
- (1) ~~Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated~~Providing only the minimum servings outlined earlier in this regulation is not sufficient to meet the youths' caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal groups shall be provided in amounts to meet caloric requirements. Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.
- (2) In keeping with chronic disease prevention goals, total dietary saturated fat should shall not exceed ~~30-10~~percent of total calories on a weekly basis. ~~Fat shall be added only in minimum amounts necessary to make the diet palatable~~Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.
- (f) ~~Sodium. In keeping with the 2010 Dietary Guidelines for Adults, facilities shall reduce the sodium content of menus. Herbs and spices may be used to improve the taste and eye appeal of food served.~~

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

§ 1462. Medical Diets.

Only the attending physician shall prescribe a medical diet. The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian. The facility manager shall comply with any medical diet prescribed for a ~~minor~~youth. Diet orders shall be maintained on file for at least one year.

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

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

§ 1464. Food Service Plan.

Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to ~~prepare~~ complete a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility ~~administrator~~ manager shall ~~prepare~~ complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:

- (a) menu planning;
- (b) purchasing;
- (c) storage and inventory control;
- (d) food preparation;
- (e) food serving;
- (f) transporting food;
- (g) orientation and on-going training;
- (h) personnel supervision;
- (i) budgets and food costs accounting;
- (j) documentation and record keeping;
- (k) emergency feeding plan;
- (l) waste management; ~~and~~,
- (m) maintenance and repair;
- (n) hazard analysis critical control point plan; and,
- (o) provision for maintaining three days of meals for testing in the event of food-borne illness.

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

§ 1465. Food Handlers Education and Monitoring.

The facility ~~administrator~~ manager, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers

receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.

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

§ 1467. Food Serving and Supervision.

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

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

Article 10. Clothing and Personal Hygiene

§ 1480. Standard Facility Clothing Issue.

The youth's personal clothing, undergarments and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear. Clothing provisions shall ensure that:

- (a) clothing is clean, reasonably fitted, durable, easily laundered, ~~and~~ in good repair, and free of holes and tears; ~~and;~~
- (b) the standard issue of climatically suitable clothing for youth shall consist of but not be limited to:
 - (1) socks and serviceable footwear;
 - (2) outer garments; and,
 - (2)(3) new non-disposable underwear which shall remain with the youth throughout their stay, and;
 - (3)(4) undergarments, that are freshly laundered and free of stains, including shorts and tee shirts, and bras, for males, and bra and panties for females.
- (c) clothing is laundered at the temperature required by local ordinances for commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer.
- (e)(d) suitable clothing is issued to pregnant youth.

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

§ 1482. Clothing Exchange.

The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled exchange of clothing. Unless work, climatic conditions, or illness necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week. Tee shirts, bras, and underwear shall be exchanged daily;

youth shall receive their own underwear back at exchange. Undergarments and socks shall be exchanged daily.

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

§ 1483. Clothing, Bedding and Linen Supply.

There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the facility population. Each facility shall have a written procedure for acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner. Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.

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

§ 1484. Control of Vermin in Youths' Personal Clothing.

There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing. Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.

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

§ 1485. Issue of Personal Care Items.

There shall be written policies and ~~site-specific~~site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items. Each female youth shall be provided with sanitary napkins, panty liners and/or tampons as ~~needed~~requested. Each youth to be held over 24 hours shall be provided with the following personal care items:

- (a) toothbrush;
- (b) ~~dentifrice~~toothpaste;
- (c) soap;
- (d) comb; ~~and,~~
- (e) shaving implements-;
- (f) deodorant;
- (g) lotion;
- (h) shampoo; ~~and,~~
- (i) post-shower conditioning hair products.

Youth shall not be required to share any personal care items listed in items (a) through (d). Liquid soap provided through a common dispenser is permitted. Youth shall not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method

prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.

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

§ 1487. Shaving.

~~Male y~~ Youth shall ~~be allowed to shave their faces daily~~ have access to a razor daily, unless their appearance must be maintained for reasons of identification in Court. All youth shall have equal opportunity to shave face and body hair. ~~Female youth shall be allowed to shave their underarms and legs once per week.~~ The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.

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

Article 11. Bedding and Linens

§ 1500. Standard Bedding and Linen Issue.

Clean laundered, suitable bedding and linens, in good repair, shall be provided for each ~~minor~~ youth entering a living area who is expected to remain overnight, shall include, but not be limited to:

- (a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;
- (b) one pillow and a pillow case unless provided for in (a) above;
- (c) one mattress cover and a sheet or two sheets;
- (d) one towel; and,
- (e) one blanket or more, upon request. ~~depending upon climatic conditions.~~

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

Article 12. Facility Sanitation and Safety

§ 1510. Facility Sanitation, Safety and Maintenance.

The facility administrator shall develop and implement written policies and ~~site specific~~ site-specific procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. The plan shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner. The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).

Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.

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

§ 1511. Smoke Free Environment.

The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff~~to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures shall assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.~~

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