BSCC #5280

County of Santa Cruz

HEALTH SERVICES AGENCY

Public Health Division

1080 Emeline Avenue, Santa Cruz, CA 95060

(831) 454-4478 Fax: (831) 454-5048

Lisa Hernandez, MD, MPH, Public Health Officer

October 3, 2025

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

2025 TITLE 15 INSPECTIONS OF THE SANTA CRUZ COUNTY MAIN JAIL

To whom it may concern:

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

On July 11, 2025, as Health Officer for the County of Santa Cruz, I conducted the 2025 annual physical inspection of the Santa Cruz County Main Jail, along with the following team members:

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

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

Onsite Environmental Health and Nutritional Health inspections were conducted by the following:

Jennifer Mead, Environmental Health Specialist
Santa Cruz County Health Services Agency, Environmental Health Division
Caren Dix, RDN, Nutrition Consultant.

These reports are attached.

Overall, Title 15 inspections in 2025 found the facility to be well maintained and clean, with dedicated Health and Custody staff who work together to care for the inmates.

There were no deficiencies identified in the Environmental Health, Nutritional Health, and Medical/Mental Health inspections. I concur with the findings.

I recommend that NaphCare revise their tuberculosis screening and treatment protocols to ensure alignment with the California Tuberculosis Controllers Association guidelines for active tuberculosis and latent tuberculosis infection.

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

Please contact me with concerns or questions.

Sincerely,

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

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

BSCC #: 5280

FACILITY NAME: Santa Cruz County Main Jail			COUNTY: Santa Cruz	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 259 Water Street, Santa Cruz, CA95060				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II x☐	TYPE III ☐	TYPE IV ☐
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 7/11/2025		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, CCHP 408-790-7366 ChiaFNP@gmail.com				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Socorro Luna Socotto.luna@santacruzcountyca.gov Belen Mendoza Aramark Food Services Director. Mendoza-Belen1@aramark.com John Reed Compliance Officer Kyle Ward Supervisor Compliance Officer Sarah Hewett HSA Naphcare 831-454-7894 Sarah.Hewett@santacruzcountyca.gov Hillary Brandt Director of Nursing Hillary.Brandt@naphcare.com Pam Stevens MH director Pamela.stevens@naphcare.com Lisa Hernandez MD, MPH Public Health Officer Lisa.Hernandez@santacruzcountyca.gov Karissa LeClair Cortez, MD, MPH Deputy Public Health Officer Karissa.leclair-cortez@santacruzcountyca.gov Emillie Feenan, Director of Nursing Emillie.freenan@santacruzcountyca.gov Brenda Campbell, Behavioral Health Program Manager. Brenda.campbell@santacruzcountyca.gov				

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

III. MEDICAL/MENTAL HEALTH EVALUATION[1]
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1200 RESPONSIBILITY FOR HEALTH CARE SERVICES (a) In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all incarcerated persons.	☒	☐	☐	Naph Care is a contracted agency providing medical and mental health services to all inmates since July 1, 2024. All deputies are CPR/AED certified every year, per Standards and Training for Corrections (STC). The Sheriff's Office reported that all officers have current CPR certifications.
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible qualified health care professionals, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.	☒	☐	☐	Medical Director, MD Salvatore Fratianni, DDS Choi or DDS Anderson, and the psychiatrist, Dr. Acuna make final clinical decisions.
Each facility shall have at least one physician available.	☒	☐	☐	A MD is on site at least weekly plus a full-time nurse practitioner. A psychiatrist is on site 8 hours per week, and a full-time psychiatric nurse practitioner, Mark Aganya, is on duty 40 hours per week for all four facilities.
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.	☐	☐	☒	Type II Facility.
1202 HEALTH SERVICE AUDITS The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	☒	☐	☐	
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	☒	☐	☐	Quality Improvement committee meets quarterly to identify care issues and develop interventions.
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	☒	☐	☐	
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	☒	☐	☐	Annual report of 2024 reviewed: The average daily population was 327. Approximately 72% of the population was prescribed medications and of that total, nearly 42% were taking some form of Mental Health medication. An average of 49 inmates were on MAT medication per month in addition to 14 community MAT medication continuations per month.

[1] This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1203 HEALTH CARE STAFF QUALIFICATIONS State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	☒	☐	☐	All health care providers and nurses' licenses are closely monitored by the Director of Nursing.
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	☒	☐	☐	
1204 HEALTH CARE PROCEDURES Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	☒	☐	☐	The medical director is on-site at least weekly plus a full time nurse practitioner. RNs are trained in standardized procedures with online annual review courses.
1205 HEALTH CARE RECORDS (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to: (1) receiving screening form/history;	☒	☐	☐	EMR, the "Tech Care" system is in place.
(2) health evaluation reports;	☒	☐	☐	
(3) complaints of illness or injury;	☒	☐	☐	
(4) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	☒	☐	☐	
(5) location where treated; and,	☒	☐	☐	
(6) medication records in conformance with section 1216.	☒	☐	☐	
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	☒	☐	☐	"Tech Care" health records are separated from the Sheriff's Jail Management System (JMS).
The health authority shall ensure the confidentiality of each incarcerated person's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the person's other jail records.	☒	☐	☐	
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the incarcerated person or others, management of the jail, or maintenance of jail security and order.	☒	☐	☐	
(c) Written authorization by the incarcerated person is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	☒	☐	☐	
(d) Incarcerated persons shall not be used for health care recordkeeping.	☒	☐	☐	No inmates are used for health care.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206 HEALTH CARE PROCEDURES MANUAL The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to: (a) summoning and application of proper medical aid;	☒	☐	☐	Policies and procedures are reviewed, at a minimum, annually.
(b) contact and consultation with other treating health care professionals;	☒	☐	☐	
(c) emergency and non-emergency medical and dental services, including transportation;	☒	☐	☐	Dominican Hospital provides emergency services.
(d) provision for medically required dental and medical prostheses and eyeglasses;	☒	☐	☐	DDS Choi and DDS Anderson are at the main jail three days per week, Monday, Thursday and Friday.
(e) notification of next of kin or legal guardian in case of serious illness which may result in death;	☒	☐	☐	
(f) provision for screening and care of pregnant and lactating people, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;	☒	☐	☐	Intake screenings are conducted by nurses. Additional medical and mental health screenings take place prior to housing for inmates who are not cited and released. Community contracted OB/GYN services are available for pregnant and lactating inmates.
(g) screening, referral, and care of incarcerated persons who may be in behavioral crisis or have developmental disabilities;	☒	☐	☐	
(h) implementation of special medical programs;	☒	☐	☐	
(i) management of incarcerated persons suspected of or confirmed to have communicable diseases;	☒	☐	☐	All inmates are screened at intake. TB skin tests are completed for all inmates who meet criteria after admission (see summary). One negative flow cell is available in the infirmary, cell number four. The maintenance records by Accustat, dated June 9, 2025 were reviewed.
(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;	☒	☐	☐	Naph Care pharmacy provides routine medications.
(k) use of non-physician personnel in providing medical care;	☒	☐	☐	
(l) provision of medical diets;	☒	☐	☐	Common special diets include diabetic, dental soft diet, soy allergy, cardiac diet, and vegetarian diets. Aramark provides a 4-week cycle menu.
(m) patient confidentiality and its exceptions;	☒	☐	☐	
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each incarcerated person is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for incarcerated persons with known or suspected active tuberculosis disease.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	☒	☐	☐	
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	☒	☐	☐	
Necessary medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and incarcerated passengers from disease transmission during transport;	☒	☐	☐	
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to incarcerated people;	☒	☐	☐	Health staff do not collect evidence. Custody uses a body scanner for inmates upon booking.
(p) provisions for application and removal of restraints on pregnant people consistent with Penal Code Section 3407;	☒	☐	☐	
(q) other Services mandated by statute; and,	☒	☐	☐	
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services within seven days of request, and no-cost access to contraception and STD treatment, for incarcerated persons who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	☒	☐	☐	Education on contraception methods is conducted by the providers with no cost for the contraceptives inmates choose. Inmates who will be housed in the jail are assessed at the booking area by an RN and a mental health assessment is done by a clinician prior to housing.
1206.5 MANAGEMENT OF COMMUNICABLE DISEASES (a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	☒	☐	☐	All inmates are screened for communicable diseases and suspected inmates are referred to providers for clearance and isolation if warranted. Inmates 65 years of age or older are required to have a medical clearance from the emergency room prior to booking.
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	☒	☐	☐	
The plan shall reflect the current local incidence of communicable diseases which threaten the health of incarcerated people and staff.	☒	☐	☐	
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) the types of communicable diseases to be reported;	☒	☐	☐	The CMR (Confidential Morbidity Report) form is completed and sent to the Public Health Department as required.
(2) the persons who shall receive the medical reports;	☒	☐	☐	
(3) sharing of medical information with incarcerated persons and custody staff;	☒	☐	☐	
(4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	☒	☐	☐	
(5) medical confidentiality requirements;	☒	☐	☐	
(6) housing considerations based upon behavior, medical needs, and safety of the affected incarcerated persons;	☒	☐	☐	
(7) provision for consent by an incarcerated person that address the limits of confidentiality; and,	☒	☐	☐	
(8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	☒	☐	☐	
1207 MEDICAL RECEIVING SCREENING A screening shall be completed on all incarcerated persons at the time of intake	☒	☐	☐	Inmates 65 years of age or older must be medically cleared by a hospital prior to booking. Intake screening is completed by nurses.
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases.	☒	☐	☐	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.	☒	☐	☐	
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).	☒	☐	☐	There is an AED in the booking area and the AED pad expires 11/30/2025. All AEDs are checked monthly by compliance officers.
There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	☒	☐	☐	A written policy is in place.
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1207.5 SPECIAL BEHAVIORAL HEALTH ASSESSMENT An additional mental health screening will be performed, according to written procedures, on incarcerated persons who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.	☒	☐	☐	Mental disorder assessment is part of intake screening with follow-up by a mental health clinician if needed. All inmates are assessed by MH clinicians prior to housing.
1208 ACCESS TO TREATMENT The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and referring any incarcerated person who appears to be in need of medical, mental health, dental, or developmental disability treatment at any time during their incarceration subsequent to the receiving screening.	☒	☐	☐	Locked sick call boxes are in all housing areas in addition to the tablet electronic sick call request system (Smart communication).
The written plan shall also include the assessment and treatment of such persons as described in Section 1207, Medical Receiving Screening.	☒	☐	☐	Inmates are advised orally and via a handbook regarding access to care during the intake process.
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and direction of licensed health personnel.	☒	☐	☐	
1208.5 HEALTH CARE MAINTENANCE For people undergoing prolonged incarceration, an age appropriate and risk factor-based health maintenance visit shall take place within the person's second year of incarceration.	☒	☐	☐	Health appraisals are scheduled for inmates who stay more than a year, including physical and dental appraisals.
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health.	☒	☐	☐	
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals, but not to exceed one year, as determined by the responsible physician.	☒	☐	☐	
1209 MENTAL HEALTH SERVICES AND TRANSFER TO A TREATMENT FACILITY (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	☒	☐	☐	Mental health services are provided by Naph Care.
1. Identification and referral of incarcerated persons with mental health needs;	☒	☐	☐	All inmates regardless of history are screened and assessed by mental health clinicians within 72 hours of booking.
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	☒	☐	☐	A psychiatrist is on site 8 hours per week, and a psychiatric nurse practitioner is on duty 40 hours per week for four facilities.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
3. Crisis intervention services;	☒	☐	☐	5.0 FTE clinicians plus three per-diem staff cover crisis intervention services, 0700- 1230, seven days per week. No mental health staff on-site 1230-0700.
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☒	☐	☐	Mental health clinicians see inmates based on a referral system but all inmates go through mental health assessments prior to housing.
5. Medication support services;	☒	☐	☐	
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	☒	☐	☐	Health staff and mental health clinicians use the same EMR "Tech Care," and share information.
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	☒	☐	☐	No LPS unit in this facility. Safety cells are used for suicide risk inmates or destructive behaviors. The facility uses Telecare for inmates needing further evaluation if they meet 5150 criteria. MH clinicians are trained to initiate 5150 holds. Inmates who appear to be a danger to themself or others, or to be gravely disabled are transferred for further evaluation to a designated Lanterman Petris Short treatment facility.
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	☐	☐	☒	The facility is not implementing PC 1369.1. The Early Access and Stabilization Services (EASS) program is in place. The program is in partnership with the Department of State Hospitals (DSH) and provides treatment services to Incompetent to Stand Trial (IST) incarcerated patients.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	☐	☐	☒	On the day of the inspection, there were two inmates enrolled in the EASS program.
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	☐	☐	☒	
3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff;	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	☐	☐	☒	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	☐	☐	☒	
6. Documentation of the administration of involuntary medication in the incarcerated person's medical record.	☐	☐	☒	
1210 INDIVIDUALIZED TREATMENT PLANS (a) For each person treated by a mental health service in a jail, the responsible mental health care provider shall develop a written treatment plan.	☒	☐	☐	Staff documentation using SOAP format.
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	
(b) For each person treated for health conditions for which additional treatment, special accommodations or a schedule of follow-up care is needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	On the day of the inspection, there were approximately 71.2% (149) of inmates on psychotropic medications. Discharge planning for inmates who take psychotropic medication is prearranged by a designated discharge coordinator. A thirty-day supply of psychotropic medication is prepared in advance and placed in personal property.
1211 SICK CALL The facility administrator, in cooperation with the health authority, shall develop written policies and procedures, which provide daily sick call for all incarcerated persons or provision made that any incarcerated person requesting medical/mental health attention be given such attention.	☒	☐	☐	"Access to Treatment" sick call process via tablets is available. Inmates can check the status of their sick call via tablets. Paper sick call request forms are available if inmates choose not to use the tablet system.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1212 VERMIN CONTROL The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested incarcerated person.	☒	☐	☐	
1213 DETOXIFICATION TREATMENT The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	☒	☐	☐	CIWA and COWS protocols are in place. Mild and moderate withdrawal symptoms are managed on site. Inmates with severe withdrawal symptoms are sent to the ED. A medication-assisted treatment (MAT) program is in place. The MAT program is available in this facility.
Facilities without medically licensed personnel in attendance shall not retain incarcerated people undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	☐	☐	☒	Medical staff are on site 24/7.
1214 INFORMED CONSENT The health authority shall set forth in writing a plan for informed consent of incarcerated persons in a language understood by the incarcerated person.	☒	☐	☐	
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for care of incarcerated people.	☒	☐	☐	Chart audit confirmed that psychotropic medication consents ordered by psychiatry have medication dosages, provider's signature, and the patient's signature.
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any incarcerated person who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	☐	☐	☒	No minors in this facility.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person.	☐	☐	☒	No involuntary medical treatment in this facility.
1215 DENTAL CARE The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each incarcerated person, upon request, under the direction and supervision of a dentist licensed in the state.	☒	☐	☐	The dental clinic is available on-site three days per week, Monday, Thursday and Friday.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1216 PHARMACEUTICAL MANAGEMENT (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	☒	☐	☐	Medication is provided by Naph Care. An after-hours supply of medication is in place as a back-up.
(1) securely lockable cabinets, closets and refrigeration units:	☒	☐	☐	
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	Officers scan ID cards to ensure a positive identification. In addition, Tech care EMR is interfaced with JMS, and contains booking photos as part of inmates' identification system.
(3) procedures for administration/delivery of medicines to incarcerated persons as prescribed;	☒	☐	☐	
(4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);	☒	☐	☐	Officers accompany nurses during pill calls and ensure that the inmate has ingested the medication. There is no self-administration of medication in this jail.
(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;	☒	☐	☐	
(6) prohibiting the delivery of drugs by incarcerated people;	☒	☐	☐	Inmates do not deliver medications.
(7) limitation to the length of time medication may be administered without further medical evaluation; and,	☒	☐	☐	
(8) limitation to the length of time required for a physician's signature on verbal orders.	☒	☐	☐	Verbal orders are co-signed within 7 days.
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	☒	☐	☐	Pharmacy inspection reports reviewed.
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel: (1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	MAT program is available in this jail with no capacity limitations.
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	☒	☐	☐	Stock supplies of legend medications are only accessed by licensed health personnel.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the incarcerated person. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	☒	☐	☐	
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	☒	☐	☐	Dispensing is only done by pharmacists.
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	☒	☐	☐	Only licensed nursing staff administer medications.
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	☒	☐	☐	
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	☒	☐	☐	
(c) Policy and procedures on "over-the-counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	☒	☐	☐	Inmates can purchase Tylenol, five two-pill packs from commissary. No Motrin is available from commissary.
(d) Policy and procedures may allow self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:	☐	☐	☒	There is no self-administration of medication in this jail.
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.	☐	☐	☒	
(2) Incarcerated persons with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.	☐	☐	☒	
(3) Prescribing health care staff document that each incarcerated person participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the incarcerated person.	☐	☐	☒	
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an incarcerated person is in violation of rules regarding self-administration.	☐	☐	☒	
(6) Provisions are made for health care staff to perform documented assessments of an incarcerated person's compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the person's health.	☐	☐	☒	
1217 PSYCHOTROPIC MEDICATIONS The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	☒	☐	☐	Policies and procedures reviewed. Interview confirmed the practice.
An incarcerated person found by a physician to be a danger to themself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	☒	☐	☐	Psychotropic medications are involuntarily administered on an emergency basis.
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	☒	☐	☐	
An emergency is a situation in which action to impose treatment over the incarcerated person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the incarcerated person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	☒	☐	☐	
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of incarcerated persons involuntarily receiving psychotropic medication.	☒	☐	☐	
Psychotropic medication shall not be administered to an incarcerated person absent an emergency unless the person has given informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	☒	☐	☐	On the day of the inspection, 71% of inmates were on some type of psychotropic medication. Charts review confirmed that informed and consents are in place.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all incarcerated people receiving psychotropic medications, including a review of all emergency situations.	☒	☐	☐	There is no involuntary medication administration in this facility.
The administration of psychotropic medication is not allowed for disciplinary reasons.	☒	☐	☐	Psychotropic medication is never administered for disciplinary reasons.
1220 FIRST AID KITS First aid kit(s) shall be available in all facilities.	☒	☐	☐	First aid kits and AEDs are inspected monthly.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	☒	☐	☐	AEDs are inspected monthly by custody, AEDs' pads expire 11/30/25.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) In any case in which a minor dies while detained in a jail, lockup, or court holding facility the BSCC may inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter within 30 calendar days of the death. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.	☐	☐	☒	No minors are housed in this facility.
ARTICLE 3. TRAINING, PERSONNEL AND MANAGEMENT				
1030 SUICIDE PREVENTION PROGRAM The facility shall have a comprehensive written suicide prevention program developed by the facility administrator or designee, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those incarcerated persons who present a suicide risk. The program shall include the following:	☒	☐	☐	Suicide prevention policy and procedure were reviewed. Annual training is provided for all staff including the custody officers.
(a) Annual suicide prevention training for all custodial personnel.	☒	☐	☐	
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	☒	☐	☐	
(c) Suicide prevention screening during special situations, including placement in restrictive housing, following a hearing, and after a transfer or change in classification.	☒	☐	☐	
(d) Provisions facilitating communication among arresting/transporting officers, facility staff, court staff, medical and mental health personnel in relation to suicide risk.	☒	☐	☐	Mental Health staff provides input to custody staff on housing assignments for at risk inmates.
(e) Housing recommendations for people at risk of suicide that balance safety and environment. The least restrictive environment should be considered.	☒	☐	☐	
(f) Supervision depending on level of suicide risk.	☒	☐	☐	
(g) Suicide attempt and suicide intervention policies and procedures.	☒	☐	☐	
(h) Provisions for reporting suicides and suicides attempts.	☒	☐	☐	
(i) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator, including the development of a corrective action plan to address deficiencies identified in the administrative review.	☒	☐	☐	
(j) Provisions for follow up care as needed.	☒	☐	☐	
(k) Plan for mental health consultation following return from court as determined by the mental health director.	☒	☐	☐	
ARTICLE 5. CLASSIFICATION AND SEPARATION				
1051 COMMUNICABLE DISEASES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed.	☒	☐	☐	All inmates are screened for communicable diseases including COVID-19 symptoms. Nursing staff conduct rapid COVID-19 tests at the sally port if symptom review is positive.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	☒	☐	☐	
The response shall be noted on the medical screening form.	☒	☐	☐	
1052 BEHAVIORAL CRISIS IDENTIFICATION The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled.	☒	☐	☐	Inmates are screened for mental illnesses during intake by a nurse. All inmates received comprehensive mental health assessments prior to housing. Inmates who appear to be a danger to self or others will be transferred for further evaluation and treatment.
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Separation may be used if necessary, to protect the safety of the person in crisis or others.	☒	☐	☐	
1055 USE OF SAFETY CELL The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others.	☒	☐	☐	There are two safety cells in the booking area and one safety cell in the infirmary.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an incarcerated person in a safety cell to a physician.	☒	☐	☐	
Policies and procedures shall include, but not be limited to: (a) In no case shall the safety cell be used for punishment or as a substitute for treatment.	☒	☐	☐	Safety cell is not used for punishment.
(b) A person shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.	☒	☐	☐	
(c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured as soon as possible, but not more than 12 hours from placement.	☒	☐	☐	Mental health evaluation takes place within 12 hours. Inmates who meet criteria of 5150 will be transferred for further evaluation and treatment.
(e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than a 15-minute lapse between safety checks. Such observation shall be documented.	☒	☐	☐	
(f) Procedures shall be established to assure administration of necessary nutrition and fluids.	☒	☐	☐	
(g) People placed in the safety cell shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the person's safety or to the security of the facility are documented.	☒	☐	☐	
1056 USE OF SOBERING CELL The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant to section 1213 of these regulations.	☒	☐	☐	Custody staff maintain documentation on all inmates. There are two sobering cells in the booking area. Check lists were reviewed.
At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour.	☒	☐	☐	
Such observation shall be documented.	☒	☐	☐	
1057 DEVELOPMENTAL DISABILITIES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all incarcerated persons with developmental disabilities.	☒	☐	☐	Inmates with developmental disabilities are assessed during intake.
The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1058 USE OF RESTRAINT DEVICES The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to responsible health care staff.	☒	☐	☐	Two restraint chairs are available in the booking area and there is a restraint chair in the "O" housing area. Three wraps are available but seldom used. Oleoresin Capsicum (O.C.) spray (Pepper spray) and tasers are available, but seldom used.
(a) The policy shall address the following areas: (1) acceptable restraint devices;	☒	☐	☐	
(2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment;	☒	☐	☐	
(3) protective housing of restrained persons;	☒	☐	☐	
(4) provision for hydration and sanitation needs; and,	☒	☐	☐	
(5) exercising of extremities.	☒	☐	☐	
(b) Policy shall also include, but not be limited to, the following requirements: (1) In no case shall restraints be used for punishment or as a substitute for treatment.	☒	☐	☐	
(2) Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.	☒	☐	☐	
(3) Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective.	☒	☐	☐	
(4) An incarcerated person shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or responsible health care staff; continued retention shall be reviewed a minimum of every hour.	☒	☐	☐	
(5) Continuous direct visual observation shall be maintained until a medical opinion can be obtained.	☒	☐	☐	
(6) A medical opinion on placement and retention shall be secured within one hour from the time of placement.	☒	☐	☐	Medical assessment is done within one hour of placement, documentation review confirmed.
(7) A medical assessment shall be completed within four hours of placement.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(8) Continuous direct visual observation shall be conducted at least twice every 30 minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse.	☒	☐	☐	Custody staff conduct checks at least twice per 30 minutes.
(9) If the facility manager, or designee, in consultation with responsible health care staff determines that an incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation.	☒	☐	☐	
(10) Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.	☒	☐	☐	
(11) All events and information related to the placement in restraints shall be documented and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement.	☒	☐	☐	
1058.5 RESTRAINTS AND PREGNANT PERSONS The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following:	☒	☐	☐	Policy is in place.
(1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.	☒	☐	☐	All pregnant and senior inmates are never restrained, unless there is an unusual circumstance with the approval of the watch commander.
(2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public.	☒	☐	☐	
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an incarcerated person's pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people.	☒	☐	☐	

Summary of medical/mental health evaluation:

The Santa Cruz County Main Jail is a booking facility with a maximum capacity of 319. On the day of the inspection, July 11, 2025, the census was 209 with 178 males and 31 females.

All intake screenings are performed by licensed medical staff, whether inmates are cited and released or housed. An additional medical assessment is conducted prior to housing, even if the inmate does not reveal medical/mental health concerns to the arresting officer. Inmates receive a routine mental health comprehensive evaluation prior to housing. Mental health assessment is completed by mental health professionals as part of the routine pre-housing procedure.

Naph Care's electronic medical records' (EMR) "Surescrip" functionality is unique and exceptionally designed. Intake nurses can enter an inmate's zip code in the Tech Care EMR under "Surescrip" and instantly obtain the patient's current and past prescriptions within a 50-mile radius. The functionality of Surescrip enhances continuity of care and heightens timely medication administration.

Medical staffing:
Day shift, 12 hours shift: two RNs 0700-1930, three LVNs 0700-1930
Night shift, 12 hours shift: two RNs 1900-0730 and two LVNs 1900-0730
One full-time discharge coordinator and one full-time substance counselor are on site during weekdays.

Dental clinic staffing consists of two part time DDS, Dr Choi and Dr Anderson. DDS is on-site on Mondays, Thursdays and Fridays.

Mental Health staffing:
Mental health staffing consist of 5.0 FTE clinicians and three per-diem with a supervisor on call 24/7.
Day shift, 10 hours shift: two Clinicians 0700-1530
Pm shift, 10 hours shift: two clinicians 1400-0030
No mental health staff are on site from 0030 to 0700 daily (6.5 hours).
Psychiatrist is available eight hours per week. A full-time psychiatric nurse practitioner is on site 40 hours per week.

The Sheriff's Office is currently providing every inmate with a tablet (Smart Communication System). Health education including hand washing, COVID-19, flu and relevant current communicable diseases are readily available for all inmates. Also, reproductive health information, birth control methods are accessible for inmates both male and female. It is commendable that the sheriff's office established amnesty boxes throughout the facility. The program provides an incarcerated person the opportunity to voluntarily turn in narcotics (including Fentanyl), without being arrested or prosecuted. The impressive new program has the potential to save lives and should be a model for other correctional facilities in California.

Recommendation:

It is highly recommended that the medical clinic follow California Tuberculosis Controllers Association guidelines in screening and treating Tuberculosis (CTCA https://ctca.org/).

Revision of initial screening test for latent TB infection (LTBI):

- Does the person report a history of prior treatment for tuberculosis?
  - If YES, do not screen. Contact Santa Cruz County Public Health for additional guidance.
- Does the person report a history of BCG vaccination or is he/she from a county where BCG vaccine is administered as part of routine practice?
  - If YES, use interferon gamma release assay (IGRA) blood test
- In all other circumstances, tuberculin skin test (TST) may be used as the initial screening test
  - If tuberculin skin test (TST) is indeterminate, inmates should be followed by an IGRA test. Chest x-ray is not sufficient to rule out latent tuberculosis since latent TB infection can be present without changes on chest x-ray

The Santa Cruz County Main Jail meets all applicable Title 15 Standards for Medical/Mental Health.

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP

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

BSCC #: 5280

FACILITY NAME:	COUNTY:
Santa Cruz Main Jail	Santa Cruz

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

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

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

ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: 6/13/2025

ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):

Jennifer Mead, Environmental Health Specialist, 831- 454-2745

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

Scorro Luna, Lieutenant, 831-454-7898
Kyle Ward, Supervisor, 831-454-7800
Officer L. Esparsa, Corrections Officer, 831-454-7800
Kristen Mitchell, Food Services Manager, 831-454-7843
Belen Mendoza, Aramark Director, 831-454-7878
Sarah Hewett, Registered Nurse, 831-454-7892
Hillary Brandt, Director of Nursing, 831-454-7892

NUTRITIONAL EVALUATION	DATE INSPECTED:

NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:

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

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
APPROACH FOR PROVIDING FOOD SERVICE Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	☐	☒	☐	Food preparation for Incarcerated Persons occurs at Rountree kitchen facility where routine inspection was conducted on 6/6/2025.
1. Food is prepared at another city or county detention facility.	☒	☐	☐	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	☒	☐	☐	The County of Santa Cruz has contracted with Aramark Corrective Services for preparation of Incarcerated Persons' meals.
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen.	☐	☐	☒	Incarcerated Person's do not prepare meals at Main Jail.
There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	☐	☐	☒	
ARTICLE 12. FOOD				
1243 FOOD SERVICE PLAN Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	☒	☐	☐	Incarcerated Persons' meals are prepared at the Rountree Kitchen and delivered ready-to-eat to Main Jail.
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;	☒	☐	☐	

[1] This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	
(g) orientation and ongoing training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food cost accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair; and	☒	☐	☐	
(n) three-day mainline sample tray.	☒	☐	☐	
1245 KITCHEN FACILITIES, SANITATION, AND FOOD SERVICE (a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☒	☐	☐	Routine inspection of the Main Jail kitchen was conducted. Main Jail kitchen is primarily used for staff meals. See attached inspection report. On occasion, an Incarcerated Person's meal may be prepared at Main Jail kitchen.
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer: (1) H & S Sections 114130-114141;	☐	☐	☒	Incarcerated Person's do not prepare meals at Main Jail.
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☒	☐	☐	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☒	☐	☐	
(4) H & S Sections 114268-114269; and,	☒	☐	☐	
(5) H & S Sections 114279-114282.	☒	☐	☐	
1246 FOOD SERVING AND SUPERVISION Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 13. CLOTHING AND PERSONAL HYGIENE				
1260 STANDARD INSTITUTIONAL CLOTHING The standard issue of climatically suitable clothing to incarcerated people held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to: (a) clean socks and footwear;	☒	☐	☐	
(b) clean outergarments; and,	☒	☐	☐	
(c) clean undergarments;	☒	☐	☐	
(1) for males - shorts and undershirt, and	☒	☐	☐	
(2) for females - bra and two pairs of panties.	☒	☐	☐	
The person's personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.	☒	☐	☐	
All issued and exchanged clothing shall be clean and free of holes or tears, reasonably fitted, durable, easily laundered and repaired.	☒	☐	☐	
Undergarments shall be clean, free of holes or tears, and substantially free of stains.	☒	☐	☐	
Individuals shall be able to select the garment type more compatible with their gender identity and gender expression.	☒	☐	☐	
1261 SPECIAL CLOTHING Provision shall be made to issue suitable additional clothing, essential for incarcerated people to perform such special work assignments as food service, medical, farm, sanitation, mechanical, and other specified work.	☒	☐	☐	
All issued clothing must be clean, free of holes and tears.	☒	☐	☐	
1262 CLOTHING EXCHANGE There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.	☒	☐	☐	
Unless work, climatic conditions, illness, or California Retail Food Code necessitates more frequent exchange, outergarments, except footwear, shall be exchanged at least once each week.	☒	☐	☐	
Undergarments and socks shall be exchanged twice each week.	☒	☐	☐	
1263 CLOTHING SUPPLY There shall be a quantity of clean clothing, bedding, and linen available for actual and replacement needs of the population.	☒	☐	☐	
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1264 CONTROL OF VERMIN IN PERSONAL CLOTHING There shall be written policies and procedures developed by the facility administrator to control the contamination and/or spread of vermin in all incarcerated people's personal clothing.	☒	☐	☐	
Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	☒	☐	☐	
1265 ISSUE OF PERSONAL CARE ITEMS There shall be written policies and procedures developed by the facility administrator for the issue of personal hygiene items.	☒	☐	☐	
Each menstruating person shall be provided with sanitary napkins, panty liners, and tampons as requested with no maximum allowance.	☒	☐	☐	
Each person to be held over 24 hours who is unable to supply themself with the following personal care items, because of either indigency or the absence of a canteen, shall be issued: (a) toothbrush,	☒	☐	☐	
(b) dentifrice,	☒	☐	☐	
(c) soap,	☒	☐	☐	
(d) comb, and	☒	☐	☐	
(e) shaving implements.	☒	☐	☐	
Personal care items shall be issued within the first 12 hours of housing assignment.	☒	☐	☐	
Incarcerated persons shall not be required to share any personal care items listed in items "a" through "d."	☒	☐	☐	
Incarcerated people will not share disposable razors.	☒	☐	☐	
Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among incarcerated people, must be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Division 9, Title 16, California Code of Regulations.	☒	☐	☐	
1266 SHOWERING There shall be written policies and procedures developed by the facility administrator for showering/bathing.	☒	☐	☐	
Incarcerated persons shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Absent exigent circumstances, no person shall be prohibited from showering at least every other day following assignment to a housing unit. If showering is prohibited, it must be approved by the facility manager or designee, and the reason(s) for prohibition shall be documented.	☒	☐	☐	
1267 HAIR CARE SERVICES (a) Hair care services shall be available.	☒	☐	☐	IP's can cut their own hair with sanitized electric clippers. The clippers are checked out by the Housing officer and returned to officer after use.
(b) Except those who may not shave for reasons of identification in court, incarcerated people shall be allowed to shave daily and receive hair care services at least once a month. The facility administrator may suspend this requirement in relation to people who are considered to be a danger to themselves or others.	☒	☐	☐	
(c) Equipment shall be disinfected, after each use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, Sections 979 and 980, California Code of Regulations.	☒	☐	☐	
ARTICLE 14. BEDDING AND LINEN				
1270 STANDARD BEDDING AND LINEN ISSUE The standard issue of clean suitable bedding and linens, for each incarcerated person entering a living area who is expected to remain overnight, shall include, but not be limited to:	☒	☐	☐	
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	☒	☐	☐	
(b) one mattress cover or one sheet;	☒	☐	☐	
(c) one towel; and,	☒	☐	☐	
(d) one blanket or more depending upon climatic conditions.	☒	☐	☐	
Policy and procedure shall require that items (a), (b), and (d) above be provided prior to the first night in the facility.	☒	☐	☐	
Two blankets or sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.	☒	☐	☐	
1271 BEDDING AND LINEN EXCHANGE There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each person housed.	☒	☐	☐	
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.	☒	☐	☐	
Mattress shall be free of holes and tears. Mattress with holes, tears, or lack sufficient padding shall be replaced upon request with mattresses that meet the requirement of Section 1270.	☒	☐	☐	
1272 MATTRESSES Any mattress issued to an incarcerated person in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds (*Note:* at least 30” wide X 76” long).	☒	☐	☐	
Any mattress purchased for issue to an incarcerated person in a facility which is locked to prevent unimpeded access to the outdoors shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and the Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	☒	☐	☐	
ARTICLE 15. FACILITY SANITATION AND SAFETY				
1280 FACILITY SANITATION, SAFETY AND MAINTENANCE The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	☒	☐	☐	
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	☒	☐	☐	
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	☒	☐	☐	

Summary of environmental health evaluation:

Inspected a room inside South housing G-unit, as well as the clothing storage area. Facility was well maintained, clean, and in good repair.

Written policies and procedures were verbally confirmed during inspection.

Please see attached report for the Main Jail Kitchen facility.

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

BSCC #: 5280

FACILITY NAME: **Santa Cruz County Main Jail**			COUNTY: **Santa Cruz**	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): **259 Water St** **Santa Cruz, CA 95060** **(831) 454-7800**				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II ☒	TYPE III ☐	TYPE IV ☐
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: **June 12, 2025**		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): **Caren Dix RDN, Nutrition Consultant, (831) 295-2871**				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): **Kristen Mitchell, Santa Cruz Corrections Food Service Manager, (831) 454-7842** **Sergeant Kyle Ward, Corrections Supervisor (831) 454-7529** **Lieutenant Socorro Luna, SC Main Jail Commander (831) 454-7899**				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS *(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)* The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			*The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.*
ARTICLE 12. FOOD				
1240 FREQUENCY OF SERVING In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	☒	☐	☐	
At least one of these meals shall include hot food.	☒	☐	☐	**Daily Dinner is a hot meal**
Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals.	☒	☐	☐	
Supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.	☒	☐	☐	
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those on medical diets where the responsible physician has prescribed additional time.	☒	☐	☐	**20 minutes are given for each meal**
Provisions shall be made for incarcerated persons who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and [persons] on medical diets shall be provided with their prescribed meal.	☒	☐	☐	

[1] This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 MINIMUM DIET The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2019 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, and the 2020-2025 Dietary Guidelines for Americans, which are hereby incorporated by reference. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	☒	☐	☐	
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	☒	☐	☐	
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating people, the requirement is four servings of milk or milk products.	☒	☐	☐	
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	☒	☐	☐	
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	☒	☐	☐	
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week**.**	☒	☐	☐	
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	☒	☐	☐	
Providing only the minimum servings outlined in this regulation is not sufficient to meet an incarcerated person's caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet daily caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2020-2025 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	☒	☐	☐	
1242 MENUS Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals.	☒	☐	☐	**Menus are planned and analyzed by Aramark Dietitians, annually in 4-week cycles.**
Menus shall be approved by a registered dietitian before being used. The dietitian shall ensure that the meals meet the nutritional and hot food requirements set forth in Sections 1240 and 1241.	☒	☐	☐	
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet. Variations in the menu shall meet the caloric requirements set forth in Section 1241.	☒	☐	☐	**Menu changes are recorded and sent to the food service manager for approval**
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	☒	☐	☐	
1243 FOOD SERVICE PLAN Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	☒	☐	☐	
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;	☒	☐	☐	
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	
(g) orientation and ongoing training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food cost accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair; and,	☒	☐	☐	
(n) three-day mainline sample tray.	☒	☐	☐	
1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE (a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☒	☐	☐	
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer: (1) H & S Sections 114130-114141;	☒	☐	☐	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☒	☐	☐	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☒	☐	☐	
(4) H & S Sections 114268-114269; and,	☒	☐	☐	
(5) H & S Sections 114279-114282.	☒	☐	☐	**The mop closet was observed to have water on the floor. Food Service manager Kristen Mitchel reported that the leak had been repaired within a day of the observation.**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 FOOD SERVING AND SUPERVISION Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	☒	☐	☐	
1248 MEDICAL DIETS The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	☒	☐	☐	
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	☒	☐	☐	
The facility manager shall comply with any medical diet prescribed for an incarcerated person.	☒	☐	☐	
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	☒	☐	☐	**Medical diet menu manuals are available in the kitchen and the medical unit.**
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	☒	☐	☐	
Pregnant and lactating people shall be provided a balanced, nutritious diet approved by a doctor.	☒	☐	☐	**Pregnant and Lactating women receive a medically approved pregnancy diet**

Summary of nutritional evaluation:

The Santa Cruz Main Jail facility has a small kitchen within its facility where incarcerated persons' meals are received from the Rountree facility kitchen and distributed to the population at the Main Jail and the Blaine St. women's facility which is located next door to the main jail. The Main Jail kitchen has cooks on staff who prepare the officer meals, and who maintain the sanitation, and food safety for the kitchen. All Title 15 nutrition regulations are met, and the menus meet the Dietary Guidelines for Americans with variety of food choices that are served.