

# Juvenile Justice and Delinquency Prevention Commission

## San Mateo County, California

### Juvenile Hall and Camp Inspection Report

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Date of this Inspection: June 11, 2019

Date of Last Inspection: June 8, 2018

Facility Name: Youth Services Center

Contact Person: Chadie Galera

Address: 222 Paul Scannell Drive, San Mateo, CA 94402

Phone Number: (650)312-5217

Facility Capacity: 180

Jan-May 2019 Population: 52 (45 boys/7 girls)

Number of Escape Attempts: 0

2018 Avg Population: 57 (49 boys/8 girls)

Number of Escapes: 0

Other Population?  Yes  No

Serious Injuries: 2 injuries/22 self-mutilations

Describe Other Population: weekenders

Number of Deaths: 0

Presiding Juvenile Court Judge: Judge Etezadi

Commission Inspection Team: Debora Telleria and Rebecca Flores

#### Executive Summary: Overall Impressions, areas of concern and areas of excellence

The YSC is a well-kept, well-run institution. The facility is beginning to show its age, with well-worn furniture and some stained carpeting. We would recommend replacing the furniture on the units when possible.

Recent promotions and retirements, as well as lower wages (compared to surrounding counties), have made it difficult to adequately staff the YSC. Lack of staff hinders Probation's ability to provide additional programming and more individualized services to the youth.

The changes required by the Title 15 2019 updates have been put into action, including a more trauma informed approach. This is evident by watching Probation's interactions with the youth. The policy of addressing minor rule violations with informal counseling and a "cooling off" time away from other youth, before implementing discipline, is a good example. As is the increased effort to use incentives rather than punishment to achieve desired behavior from youth. Examples include the two-step program and the proposed "rewards room" in the unused central dining hall, where youth would be able to redeem points earned on their unit for alternate programming. (Youth asked that the gym equipment from Camp Glenwood be added to the rewards room.) Most staff have embraced a trauma

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informed, youth centric approach to working with the youth, acting as mentors and working to rehabilitate them.

The Title 15 2019 updates focus on trauma informed policies that emphasize positive youth development and positive behavior support, as well as transition and reentry planning. The new draft Policies & Procedures Manual addresses these changes, however there are areas that could be spelled out in more detail. These issues should also be explicitly addressed in the training guides for staff. For example, the draft Manual does not directly address discontinuing use of confinement if it compromises the youth's mental and/or physical health. It only requires the youth to be monitored at specific intervals and to include BHRS and medical when necessary. Additionally, Probation's role in creating and implementing youths' transition plans is not specifically outlined in the draft Manual. Currently, there are no formal reentry plans for youth. The templates are being developed and will be implemented when the Phoenix reentry program launches.

We reviewed the grievance forms and spoke with the youth. The youth told us that they often have to submit multiple medical request forms before they are seen by medical. The medical department claims they are handling medical needs as quickly as they can. Other youth said that medical doesn't take their injuries seriously enough and they either need to wait until their condition worsens or file grievance forms to get seen by a doctor or be sent to the San Mateo Medical Center for evaluation. Some of the issues are out of medical's control. For example, it takes three to four months for a youth to get a pair of eyeglasses because of the backup at the county optometry department. We recommend that the Medical Center research new technologies which would allow it to bring some services in-house/shared among multiple sites. Based on researching solutions currently deployed in other resource-constrained settings (geography and funds), examples include: portable vision test kits which can be used with a smart phone; shared tools such as bedside ultrasounds that screen for fractures, and can confirm if an injury requires a trip to the San Mateo Medical Center; and investigating the use of telemedicine which would allow San Mateo Medical Center doctors to evaluate, diagnose and treat youth from their facility using telecommunication technology.

In general, youth are coming into the YSC with higher medical and mental health needs because of their increased use of Xanax, vaping, dabs (burning cannabis concentrates to produce smoke that's virtually pure THC) and wax marijuana. We recommend that unit staff, medical, BHRS and probation continue to develop and maintain a fluid line of communication with each other and the youth while they are at the YSC and throughout their transition back into the community.

Many thanks to Chadie Galera and Jody DiMauro for their assistance in coordinating this inspection, providing us with relevant documentation, and answering endless questions. Ms. DiMauro's vision for the YSC and Project Phoenix are inspiring.

**Documents Reviewed**

Fire Inspection Report:  Yes  No Date: May 16, 2018

Medical Department Report:  Yes  No Date: June 15, 2018

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Facility Safety/Security Report:  Yes  No Date: November 13, 2018

Policies & Procedures Manual:  Yes  No Date: May 18, 2016

Youth Orientation Materials:  Yes  No Date: updated for 2019

Grievance Logs:  Yes  No Date: 2018 – May 2019

Serious Incident Reports:  Yes  No Date: 2018 – May 2019

**Comments Regarding Documents:** Fire re-inspections were conducted in June and August 2018. A facility safety inspection was conducted in November 2018; however, the final report was never provided to the YSC. The YSC indicated that there were no problems identified during the inspection. The 2017 report was provided for us to review. We reviewed the draft Policies & Procedures manual, which was updated with Title 15 changes in May 2019. Training manuals have been updated with the new Title 15 revisions.

**Persons Interviewed**

Youth  Admission Staff/Supervisor  
 Medical Staff  Youth Supervisor/Counselor/GS  
 Behavioral/Mental Health Staff  Food Services Staff  
 Facility Supervisor  Other: \_\_\_\_\_

**§ 1321. Staffing.**

Staff/Youth Ratio: Awake (at least 1:10S): \_\_\_\_\_ Staff/Youth Ratio: Sleeping (at least 1:30): 1:30  
1:10

**Describe staff turnover, including frequency and reason:** There has been a lot of staff turnover in the past few months. Over the past 18 months, 19 staff have been promoted to be probation officers and approximately eight have retired. Current staffing levels are within State mandated levels.

**How is staff backup handled during grave-yard shift?** There are usually three staff in admissions during the grave-yard shift, so that if there is a booking or a staff break there will be a floater available. Each unit has one grave-yard staff, except for Forrest 3, which has two staff, because it has both upper and lower housing units.

**Describe general staff and youth interactions:** Staff set expectations for the youth in the morning when they wake up, and before and after every meal. New youth are assessed at admissions, given an orientation, and provided a list of rules. Staff develop a case plan for the youth. The staff are there for the youth emotionally. They develop and create programs for the youth. Overall, the youth like and respect the unit staff. There are complaints that a few staff members bully and/or verbally abuse the youth. The youth respond better when they feel like the staff care and serve as mentors and role models.

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**Educational and training requirements for staff:** Group supervisor ones must have a minimum of 60 college semester credits and group supervisor threes must have a four-year college degree. All staff are required to complete Institutions Core Training, which is a four-week course certified by Standards and Training for Corrections (STC) and Peace Officer Standards & Training (POST), in addition to the PC 832 Arrest, Strike and Firearms. Group supervisors have to maintain 24-hours of STC training every year. Managers have to complete 40 hours of training every year and undergo a two-week supervisor core course. Course topics include: trauma informed care, arrest and control, defensive tactics, CPR, handcuffing, prison rape elimination acts (PREA), LGBTQ plus, suicide prevention, child abuse reporting and report writing.

**Are staff trained on de-escalation techniques?**  Yes  No

Explain: Staff training includes use of force classes, and de-escalation techniques are covered in the suicide prevention classes and, in the trauma-informed care classes. Classes include different scenarios on triggers, how to identify red flags and who to contact if staff need support.

**Are staff trained on trauma-informed approaches?**  Yes  No

Explain: Staff take an eight-hour class that focuses on working with youth through a trauma lens, emotional and psychological health, and trauma informed care.

**Staffing summary:** As of June 1, 2019, the group supervisor breakdown includes: 22 GS3, 35 GS2, 8 GS1, 6 ISM, and 28 extra help GS1's. There are 105 staff, which include 65 male staff and 40 female staff. The ethnic breakdown of staff includes: Spanish, Filipino, Chinese, African American, white, Polynesian, and Hindu.

**§ 1324. Policy and Procedures Manual.**

**Has the Policy and Procedures Manual been updated to reflect changes that went into effect on January 1, 2019?** Changes should include addition of the following sections:

- Trauma informed approaches
- Culturally responsive approaches
- Gender responsive approaches
- Nondiscrimination based on immigration status
- Policy on storage of weapons and ammunition
- Policy prohibiting sexual assault/abuse/harassment, including steps for prevention, detection, and response which forbids retaliation, plus a mechanism for reporting

Yes Date Updated: May 2019  No Expected Completion Date: \_\_\_\_\_

Explain: Draft revisions to the Policies and Procedures Manual were completed in May 2019, and submitted to the employee union for review in June. Probation entered a contract with Lexipol, who writes policy and procedures to help with policy revisions and legal updates in real-time. Going



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forward policies will be revised more quickly. Draft Policies & Procedures Manual submitted to Lexipol was reviewed by the JJDC commissioners inspecting the YSC.

**Does staff have access to the written Policy and Procedures Manual?**  Yes  No

Explain: Staff have access to the Staff Training Manual, which was updated with the Title 15 changes. Each staff member has a copy of the Staff Training Manual sent to them by email and hard copies are available on the unit. The Staff Training Manual and Policies & Procedures Manual are posted on the share point county intranet.

**What is the plan to implement Title 15 changes?** A lot has been done to implement Title 15 changes including updating affected documents, manuals and forms, and training the staff to ensure that the policy and the practice match.

**Have staff been trained on Title 15 changes?**  Yes  No

If "Yes", describe; if "No" explain: Probation initially held a town hall meeting to discuss Title 15 changes. Every month they hold a meeting to discuss the ongoing impact of Title 15. Staff were required to sign updated Staff Training Manuals, which included Title 15 changes, to acknowledge that they received the manual and understand the changes. Staff also receive an annual Juvenile Law update training, which covers Title 15 changes.

**§ 1327. Emergency Procedures.**

Have emergency policies & procedures been updated to include active shooter and terrorist attacks?

Yes Date Updated: May 2019  No Expected Completion Date: \_\_\_\_\_

**§ 1328. Safety Checks.**

**Title 15 Update:** Safety Checks require 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.

Interviewed:  Supervisor  Staff

**How, when and frequently are safety checks conducted?** Staff conduct direct visual observation of youth in their rooms or holding cell. These checks occur at least every 15 minutes at random intervals unless more frequent checks are requested by mental health.

**§ 1329. Suicide Prevention Plan.**

Since Last Inspection: Number of Suicides: 0 Number of Suicide Attempts: 0

Comments: \_\_\_\_\_

**Is the JJDC informed about suicide attempts?**  Yes  No

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If "No", explain: \_\_\_\_\_

**Has the suicide prevention plan been updated to address Title 15 changes?** Updates should be developed in collaboration with healthcare and behavioral/mental health, and should address:

- Needs of youth experiencing past or current trauma
- Suicide prevention responses must be least invasive according to level of risk

Yes Date Updated: Implemented April 2019       No Expected Completion Date: \_\_\_\_\_

**Describe changes to suicide prevention plan:** Mental health attends weekly multi-disciplinary team meetings and updates probation staff with any concerns at that time. The new training format includes a more collaborative approach to suicide training for both probation and BHRS staff which includes policies, plus mental health procedures and suicide awareness.

**Have staff been trained on changes to suicide prevention plan?**  Yes  No

If "No", explain: \_\_\_\_\_

**Are youth screened for risk of suicide at intake and during detention?**  Yes  No

**Are intake staff trained to screen youth for risk of suicide?**  Yes  No

**Do intake staff talk to youth's family about suicidal ideations, behaviors or attempts?**  Yes  No

Explain: Intake staff talk to the transporting officer about youth's behavior. A question was added to the intake form regarding suicide history. Staff also ask this question to the youth's guardian, when they call to let them know the youth has been taken into custody.

**Are youth at risk for suicide referred to behavioral/mental health for assessment?**  Yes  No

Explain: BHRS also completes a mental health memorandum for each youth and notifies the housing unit to keep an eye on the youth.

**Are protocols in place for the youth's safety pending the mental health assessment?**  Yes  No

Explain: Staff do not leave at-risk youth alone. They sit and talk with them to take their minds off triggers while another staff member calls mental health and fills out the memorandum. Medical staff is called if needed. All incidents are documents and DPO's are notified.

**Describe the intake process to assess suicide risk:** Mental health questions are on the medical screening form.

**Are staff trained on how to respond to youth who exhibit suicidal behaviors?**  Yes  No

**Are there referral processes to behavioral/mental health for assessment/services?**  Yes  No

**Are youth at risk of suicide denied the opportunity to participate in programming, services or activities, unless deemed necessary for safety of youth or staff?**  Yes  No

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**What is the process for sharing information about youth at risk for suicide with staff, medical, and behavioral/mental health staff?** Staff inform a manager, who will note it in their on-duty report to ensure everyone is aware. Additionally, mental health will notify staff via an incident report if something happens.

**What are the procedures for monitoring youth identified at risk for suicide?** Staff check on the identified youth, as trained, and keep them engaged. After observing the youth, mental health determines what the youth can or cannot have in their room. Moderate and high-risk youth are checked on by mental health once or twice a day.

**What are the intervention protocols for youth identified as at risk for suicide?** Staff will remove dangerous items from the youth's room, only allow safe hygiene items (i.e. no razors) and limit food to finger foods and liquids. Staff will take the youth out of their room and engage them to prevent them from harming themselves. Next, staff will contact supervisor and the lead staff will call mental health and the DPO to inform them and get instructions. Staff fill out the mental health memorandum. Mental health will come to the unit to assess and observe the youth. If needed, the youth will be placed in a gown and moved to the safety room. They will decide if they need a mental health observation or suicide watch.

**What is the process for an administrative review of the circumstances and responses proceeding, during and after a critical incident? And what is the process for debriefing affected staff and youth?**

The first step is to make sure the facility is secure. If staff or youth are hurt, the medical department or hospital will be contacted. Mental health is contacted for the youth. Staff receive peer support team and EAP services, as necessary. The manager on duty will call in the staff to discuss what happened, what they can do better, and what they did right. They will document the incident and determine if there is a need to charge the youth with a crime. If so, the information is forwarded to the DA. They will also determine whether or not there was staff misconduct and if so, forward the information to the internal affairs directors.

**§ 1350. Admittance Procedures.**

**Do detention criteria consider the least restrictive environment?**  Yes  No

**Do admittance policies and procedures emphasize respectful and humane engagement with youth, recognizing that the intake process may be traumatic to youth?**  Yes  No

**Are intake procedures trauma-informed, culturally relevant, sensitive to language barriers and literacy of the youth?**  Yes  No

**Explain the intake process:** A youth will come in through the police sally port to be booked. Police will complete their paper work (juvenile crime report). If the youth is 15 or under, the police will reach out to the on-call attorney who will speak with the youth. Youth 16 and older will not get a lawyer unless they request one. Admissions staff accepts the booking and asks the youth if they have done drugs or alcohol in the last 12 hours. If the youth is injured, admissions staff call medical, and then conduct an intake and go over the orientation packet covering rules and regulations. A new question has been

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added to the intake form, "Biological sex and sexual orientation, how do you identify?" One admissions staff focuses on booking the youth while another asks them intake questions. Staff place a phone call to the youth's guardians to let them know their child is in juvenile hall. The youth is allowed to speak with their guardians. Youth change out of their street clothes and into clothes issued by the YSC. They have their picture and fingerprints taken. Youth are offered food and escorted to their assigned unit with bedding and hygiene products. Once on the unit, unit staff give them an orientation and go over the rules again.

**Does the admittance process include?**

- Two free phone calls within 1 hour of admittance  Yes  No  
Explain: Policies & Procedures manual allows for youth to speak to their guardian, a responsible relative, attorney, and employer. It does not specify a timeframe.
- Offer of a shower  Yes  No
- Documented secure storage of personal belongings  Yes  No
- Offer of food upon arrival  Yes  No  
Explain: Depending on the proximity of the next scheduled meal, unit staff may order/obtain a meal from the kitchen for the youth.
- Screening for physical and behavioral health and safety issues, intellectual or developmental disabilities  Yes  No
- Contact with Regional Center for the Developmentally Disabled for youth suspected/identified as having a developmental disability  Yes  No

**Are post-disposition youth advised of their estimated length of stay?**  Yes  No

When and how? Youth are advised of their length of stay during the disposition hearing.

**Are camp and post-disposition youth informed of program guidelines?**  Yes  No

When and how? Program listings are posted in each unit. Staff announce guidelines.

**§ 1350.5. Screening for Risk of Sexual Abuse.**

**Are youth assessed within 72 hours of admission for risk of sexual abuse?**  Yes  No

**What criteria are used to assess youth for risk of sexual abuse?** During intake, youth are asked if they have been recently engaged in sexually explicit activities and other questions designed to determine whether or not they are at risk of sexual abuse.

**Does the evaluation process include conversations during intake, medical and behavioral screenings, classification assessments and all records pertaining to the youth?**  Yes  No

Explain: Within 72 hours of admission, YSC and Camp staff assess the youth for prior sexual victimization or abusiveness. In addition, Camp Kemp policies note that "staff will go over the Sexual Abuse and Sexual Harassment Orientation and have each youth sign the Juvenile Orientation Notice of Understanding." There is no equivalent policy noted for YSC.

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**§ 1351. Release Procedures.**

**Are there policies and procedures in place for post-disposition youth to coordinate provision of transitional and reentry services (i.e., medical and behavioral health, education, probation supervision, community-based programs and services)?**  Yes  No

Explain: There are currently no formal written reentry plans in the juvenile hall; however, these are being developed and will be implemented with the Phoenix reentry program. The current case plans are kept by the DPOs in the juvenile division. Staff will coordinate with the assigned DPO for the provision of transitional and reentry services involving, but not limited to, medical and behavioral health, education, probation supervision and community- based services.

**§ 1352. Classification. | §1352.5. Transgender and Intersex Youth.**

**Are there written policies on classification of youth for the purpose of determining housing placement that consider gender and gender identity?**  Yes  No

**Are transgender/intersex youth referred to by their preferred name/gender pronoun?**  Yes  No

**Are youth provided clothing that corresponds to their gender identity?**  Yes  No

**Do classification/housing decisions consider the youth's gender identity and safety?**  Yes  No

**Describe policies for treatment of transgender/intersex youth:** Youth are asked their preferred name and pronouns, which staff use. Youth are given clothing that are in accordance with their identified gender preference. There are individual showers at the YSC (no group showering) and every youth is provided a robe.

**§ 1353. Orientation.**

**Do the orientation materials cover the new Title 15 requirements, including?**

- Rules regarding contraband and searches  Yes  No
- Behavior expectations, incentives for compliance with rules, consequences for violations of rules  Yes  No
- Age appropriate information on sexual abuse/harassment and reporting process  Yes  No
- Identification of key staff and roles  Yes  No
- Opportunity for personal hygiene and daily showers, including availability of personal care items  Yes  No
- Facility rules on use of force, restraints, and room confinement  Yes  No
- Immigration legal services  Yes  No
- Right to be free from physical, verbal, sexual abuse, and harassment  Yes  No
- Availability of services and programs in languages other than English  Yes  No

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- Process for requesting different housing, programming, education, work assignments  Yes  No
- Process for parents to request information about their youth's stay (i.e. FAQ, contact information for facility, medical, school, mental health)  Yes  No
- Process by which youth can request the Title 15 regulations  Yes  No

Explain: Admissions staff make arrangements for youth with disabilities, limited literacy or English language learners. However, the Youth Handbook is not required to list the availability of services and programs in languages other than English. The process for requesting different housing, programming, education, or work assignments is done through the grievance process.

**Are youth oriented to the rules and procedures?**  Yes  No

When and how? Youth are provided a copy of the YSC Parent/Youth handbook. Before being transferred to their living unit; admission staff reviews the handbook with youth and obtains their signature on the Youth Rules form.

**Are rules and grievance procedures posted?**  Yes  No

Explain where: Rules & grievance forms are posted in the housing units beside the medical and weekly nutrition forms near the entrance of the unit. Youth are able to retrieve them at their disposal.

**Youth interviewed regarding orientation?**  Yes  No

**§ 1354. Separation. | § 1354.5. Room Confinement.**

**Are there written policies for addressing the separation of youth?**  Yes  No

**Is room confinement only used as a last resort?**  Yes  No  
(And never for punishment, coercion, retaliation or convenience of staff)

**Is confinement discontinued when it compromises youth's mental/physical health?**  Yes  No

**If room confinement exceeds 4-hour limit, are the following conditions met:**

- Document reasons for confinement, basis for extension, time/date confinement started/ended  Yes  No
- Develop plan for youth to reintegrate into general population  Yes  No
- Get authorization from facility superintendent every 4 hours  Yes  No

Explain: The Policies & Procedures manual does not directly address discontinuing use of confinement if it compromises the youth's mental/physical health. However, .it does require the youth to be monitored at specified intervals and to include BHRS and medical when necessary.

**§ 1355. Institutional Assessment and Plan.**

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**Are all youth assessed during admission process?**  Yes  No

**Describe assessment and how it is updated:** Admissions staff work with the youth to complete the following forms: Youth Institutional Form, Pre-Booking Form, Search Authorization Form, Miranda Rights, Receiving & Screening Form, Sexual Abuse & Sexual Harassment Orientation, PREA, Juvenile Orientation Notice of Understanding, and Room Assignment. If the youth is under 14, they will fill out the In RE Gladys Form. If the youth is going to be incarcerated for more than 30-days they will work with staff on a Youth Institutional Case Plan Form. Within 72 hours of admission, each youth shall have an assessment completed by their assigned Group Supervisor.

**Are youth held for 30+ days provided a case plan within 40 days of admission?**  Yes  No

**Is a transition plan developed for post dispositional youth which includes input from family, youth and supportive adults?**  Yes  No

**Explain probation's role in the transition plan:** Probation's role in the transition plan is not specifically outlined in the Policies and Procedures Manual. However, it is implied that probation is responsible for creating and implementing the transition plan.

**§ 1357. Use of Force.**

Do the policies and procedures for "use of force" include the following:

- Restriction of "use of force" to what is reasonable and necessary  Yes  No
- Outline proper use of both physical/non-physical options to staff  Yes  No
- Describe what force techniques are prohibited  Yes  No
- Requires standardized report, which includes procedures for documenting and reporting the use of force  Yes  No
- Administrative review process for investigating unreasonable use of force  Yes  No
- Notification of parents/legal guardians after use of force on youth  Yes  No
- Debrief process for staff and youth after incident to mitigate trauma  Yes  No
- Limitation of use of force on pregnant youth  Yes  No

**Does the facility permit the use of chemical agents?**  Yes  No

**Describe use of force policies:** Staff avoid the use of force whenever possible. Staff will first attempt to use psychological and verbal methods to diffuse a situation. If psychological measures do not work or are not appropriate, staff activate their personal security devices and/or call a code on the radio. Staff will only use force when there is threat of imminent harm to self or others and will only use the minimal and reasonable amount of force necessary to ensure the safety of minors and others. After an incident, the appropriate parties are notified, youth are screened by medical, incident reports are

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written and logged. Only staff are required to be debriefed after an incident in the draft Policies and Procedures manual, however, Title 15 requires that both the youth and the staff be debriefed. The Policies and Procedures Manual will be adjusted to reflect this change. Both youth and staff are debriefed in practice at the YSC, even though it is not yet reflected in the draft Policies & Procedures Manual.

**How many incidents were there requiring use of force since the last inspection?** 58

Explain: There was 58 serious incidents when staff had to use mechanical restraints on youth.

**§ 1358. Use of Physical Restraints. | § 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.**

**Do the policies/procedures for use of physical restraints address the following:**

- Documentation of circumstances leading to restraints  Yes  No
- Known medical conditions that would contraindicate use of restraints  Yes  No
- Acceptable restraint devices  Yes  No
- Signs or symptoms that medical/mental health needs to be consulted  Yes  No
- Availability of CPR equipment  Yes  No
- Restrained youth must be housed alone or in designated area protected from other youth  Yes  No
- Provision for hydration and sanitation needs  Yes  No
- Provision for exercising extremities  Yes  No

**Describe restraint policies:** Mechanical restraints may be used to transport youth outside the YSC if probation and the transporting agency determine that they are necessary because the youth is a flight risk or to prevent physical harm to the youth or another person. Youth can only be placed in restraints within the YSC with the approval of the ISM-OD or designee. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour. Medical and BHRS are consulted. Staff conduct continuous direct visual supervision while the youth is in restraints.

**How many incidents were there requiring use of physical restraints since the last inspection?** 58

Explain: Only serious incidents required restraints.

**Do the policies/procedures for use of restraint devices for movement and transportation within the facility address the following:**

- Acceptable restraints, staff approved to utilize restraints and required training  Yes  No
- Documentation of circumstances for use of restraints  Yes  No



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- Individual assessment of the need to apply restraints which considers less restrictive alternatives, medical/mental health, trauma informed approaches  Yes  No
- Consideration of safety and security of facility  Yes  No
- Restraints are not used for punishment, retaliation, in lieu of treatment  Yes  No
- Use of restraints on pregnant youth  Yes  No

**§ 1359. Safety Room Procedures.**

**Is safety room used only when the following conditions are met:**  Yes  No

- Other less restrictive options have been attempted and exhausted
- Not used for punishment, coercion, convenience, or retaliation
- Use must not compromise youth's mental/physical health

**If safety room confinement exceeds 4-hour limit, do staff utilize one of the following:**  Yes  No

- Return youth to general population
- Consult with mental health or medical staff
- Develop plan for youth to reintegrate into general population (required to extend confinement longer than 4 hours)

**Safety room procedures:** The safety room is 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. Only the Juvenile Hall Director can approve a youth be placed in a safety room.

**How many incidents were there requiring use of safety room since the last inspection?** 6

**Explain:** The safety room was used for two different youth on multiple occasions for each youth, due to safety concerns.

**Is confinement discontinued when it compromises youth's mental/physical health?**  Yes  No

**How is this determined?** Medical staff evaluate the youth within the first hour of their confinement in the safety room. The Juvenile Hall Director and/or the ISM-OD in collaboration with Medical and BHRS staff re-evaluate the youth every four hours to determine if the youth can safely be removed from the safety room.

**§ 1360. Searches.**

**When are searches of youth conducted?** Searches are conducted during the intake process, after visits, and if contraband is suspected.

**Describe search procedures:** Types of approved searches include wand searches, pat down searches, visual body or clothing searches and visual strip searches. Staff must complete a Search Authorization Form and obtain approval of the ISM-OD before conducting a visual strip search/visual body search.

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**Are body cavity searches only conducted by medical personnel?**  Yes  No

**Are strip searches always conducted after detention hearings?**  Yes  No

**If a strip search is conducted after a detention hearing, is it conducted with pre-approval and only upon documented, reasonable suspicion of concealed contraband?**  Yes  No

**Are cross-gender pat-down/strip searches prohibited, except in exigent circumstances or when conducted by a medical professional?**  Yes  No

**§ 1361. Grievance Procedure.**

**Number of grievances since last inspection:** 166% increase in grievances from 2017 to 2018. There were 93 grievances and 7 appeals filed in 2018 (35 grievances and no appeals filed in 2017). Most of the increase can be attributed to the 48 grievances filed in May 2018. (See attached)

**Do policies allow unlimited time limits to file grievances?**  Yes  No

**Are health and safety grievances addressed immediately?**  Yes  No

**Are initial responses to grievances delivered within 3 days?**  Yes  No

**Are final resolutions of grievances achieved within 10 days, or youth notified of circumstances that will delay resolution?**  Yes  No

**Are there multiple internal/external methods to report sexual abuse/harassment?**  Yes  No

**Are there any patterns or themes in the grievances?**  Yes  No

**Explain:** Most of the grievances were related to disgruntled youth who had privileges taken away because of their disruptive or non-compliant behavior. Some related to missing phone calls, not being allowed to attend programming, dietary complaints, a short hot water outage, not being allowed to attend church services when they misbehaved, etc. There were several complaints related to medical for refusing to provide services or youth having to submit multiple medical requests before being seen. Youth indicated that medical did not take their issues seriously and were not treated by a doctor or sent to the medical center for treatment until after their grievance was filed and investigated. One youth was given the wrong dose of medicine and did not receive the medicine in the morning, as prescribed, but rather in the afternoon. There was an unusual surge of grievances in May which is a result of a few youth who filed multiple complaints against a staff member they felt were treating them unfairly.

**Describe the grievance process:** Youth complete a grievance form (see attached), keep the pink copy, and either put the remaining copies in the drop box or give them to a supervision staff member. ISMs collect grievance forms on a daily basis and mark the date of receipt on the forms. ISMs then assign someone to resolve the grievance. Youth can appeal the original grievance resolution.

**PROGRAMS AND ACTIVITIES**

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

**Do policies prohibit suspension of youth’s participation in programs, recreation and exercise unless a safety/security threat is documented?**  Yes  No

Describe: The director of the facility may suspend access to recreation for a period not to exceed 24 hours. However, LMA cannot be suspended unless a safety/security threat is documented.

**Are programs/recreation/exercise reviewed annually for current and relevant content?**  Yes  No

**Are youth provided at least one hour of daily unscheduled recreational activities (leisure reading, letter writing, entertainment)?**  Yes  No

Describe: The youth watch movies, read, perform arts & crafts, play cards, games or other activities.

**Are youth provided at least one hour of daily large muscle exercise?**  Yes  No

Describe: The youth run, play basketball and sports on the field and in bad weather do gym exercises.

**Are youth provided at least one hour of daily programming that is trauma focused, cognitive, evidence-based/best practice interventions or pro-social activities designed to reduce recidivism?**  Yes  No

**Check the programs that are currently offered at the facility:**

Cognitive Behavior Interventions	<input checked="" type="checkbox"/>	Tolerance and Diversity	<input checked="" type="checkbox"/>
Management of Stress and Trauma	<input checked="" type="checkbox"/>	Healing Informed Approaches	<input checked="" type="checkbox"/>
Anger Management	<input checked="" type="checkbox"/>	Interventions by Credible Messengers	<input checked="" type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>	Gender Specific Programming	<input checked="" type="checkbox"/>
Juvenile Justice System	<input checked="" type="checkbox"/>	Art, Creative Writing, or Self-Expression	<input checked="" type="checkbox"/>
Trauma-Related Interventions	<input checked="" type="checkbox"/>	CPR and First Aid Training	<input type="checkbox"/>
Victim Awareness	<input checked="" type="checkbox"/>	Restorative Justice or Civic Engagement	<input checked="" type="checkbox"/>
Self-Improvement	<input checked="" type="checkbox"/>	Career and Leadership Opportunities	<input checked="" type="checkbox"/>
Parenting Skills and Support	<input checked="" type="checkbox"/>	Other Suitable Topics	<input checked="" type="checkbox"/>

**List organizations providing programming and a synopsis of the program:** The youth participate in the following: Fresh Lifelines for Youth (education about law and constitutional rights); church services and bible study; staff led life skills programming (resume writing, anger management); The Beat Within (writing program); Each One Reach One (tutoring, playwriting); Mind Body Awareness (meditation); The Art of Yoga; Pyramid (anger management, drug and alcohol prevention); Brighter Day (career readiness, leading to jobs at Safeway); book club, Omega (staff led monthly program including speakers on relevant topics). BHRS suggested adding in a program on building relationships.

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**Under what circumstances can programming be suspended?** Programing is suspended in the case of emergency or for the safety and security of youth and staff.

**How many days since last inspection has programming as a whole been suspended?** 8-9 days for safety reasons. All programs are resumed as soon as safety conditions allow.

**§ 1372. Religious Program.**

**Describe religious programming offered:** Bible study is offered once a week and there are Catholic and other christian church services available on Sunday.

Is youth allowed to participate in activity outside their room, if not participating in religious programs?  Yes  No

**§ 1374. Visiting.**

**Visiting Schedule:**

**Weekdays:** 5:30pm – 6:30pm and 6:45pm – 7:45pm Monday through Thursday

**Weekends:** 8:30am – 9:30am, 9:45am – 10:45am, 11:00am – 12:00pm, 1:00pm – 2:00pm, 2:45pm – 3:45pm, 5:30pm – 6:30pm, 6:45pm – 7:45pm

**Special Events:** require special approval

One youth suggested adding in a Skype visiting option for families that are unable to come to the hall.

**Do all youth have access to visitation?**  Yes  No

**Are visitation logs kept?**  Yes  No

**Are youth permitted to receive visits from their children?**  Yes  No

**Are youth permitted to receive visits from family members, such as grandparents and siblings and other supportive adults with approval of facility administrator?**  Yes  No

**Are visitors with a criminal history allowed to visit youth after staff have determined that they do not pose a safety risk?**  Yes  No

**Are there provisions for special visits, in addition to 2-hour weekly minimum?**  Yes  No

**Describe the visitation area (privacy, adequate space, supervision, cleanliness, etc.):** The visitation area is clean and provides access to a drinking fountain and bathrooms. There are small tables with two to four chairs in the main area, as well as, two private visiting rooms and a larger private room specifically for IEP and other school meetings. There is one staff member who supervises the area and approves the reading materials brought for the youth. Playing cards are available to use during visits.

**Under what circumstances would visitation be restricted?** Youth can visit with parents, guardians, and/or persons standing in loco parentis; their children; and people approved by the ISM, Director of Institutions, Probation Officer, or the Court. Youth that pose a safety or security risk may be allowed to conduct visits behind glass if appropriate. Visits may be denied or suspended if the visitor appears

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to be under the influence of drugs or alcohol; fails to consent to a search; attempts to give contraband to the youth without permission from staff; or if they present a threat to any person or to institutional security. Visits can also be cancelled if there is an emergency or medical situation in the Juvenile Hall. Youth are entitled to two, one-hour visits per week and unlimited Professional and after-court visits.

Youth we interviewed, indicated frustration that siblings are only granted one-off visits and cannot be approved for regular visits. (Staff have had problems in the past with friends posing as siblings and younger siblings causing disturbances in the visiting area.)

**DISCIPLINE**

**§ 1390. Discipline. | § 1391. Discipline Process.**

**Do discipline policies include trauma-informed approaches and positive behavior interventions?**  Yes  No

**Does discipline process accommodate youth with disabilities, limited literacy, and English language learners?**  Yes  No

**Youth are not deprived of rehabilitative programming as part of discipline.**  Yes  No

**Describe the discipline process:**

Minor rule violations may result in informal counseling, advising the youth of expected behavior, and/or a "cooling off" time away from other youth for a maximum of 30 minutes. Staff will issue a Disciplinary Due Process Ticket for all minor rule violations. Major rule violations and some minor violations may result in loss of privileges, loss of behavior points, alternative programming (completing a book report, essay, art project or other constructive activity separate from the group). Room confinement can only be used if other less restrictive options have been attempted and exhausted or attempting those options poses a threat to the safety and security of the youth, ward, or staff. Staff will issue an Incident Report for all major rule violations. Youth can appeal a disciplinary action through the grievance process.

There is an increased effort to utilize incentives to achieve desired behavior from the youth. For example, in Forrest 3, they use a point system and youth can earn up to 20 points a day for following rules, school behavior, room cleanliness, etc. The points are used to determine whether a youth is considered a one-step or two-step. Two-step youth are eligible for KP and canteen, and may stay out of their rooms until 9 (rather than 8). The YSC is also considering turning the unused central dining hall into a rewards room. Youth would be able to redeem points earned on their unit for alternate programming time in the rewards room.

**HEALTH SERVICES**

**What medical screenings do youth receive? Describe the medical/dental services available:** Medical staff try to screen youth and conduct a complete physical within 12 hours, unless intake staff request an immediate screen for injured or intoxicated youth. After the initial screen, youth receive a

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complete physical exam annually by a nurse practitioner. Repeat offenders, who are released and come back to the YSC within a year, are assessed by a registered nurse. Medical staff is available from 7:00am to 11:00pm. The medical director is available Thursday for six hours and the nurse practitioner is available three and a half days a week. X-rays cannot be conducted onsite. Youth are transported to San Mateo Medical for x-rays and other procedures that can't be completed onsite.

The dentist visits the YSC every two weeks. Youth are given an initial screen after booking and receive a cleaning and exam every six months. An oral surgeon is available, when necessary. The dental practice provides routine cleanings, exams, tooth extractions, crowns and root canals onsite.

**How do youth request care? How quickly do youth receive care or services (i.e. glasses)?** There are medical request forms available on the unit. (See attached.) The medical staff picks up the requests every day at 3:00pm. If possible, the requests are handled at the triage station on the unit. The dietician sometimes responds to requests in writing, rather than in person. Several youths indicated that it takes multiple requests to get seen by medical. One youth said that the initial treatment for his broken hand was ice, a wrap and ibuprofen. It took "two weeks," according to the youth, for him to be taken offsite for an x-ray which confirmed his broken bone. There is currently a three to four-month delay in getting glasses for youth. Glasses are processed through the County optometry department which is backed up.

**When and how do youth receive prescribed medication? What about after hours?** Prescription medication are delivered on the unit daily, in the morning, afternoon and evening, as necessary. Medical staff provide an after-hours protocol for staff on the unit to address minor issues. GS3's can distribute over the counter medication which is stored on each unit. If someone needs prescription medication late in the evening, medical staff will administer it before leaving at 11:00pm. BHRS can prescribe psychotropic medication to youth, but medical staff need parental consent before it can be administered. If the youth comes into the facility with an existing prescription, it will be approved by medical staff, and then administered/renewed by medical staff to ensure continuity.

**§ 1406. Health Care Records.**

**Do youth health records include treatment plans where applicable?**  Yes  No

**§ 1412. First Aid/AED and Emergency Response.**

**Are automated external defibrillators (AED) available in the facility?**  Yes  No

**§ 1417. Pregnant/Post-Partum Youth**

**Do pregnant youth receive information on options to continue or terminate pregnancy and adoption?**  Yes  No

**Do pregnant youth receive comprehensive prenatal care?**  Yes  No

**Do youth receive post-partum care and access to a breast pump?**  Yes  No

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**Are pregnant youth's medical records and plan forwarded to community obstetrician?**  Yes  No

Explain: Youth receive prenatal and post-partum care at San Mateo Medical and deliver their babies at Stanford. There is extensive sex-education on the girls' unit.

**§ 1430. Medical Clearance/Intake Health and Screening.**

**Do the medical screenings identify the need for accommodations?**

(e.g. physical or developmental disabilities, gender identity or medical holds)  Yes  No

Explain: Yes, there is currently one transgender youth within YSC, and another who frequently visits YSC. For physical or developmental disabilities, the medical staff would bring in any necessary assistive devices.

**§ 1431. Intoxicated Youth and Youth with a Substance Use Disorder.**

**Do policies and procedures address the following?**

- How, when and by whom youth will be monitored when intoxicated  Yes  No
- Frequency of monitoring and the documentation required  Yes  No
- Youth will be immediately medically evaluated when they are experiencing progressive or severe intoxication or withdrawal  Yes  No
- Intoxication beyond 4 hours after admission requires a medical evaluation  Yes  No

Explain: Medical staff use the CIWA alcohol withdrawal assessment and the COWS opiate withdrawal assessment tools to assess intoxicated youth. All intoxicated youth are sent to the emergency room to detox or to the medical center for clearance. In the past few years, there has been an influx of youth who are on Xanax at the time of booking. Mildly intoxicated youth are monitored every four to six hours by medical staff.

**§ 1432. Health Assessment.**

**Does the health assessment include history of past or current trauma?**  Yes  No

**Are the health history and immunization review done within 96 hours of admission?**  Yes  No

**Are physical exams updated annually for all youth?**  Yes  No

Explain: The initial health assessment is a comprehensive four-page screening document.

**Describe physical health screenings (confidential, trained staff, access, etc.):** Registered nurses conduct the initial screening and the nurse practitioner or the medical director conducts the complete physical.

**§ 1433. Requests for Health Care Services.**

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**Can youth confidentially request medical, dental or behavioral/mental health services?**  Yes  No

Explain: There are medical request forms available on each unit.

**§ 1437. Mental Health Services. | § 1437.5. Transfer to a Treatment Facility.**

**Is the mental health intake screening performed by either behavioral/mental/medical health personnel or trained youth supervision staff?**  Yes  No

**Does the intake screening include history of recent exposure to trauma which may require immediate attention, current traumatic stress and pregnancy needs?**  Yes  No

**Is assessment by behavioral/mental health provider done when indicated by screening process?**  Yes  No

**Are therapeutic services and preventive services provided?**  Yes  No

**Are there policies and procedures for the transfer of youth to a treatment facility?**  Yes  No

Explain: BHRS will connect youth to regional clinics for medication continuity. They will also refer youth to StarVista for counseling.

**Describe mental health screenings (setting, confidential, trained staff, access, etc.):** Mental health screenings are conducted at admissions in the intake room for youth who are first time offenders or who are booked-in for new crimes, but have not been at a locked facility for six months. All youth receive a visit from BHRS on the unit after being booked to explain the services available to them. These screenings take place in a program room or in an empty classroom. BHRS also serves as part of the IEP team when appropriate. BHRS staff are available for a 4-hour AM shift and a 4-hour PM shift every day. There is a BHRS staff member on call between 5pm and 8am. Currently, the BHRS staff includes five full-time staff (2 supervisors and 3 clinicians) and three academic interns working from August through May. Rape victims are provided a therapist from Rape Trauma Services (RTS). BHRS therapists are on call after-hours and can assist rape victims when a youth's RTS therapist is not available.

**How is crisis intervention handled?** BHRS meets with youth who are in crisis and creates a safety plan. There is a self-harm checklist used by both mental health and unit staff. The youth are checked on by BHRS staff twice a day and receive direct supervision and operation from unit staff, as necessary. Over the past few years, youth are coming into the YSC with higher needs resulting from the increase in use of Xanax, vaping, dabs and wax marijuana. Creating and maintaining an open line of communication between unit staff and BHRS is essential. This is starting to happen, but could be improved.

**§ 1438. Pharmaceutical Management.**

**Does transition planning (post-release) include a plan for uninterrupted continuation of medication?**  Yes  No



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Explain: BHRS works with regional clinics to provide medication continuity. If youth decide not to continue their medication, they are warned about the consequences of stopping medication abruptly. They are counseled to slowly wean off their medication.

**§ 1439. Psychotropic Medications.**

**Can youth refuse psychotropic medication without disciplinary consequences?**  Yes  No

Explain: It is guesstimated that approximately 40% of the youth are on psychotropic medication. Medical staff will not force the youth to take medication. Youth refusal to take medication is noted in their file. No other action is taken.

**FOOD**

**§ 1460. Frequency of Serving.**

**Mealtimes:** Breakfast: 7:30 am Lunch: 12:45 pm Dinner: 4:30 pm  
*(no more than 14 hours between meals without a snack)*

**Length of time allowed to eat (should be at least 20 minutes)?** 20 minutes

**Are snacks provided to all youth between 2 to 4 hours after the dinner meal is served?**  Yes  No

Comments: Fresh fruit is always available to youth and canteen is provided to 2-step youth. Every youth is provided a snack in the evening before bedtime.

**§ 1461. Minimum Diet.**

**Are servings ample, nutritious, appetizing?**  Yes  No

Comments: Serving sizes of meals are ample and youth are often allowed seconds when available. The food is nutritious and appears appetizing. The youth mentioned that the food is getting better, but the taste and quality overall are lacking. Commissioners Telleria and Flores had dinner with the youth, which consisted of egg rolls, rice and sweet and sour vegetables. Commissioner Telleria found the food edible, although a little bland.

**Is juice served with every meal?**  Yes  No

If not, how often is it served? Juice is served at lunchtime, while milk is served for breakfast and fruit punch is served at dinner. Water is always available as an option.

Does it count towards the required servings of fruits and vegetables?  Yes  No

**Is there a process for how special dietary requests (i.e. vegetarian, vegan, religious, diabetic) are requested and granted/denied?**  Yes  No

Explain: Medical and other special dietary meals are available upon request. Requests are made to the staff on unit. Every effort is made to accommodate special dietary requirements.

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**CLOTHING AND PERSONAL HYGIENE**

**§ 1480. Standard Facility Clothing Issue.**

**Does standard issue clothing include new non-disposable underwear which remains with the youth throughout their stay?**  Yes  No

**Are youth's tee shirts, bras, underwear exchanged daily?**  Yes  No

Explain: When youth are booked, they are given new underwear which is marked with their name on it. Housekeeping is provided with a daily list of youth in each unit, along with their clothing sizes. Housekeeping creates a set of underwear for each youth with their name on it. Every day they will provide the unit with fresh tee shirts, bras and personalized underwear for each youth. Other clothing is changed out weekly. The personalized underwear is retained for youth who frequent the YSC.

**Is suitable clothing for pregnant youth provided?**  Yes  No

Explain: There is no special clothing for pregnant youth, however the pants at the YSC have an elastic waistband. Pregnant youth will be given larger clothing sizes as needed.

**§ 1483. Clothing, Bedding and Linen Supply.**

**Are alternate mattress types available for pregnant youth or youth with other medical-related needs?**  Yes  No

Explain: Pregnant youth and those with other medical-related needs may have two mattresses.

**§ 1485. Issue of Personal Care Items.**

**Are females provided with sanitary napkins, panty liners & tampons when requested?**  Yes  No

Explain: All types of feminine hygiene products are available to female youth upon request.

**Are youth held 24+ hours provided with deodorant, lotion, shampoo and conditioner?**  Yes  No

Explain: Youth are provided and allowed to keep soap, deodorant, toothbrush and toothpaste in their room. Shampoo, conditioner and lotion are available on the unit.

**§ 1487. Shaving.**

**Are all youth allowed to have access to a razor daily to shave face and body hair?**  Yes  No

Explain: Razors are available for youth to use during showers or, when supervised, in their room. There is a chair outside the girls' showers which can be utilized while shaving their legs.

**§ 1500. Standard Bedding and Linen Issue.**

**Describe the bedding and linen provided and how exchanged:** Youth are issued two sheets and two blankets at admissions. These are exchanged weekly. During the winter, youth are allowed extra



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blankets. Pillows and pillowcases are not permitted at the YSC; however, the mattresses are raised at one end. Youth also roll up their extra blankets to use as a pillow.

Are additional blankets available upon request?  Yes  No

**General Facility Inspection – Exterior Spaces**

**Describe the condition of the exterior spaces of the facility (lawns, fields, blacktop, paint, roof, etc.)**

The facility grounds are in generally good condition. The landscaping outside the units are heavily weeded. This area is often maintained by the youth. Given recent heat waves and staff changes some of the gardening programs have been postponed.

**General Facility Inspection – Interior Spaces**

**Describe the condition of the interior spaces in the facility (sleeping rooms, common area, recreation area, court holding area, lighting, climate control, etc.)**

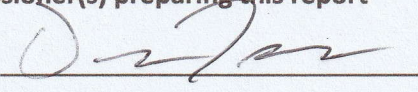
The interior of the facility is beginning to show its age. The furniture has not been replaced since the facility was built in 2006. In one of the units, the couches had to be removed for safety reasons and the only seating available are plastic chairs and the unmovable metal stools attached to the dining tables. The carpet in the Pine unit was recently replaced and looks good. Some of the other units' carpets are badly stained and in need of replacement. The metal mirrors and glass windows in the cells are full of youth etchings.

**Personal Appearance of Youth**

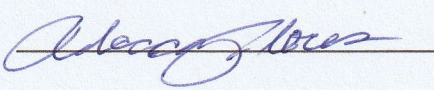
**Describe the appearance and general attitude of youth**

The youth are well groomed and wear clean, stain-free clothing. The youth are generally respectful towards staff and visitors.

**Signature of Commissioner(s) preparing this report**

Debora Telleria 

Date: 10/29/19

Rebecca Flores 

Date: 10/29/19







## 2019 San Mateo County Probation Juvenile Hall Population

Date	May			June			July			August		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	52	11	63			0			0			0
2	50	9	59			0			0			0
3	50	8	58			0			0			0
4	57	9	66			0			0			0
5	59	9	68			0			0			0
6	57	7	64			0			0			0
7	52	8	60			0			0			0
8	51	9	60			0			0			0
9	51	8	59			0			0			0
10	45	7	52			0			0			0
11	47	2	49			0			0			0
12	48	9	57			0			0			0
13	47	8	55			0			0			0
14	46	11	57			0			0			0
15	48	9	57			0			0			0
16	49	7	56			0			0			0
17	51	8	59			0			0			0
18	49	8	57			0			0			0
19	51	7	58			0			0			0
20	49	6	55			0			0			0
21	47	5	52			0			0			0
22	47	6	53			0			0			0
23	45	6	51			0			0			0
24	46	6	52			0			0			0
25	59	6	65			0			0			0
26	58	6	64			0			0			0
27	56	5	61			0			0			0
28	56	5	61			0			0			0
29	51	5	56			0			0			0
30	49	6	55			0			0			0
31	48	7	55			0			0			0
Average	51	7	58	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!	0	37	#DIV/0!	43

June 11, 2019



## 2019 San Mateo County Probation Juvenile Hall Population

Date	January			February			March			April		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	30	5	35	39	5	44	44	1	45	49	8	57
2	29	5	34	41	5	46	47	4	51	50	8	58
3	29	5	34	42	5	47	48	3	51	48	8	56
4	29	5	34	38	5	43	48	3	51	50	9	59
5	26	6	32	39	6	45	45	2	47	50	10	60
6	26	6	32	38	7	45	43	2	45	55	10	65
7	26	6	32	39	7	46	44	2	46	56	11	67
8	28	7	35	35	6	41	44	3	47	54	11	65
9	28	8	36	40	2	42	44	5	49	53	10	63
10	30	7	37	39	2	41	45	7	52	54	10	64
11	30	7	37	35	2	37	48	8	56	55	8	63
12	31	11	42	37	3	40	53	9	62	51	7	58
13	32	13	45	36	3	39	47	8	55	51	7	58
14	31	11	42	37	3	40	48	8	56	53	10	63
15	32	10	42	37	4	41	49	8	57	53	10	63
16	31	9	40	40	4	44	50	8	58	50	13	63
17	32	9	41	41	4	45	50	9	59	48	14	62
18	34	8	42	36	4	40	51	8	59	50	14	64
19	36	8	44	42	5	47	53	6	59	48	13	61
20	41	8	49	44	5	49	52	6	58	49	13	62
21	43	8	51	41	5	46	54	7	61	50	12	62
22	42	8	50	40	5	45	58	10	68	49	11	60
23	41	7	48	40	5	45	59	9	68	50	10	60
24	38	7	45	42	5	47	60	9	69	50	10	60
25	40	6	46	41	5	46	60	9	69	53	11	64
26	38	6	44	39	5	44	63	7	70	53	12	65
27	40	6	46	38	2	40	59	8	67	56	13	69
28	40	6	46	41	2	43	56	10	66	56	13	69
29	43	5	48				53	9	62	53	13	66
30	41	5	46				53	8	61	54	11	65
31	42	5	47				53	8	61			
Average	34	7	41	39	4	44	51	7	58	52	11	62

Updated May 2, 2019



## 2018 San Mateo County Probation Juvenile Hall Population

Date	September			October			November			December		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	50	7	57	44	7	51	45	8	53	38	7	45
2	51	7	58	41	6	47	43	8	51	37	7	44
3	50	7	57	41	7	48	43	9	52	35	7	42
4	48	7	55	38	5	43	45	9	54	34	8	42
5	45	7	52	37	6	43	45	8	53	41	8	49
6	48	8	56	39	6	45	46	8	54	42	6	48
7	50	8	58	39	6	45	48	8	56	40	6	46
8	49	8	57	37	6	43	48	7	55	39	6	45
9	47	8	55	36	6	42	48	7	55	39	6	45
10	43	8	51	36	7	43	62	10	72	39	6	45
11	48	10	58	36	7	43	63	11	74	38	6	44
12	48	9	57	39	6	45	63	10	73	37	7	44
13	43	10	53	41	8	49	63	9	72	42	6	48
14	43	9	52	40	8	48	65	7	72	41	4	45
15	45	10	55	40	7	47	67	7	74	41	4	45
16	44	10	54	39	7	46	59	6	65	42	5	47
17	43	11	54	39	6	45	58	6	64	42	5	47
18	44	11	55	40	5	45	58	7	65	41	6	47
19	42	10	52	37	5	42	59	10	69	40	5	45
20	41	9	50	42	6	48	61	10	71	38	4	42
21	40	8	48	44	7	51	62	10	72	39	4	43
22	44	7	51	42	7	49	48	6	54	34	4	38
23	45	8	53	41	6	47	46	8	54	34	4	38
24	43	7	50	44	7	51	50	6	56	33	4	37
25	44	7	51	41	7	48	48	11	59	33	5	38
26	44	7	51	41	7	48	43	6	49	33	4	37
27	43	7	50	45	7	52	39	7	46	32	4	36
28	45	7	52	45	7	52	36	7	43	32	4	36
29	46	6	52	42	7	49	37	6	43	31	5	36
30	46	7	53	45	8	53	37	6	43	31	5	36
31				49	8	57				32	5	37
Average	45	8	54	41	7	47	51	8	59	37	5	42

Updated January 3, 2019

\*Population Numbers for November 10-25 include Camp Glenwood Boys.



## 2018 San Mateo County Probation Juvenile Hall Population

Date	May			June			July			August		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	57	9	66	52	8	60	54	9	63	35	8	43
2	57	10	67	53	8	61	40	9	49	33	10	43
3	58	9	67	50	7	57	38	9	47	34	7	41
4	58	8	66	46	9	55	38	9	47	35	7	42
5	59	9	68	44	9	53	37	9	46	33	6	39
6	56	9	65	46	8	54	34	8	42	32	7	39
7	54	9	63	42	8	50	35	6	41	43	6	49
8	53	10	63	42	9	51	35	7	42	45	5	50
9	53	10	63	42	9	51	34	8	42	43	5	48
10	51	9	60	41	8	49	38	8	46	42	5	47
11	49	9	58	41	8	49	39	7	46	33	4	37
12	49	9	58	43	8	51	39	7	46	35	3	38
13	49	10	59	46	8	54	39	8	47	32	3	35
14	51	9	60	45	9	54	40	8	48	33	3	36
15	48	9	57	45	8	53	40	8	48	31	3	34
16	48	8	56	45	8	53	39	8	47	33	4	37
17	50	8	58	44	9	53	40	9	49	32	5	37
18	48	9	57	44	9	53	38	9	47	35	5	40
19	47	9	56	44	9	53	38	9	47	36	5	41
20	46	10	56	46	8	54	38	9	47	32	5	37
21	42	8	50	43	8	51	40	12	52	33	4	37
22	42	8	50	45	7	52	40	11	51	36	3	39
23	42	7	49	45	7	52	37	10	47	37	4	41
24	42	7	49	43	7	50	36	9	45	36	3	39
25	48	11	59	42	6	48	35	10	45	42	5	47
26	46	10	56	45	6	51	36	10	46	43	5	48
27	44	7	51	47	6	53	36	11	47	40	7	47
28	43	6	49	44	8	52	37	12	49	41	6	47
29	50	6	56	40	9	49	37	11	48	39	6	45
30	49	7	56	42	9	51	35	11	46	39	8	47
31	49	6	55				35	11	46	41	8	49
Average	50	9	58	45	8	53	38	9	47	37	5	43

Updated September 4, 2018



## 2018 San Mateo County Probation Juvenile Hall Population

Date	January			February			March			April		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	57	10	67	68	12	80	60	10	70	59	10	69
2	53	7	60	75	13	88	68	10	78	60	9	69
3	55	8	63	76	13	89	70	10	80	58	7	65
4	55	8	63	73	13	86	67	10	77	59	6	65
5	61	10	71	72	11	83	70	10	80	60	5	65
6	62	10	72	66	11	77	70	9	79	49	6	55
7	58	11	69	66	11	77	63	9	72	49	6	55
8	56	11	67	66	11	77	58	7	65	49	6	55
9	56	12	68	71	12	83	62	7	69	50	6	56
10	60	13	73	72	12	84	61	7	68	49	5	54
11	57	11	68	67	11	78	57	7	64	49	5	54
12	61	10	71	67	11	78	57	7	64	53	6	59
13	60	9	69	68	11	79	56	7	63	52	6	58
14	56	9	65	67	11	78	56	7	63	54	6	60
15	54	11	65	67	10	77	56	7	63	57	6	63
16	54	10	64	69	13	82	58	6	64	59	7	66
17	52	9	61	69	12	81	56	6	62	68	6	74
18	51	10	61	67	12	79	52	6	58	67	5	72
19	58	9	67	67	11	78	50	6	56	67	7	74
20	57	9	66	65	10	75	49	6	55	66	7	73
21	53	8	61	69	12	81	52	6	58	67	7	74
22	56	9	65	65	10	75	49	7	56	69	7	76
23	54	8	62	69	11	80	48	6	54	70	7	77
24	57	8	65	70	10	80	49	6	55	70	7	77
25	56	8	64	65	10	75	46	6	52	69	6	75
26	63	8	71	66	9	75	43	7	50	66	6	72
27	63	7	70	62	8	70	44	8	52	59	9	68
28	61	8	69	58	8	66	40	11	51	58	9	67
29	65	10	75				50	10	60	55	7	62
30	65	12	77				51	10	61	53	7	60
31	67	12	79				50	10	60			
Average	58	10	67	68	11	79	55	8	63	59	7	66

Updated May 7, 2018

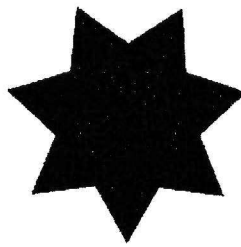
April totals include Camp Glenwood boys housed at YSC due to La Honda water system failure. (See in blue)



## YSC Monthly Grievance and Appeals

	2015		2016		2017	
	Grievance	Appeals	Grievance	Appeals	Grievance	Appeals
<b>January</b>	17	1	5	0	0	0
<b>February</b>	2	0	5	0	4	0
<b>March</b>	4	0	8	0	5	0
<b>April</b>	1	3	8	0	1	0
<b>May</b>	7	1	0	0	4	0
<b>June</b>	2	0	3	0	13	0
<b>July</b>	2	0	2	0	4	0
<b>August</b>	6	3	3	0	2	0
<b>September</b>	8	0	0	0	0	0
<b>October</b>	11	0	2	2	1	0
<b>November</b>	1	0	8	3	1	0
<b>December</b>	5	0	2	0	0	0
<b>Total :</b>	<b>66</b>	<b>8</b>	<b>46</b>	<b>5</b>	<b>35</b>	<b>0</b>

	2018		2019		2020	
	Grievance	Appeals	Grievance	Appeals	Grievance	Appeals
<b>January</b>	1	0	5	0		
<b>February</b>	2	0	5	0		
<b>March</b>	5	3	12	0		
<b>April</b>	6	0	2	0		
<b>May</b>	48	2	1	0		
<b>June</b>	10	0	0	0		
<b>July</b>	2	0				
<b>August</b>	8	2				
<b>September</b>	6/3 Missing	0				
<b>October</b>	2/1 Missing	0				
<b>November</b>	2	0				
<b>December</b>	1	0				
<b>Total :</b>	<b>93</b>	<b>7</b>				



**GRIEVANCE FORM**

You have the right to file a complaint about anything having to do with this facility. Fill out this form and keep the pink copy of it. Put the other copies in the metal box or give them to a staff person. If you need a grievance form, ask any staff member. A staff person will talk to you about your complaint. They may also talk to others involved in you problem. The staff person will then decide what to do and talk to you about it. If you don't agree with the staff's decision, you can ask for an appeal. This means that a manager or the Director will hear your complaint. You will be given the yellow copy of the form that shows the final decision. If you file a grievance and no one comes to talk to you, tell a staff member that you want to talk to a manager. If you have complained about a staff member, then that staff cannot be involved in deciding what should be done about your complaint.

Date: \_\_\_\_\_

**MINORS INFORMATION**

Name:	DOB:	Unit:
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What is your grievance, issue or concern?

(add pages if you need to)

**RESOLUTION**

ISM Receiving Grievance:	Date Received:
--------------------------	----------------

Grievance Assigned To:	Date Assigned:
------------------------	----------------

Process and findings:

Staff signature :	Date:
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**YOUTH REPONSE**

<input type="checkbox"/> I want to appeal (See attached appeal for further.)	<input type="checkbox"/> I do not want to appeal
---	--

Youth signature	Date:
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<input type="checkbox"/> Copies to youth	<input type="checkbox"/> Copies to youth
--	--



**PROBATION DEPARTMENT  
COUNTY OF SAN MATEO**  
John T. Keene, Chief Probation Officer

**YOUTH REQUEST FORM**

Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Youth's CASE#: \_\_\_\_\_

PLEASE DELIVER THE REQUEST TO THE FOLLOWING PERSON OR OFFICE	
JUVENILE HALL	COMMUNITY OTHER
Deputy Chief Probation Officer of Institutions <input type="checkbox"/>	Attorney <input type="checkbox"/>
	Probation Officer <input type="checkbox"/>
Juvenile Hall Director <input type="checkbox"/>	Other: <input type="checkbox"/>
ISM-OD <input type="checkbox"/>	
ISM-Housing <input type="checkbox"/>	
Housing Lead Staff <input type="checkbox"/>	
Housing Staff <input type="checkbox"/>	
Food Services <input type="checkbox"/>	
Medical Department <input type="checkbox"/>	
Mental Health <input type="checkbox"/>	
School <input type="checkbox"/>	
Other <input type="checkbox"/>	

PLEASE STATE YOUR REQUEST: *(BE SPECIFIC)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Housing Staff**

I, \_\_\_\_\_ received the request on this day of \_\_\_\_\_

At \_\_\_\_\_ I disposed of the request on \_\_\_\_\_ in following manner:

- Answered the Request (See Below) (1)
- forwarded the request to the ISM-OD



RECREATIONAL HEALTH SERVICES

MEDICAL SERVICES REQUEST FORM

SOLICITUD PARA SERVICIOS MÉDICOS

Date Received: \_\_\_\_\_

Nurse Review initials: \_\_\_\_\_

DATE \_\_\_\_\_

FECHA

ID# \_\_\_\_\_

NÚMERO DE IDENTIFICACIÓN

NAME \_\_\_\_\_

NOMBRE \_\_\_\_\_

LAST/APELLIDO

FIRST/PRIMER NOMBRE

MIDDLE/SEGUNDO NOMBRE

AKA \_\_\_\_\_

DOB

UNIT

ALIAS

FECHA DE NACIMIENTO

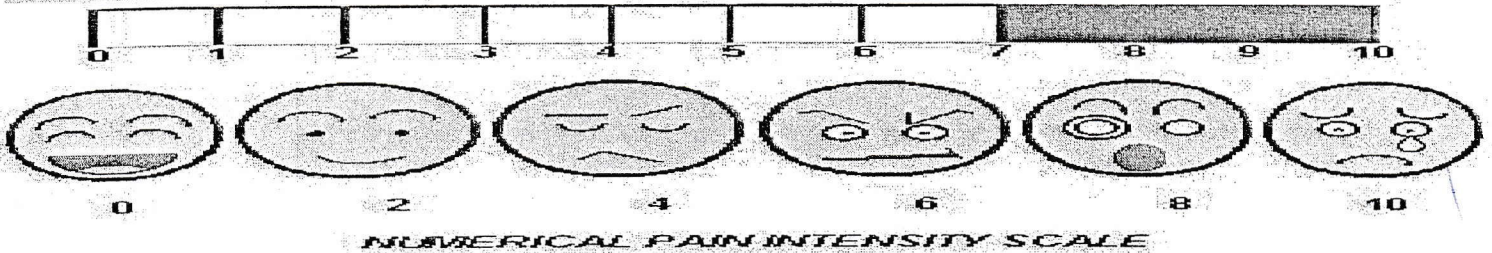
NÚMERO DE UNIDAD

I request health care services because:

Yo solicito servicios médicos por la siguiente razón:

My Pain level is: (circle one)

Mi nivel de dolor es: (circule uno)



NUMERICAL PAIN INTENSITY SCALE

Do not write below this line.

No escriba abajo de esta línea.

SUBJECTIVE: Pain Level: 0 1 2 3 4 5 6 7 8 9 10

OBJECTIVE: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ PO2 \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_

PLAN: \_\_\_\_\_

NURSE SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

DISPOSITION: (Please check all that apply)

S/P Initiated: \_\_\_\_\_ MH referral: \_\_\_\_\_ Dental referral: \_\_\_\_\_ NP \_\_\_\_\_ Literature Only: \_\_\_\_\_

Check one: In person assessment: \_\_\_\_\_

Chart Review Response: \_\_\_\_\_



**YOUTH SERVICES CENTER-CAMP GLENWOOD/CAMP KEMP  
Medical/Mental Health Literature Request Form**

Name \_\_\_\_\_

Unit \_\_\_\_\_

Date \_\_\_\_\_

Please indicate with an 'X' next to forms you would like to receive.

- |  |  |
|--|--|
| <input type="checkbox"/> ACNE  | <input type="checkbox"/> DRIVING; DRUNK, DRUGGED OR DROWSY, DON'T DRI                |
| <input type="checkbox"/> ALCOHOLISM; A FAMILY HISTORY OF ALCOHOLISM, ARE YOU AT RISK?      | <input type="checkbox"/> DRIVING; TOP 10 TIPS FOR PREVENTING TEEN ACCIDE             |
| <input type="checkbox"/> ALLERGIES   | <input type="checkbox"/> EARWAX  |
| <input type="checkbox"/> ATHLETES FOOT   | <input type="checkbox"/> ECSTASY; JUST THE FACTS ABOUT ECSTASY                       |
| <input type="checkbox"/> BAD BREATH; WHAT CAUSES BAD BREATH                                | <input type="checkbox"/> ECZEMA; ALL ABOUT   |
| <input type="checkbox"/> BIRTH CONTROL   | <input type="checkbox"/> ENERGY DRINKS AND FOOD BARS, POWER OR HYPE                  |
| <input type="checkbox"/> BITES & STINGS  | <input type="checkbox"/> EXERCISES; FOR LOWER BACK PAIN                              |
| <input type="checkbox"/> BODY PIERCINGS  | <input type="checkbox"/> FATHERS MATTER!   |
| <input type="checkbox"/> BREAST & PELVIC EXAMS; WHAT THEY ARE & WHY YOU NEED THEM          | <input type="checkbox"/> FLUID INTAKE; WHAT WHEN AND HOW MUCH                        |
| <input type="checkbox"/> BREATHING EXERCISES (STRESS & ANXIETY)                            | <input type="checkbox"/> SEXUAL ASSAULT; ALCOHOL, DATE RAPE DRUGS AND SEXUAL ASSAULT |
| <input type="checkbox"/> CANCER SORES; WHAT ARE CANCER SORES                               | <input type="checkbox"/> SHOULDER PAIN   |
| <input type="checkbox"/> CHLAMYDIA; WHAT YOU NEED TO KNOW                                  | <input type="checkbox"/> SLEEP PROBLEMS; COMMON SLEEP PROBLEMS                       |
| <input type="checkbox"/> CLEARING THE AIR, HOW TO QUIT SMOKING AND QUIT FOR KEEPS          | <input type="checkbox"/> SMOKING & YOUR LUNGS  |
| <input type="checkbox"/> CLUB DRUGS; THE TRUTH ABOUT (TIPS FOR TEENS)                      | <input type="checkbox"/> SMOKING AND ASTHMA  |
| <input type="checkbox"/> COCAINE; THE TRUTH ABOUT (TIPS FOR TEENS)                         | <input type="checkbox"/> SNIFFING YOUR LIFE AWAY (INHALANTS)                         |
| <input type="checkbox"/> COLDS & FLU'S; WHAT TO DO   | <input type="checkbox"/> STD FACTS (SEXUALLY TRANSMITTED DISEASE FACT)               |
| <input type="checkbox"/> COLD; FEVER, COUGH, HEADACHE, SORE THROAT, CONGESTION & BODY ACHE | <input type="checkbox"/> STEROIDS; TIPS FOR TEENS, THE TRUTH ABOUT STERC             |
| <input type="checkbox"/> COMING CLEAN; HOW TO TALK TO YOUR PARENTS ABOUT YOUR DRUG USE     | <input type="checkbox"/> STRESS, DEALING WITH STRESS                                 |
| <input type="checkbox"/> CONDOMS; INCREDIBLE FACTS ABOUT CONDOMS                           | <input type="checkbox"/> STRESS AND RELAXATION                                       |
| <input type="checkbox"/> CONDOMS; TALKING TO YOUR PARTNER ABOUT CONDOMS                    | <input type="checkbox"/> STRAINS, SPRAINS AND AUTOMOBILES                            |
| <input type="checkbox"/> CONSTIPATION; HOW TO AVOID  | <input type="checkbox"/> STRETCHING EXERCISES  |
| <input type="checkbox"/> CRABS / SCABIES   | <input type="checkbox"/> SYMPTOMS DIARY / LOG  |
| <input type="checkbox"/> CRACK COCAINE; BASIC FACTS ABOUT CRACK COCAINE                    | <input type="checkbox"/> SYPHILLIS; WHAT YOU NEED TO KNOW                            |
| <input type="checkbox"/> CRYSTAL METHAMPHETAMINE; FAST FACTS                               | <input type="checkbox"/> TAKING CARE OF YOUR TEETH                                   |
| <input type="checkbox"/> DADS WITH DAUGHTERS; 10 TIPS FOR DADS WITH DAUGHTERS              | <input type="checkbox"/> TATTOOS; WHAT TO KNOW BEFORE YOU GET ONE                    |
| <input type="checkbox"/> DANGERS OF DRINKING   | <input type="checkbox"/> TEEN DATING VIOLENCE  |
| <input type="checkbox"/> DATE RAPE; A POWER TRIP   | <input type="checkbox"/> TESTICULAR SELF EXAM  |
| <input type="checkbox"/> DATING OLDER GUYS; WHAT TO KNOW ABOUT DATING OLDER GUYS           | <input type="checkbox"/> TUBERCULOSIS; MEDICATIONS FOR TB                            |
| <input type="checkbox"/> DENTAL HEALTH; WHAT YOU NEED TO KNOW ABOUT DENTAL HEALTH          | <input type="checkbox"/> TOBACCO; TIPS FOR TEENS ABOUT TOBACCO                       |
| <input type="checkbox"/> DON'T LOSE A FRIEND TO DRUGS                                      | <input type="checkbox"/> URINARY TRACT INFECTIONS; PREVENTING THEM                   |
| <input type="checkbox"/> DRINKING; DRINKING MYTHS BUSTED WIDE OPEN                         | <input type="checkbox"/> 50 THINGS YOU SHOULD KNOW BEFORE YOU HAVE SE                |
| <input type="checkbox"/> DRINKING TO DISASTER; (BINGE DRINKING)                            |  |
| <input type="checkbox"/> DRINKING; THE DANGERS OF DRINKING                                 |  |