County of San Diego - Juvenile Justice Commission
2012 Inspection

According to Welfare and Institutions Code Section 229, the Juvenile Justice Commission conducts annual inspections of the juvenile detention facilities in San Diego County. It shall report the results of such inspections together with its recommendations based thereon, in writing, to the juvenile court and to the Board of State and Community Corrections.

Facility Name:

Polinsky Children's Center

Facility Type: Shelter Care

Facility Address:

9400 Ruffin Court
San Diego, CA 92123-5399

Date of Inspection:
December 14, 2012

JJC Chair: Kimberly Allan

JJC Admin. Officer: Marc Regier

JJC Secretary: Kathi Hamill

CWS Director: Debra Zanders-Willis

Presiding Judge of the Juvenile Court:
Hon. Cynthia Bashant

Facility Administrator:
Fran Cooper, Asst. Deputy Director

Telephone:
858-874-1054

JJC Inspection Team:
Amy Lansing / Charlie Cleaves

Staff and Representatives Interviewed / Met with in Person:
Fran Cooper, Asst. Deputy Director, Child Welfare Services (CWS)
Norma Rincon, Manager, CWS
Alberto Borboa, Manager, CWS
Carol St. Cook, Chief, Community Health Promotion, CWS
Rebecca Benner, Education Administrator

Overview:
The Polinsky Children's Center (PCC) continues to be the showpiece of the County of San Diego Health and Human Services Agency facilities and receives support from many public and private partnerships and individuals in the community. Through these fund-raising efforts and a hard working Management team, the facility provides an environment that is child centered, warm, inviting, very non-institutional and extremely maintained.

The 2012-13 Juvenile Justice Commission (JJC) recommends that the County of San Diego Health and Human Services Agency, Child Welfare Services:

1. Continue with a strong Government presence and oversight on all private contracts. While the JJC commends the PCC for holding weekly meetings with contractors, it recommends that PCC have more frequent, direct contact (in person or by phone) with the COTR than once a month to better insure that the Statement of Work and other Contract obligations are being met. This would better protect the County of San Diego given that many services are contracted out.
2. PCC continues to be faced with the challenge of preventing AWOLs while working with multiple collaborative systems to reduce AWOLs and minimize the risk to youth when they are not on

PCC grounds. This is a complex and difficult task because youth may leave on their own accord, but they are also very vulnerable to both victimization by others and their own engagement in risky behaviors. The JJC hopes that reducing AWOLs will always remain a top priority and collaborative systems will continue to be responsive to PCC and the youth under their care.

3. Resolutions related to all Grievance Slips should be documented, even if the youth complainant has already left the facility, for both transparency and best practices;
4. Duplicate donations might be shared throughout the Health and Human Services Agency.

Comments:

The JJC encourages PCC to continue to be proactive in building a strong relationship with law enforcement for placement of youth to family and neighbor connections prior to being admitted to PCC.

While we recognize the need to be able to accommodate significant and unpredictable swings in occupancy demands as well as regulations safeguarding youth under PCC Care, careful ongoing consideration about alternative ways to use the other approximate 150 plus beds for other compatible youth populations would be useful given an average population of 69 this year, and continued lowering occupancy each year.

General Overview:

Polinsky Children's Center (PCC) is operated by San Diego County Health and Human Services Agency, and became licensed as a group home on July 31, 2001. Dedicated in 1994, it replaced the Hillcrest Receiving Home. The current facility was built through the efforts of a public-private partnership between the (previously called) Child Abuse Prevention Foundation and the County of San Diego. PCC continues to receive support through public and private partnerships and individuals in the community.

PCC offers Emergency Shelter Care for children ranging in age from newborns to 18 years, who fall within the provisions of Section 300 of the Welfare and Institutions Code. However, not all youth brought to PCC are dependents. Some will be released without court involvement and will not become dependents. Only a small percentage of children receiving services from the Child Welfare Services (CWS) system are placed at PCC. CWS Protective Services Workers (PSWs) use PCC as a last resort and a safety net when no other appropriate placement can be found. Some children who reside at PCC never enter the CWS system, while others may return to PCC several times as change-of-placement entries if a placement is not suitable.

PCC is open 24 hours a day, seven days a week. Children are usually brought to PCC by CWS social workers or law enforcement officers. The children are evenly distributed by gender and reflect a wide range of ethnic backgrounds.

A 23-Hour Assessment Center (opened on September 25, 2006) allows social workers to place children with a relative, foster parent, or released without filing a petition in the Juvenile Court if an appropriate guardian is available, as soon as possible within 23 hours as an alternative to admission to PCC.

A total of 2,484 children were admitted to PCC, which does not include 98 children who were Assessment Center admissions that were placed outside of PCC.

Last Fiscal Year:

Number of suicides: 0

Number of attempted suicides: 1

Number of deaths from other causes: 0

Number of youth absence without leave (AWOL): 162 unduplicated

Number of attempted AWOL: 40

Other Inspections (please list dates):

Community Care Licensing: August 17, 2012

Fire Marshal: November 7, 2012

Department of Environmental Health: August 23, 2012

Date of Last Fire Drill: October 18, 2012

Problems/Complaints Affecting Facility During Previous Calendar Year:

Court Orders Affecting Facility (please have available, if applicable): ☐ Yes ☒ No

Pending Litigation: ☐ Yes ☒ No

Number of Written Complaints Involving:

- Residents: 47
- Attorneys: 0
- Family Members: 0
- Medical: 1
- Abuse: 0

FACILITY BACKGROUND

Resident/Staff Composition and Communication:

FY 11-12 budget included 229 FTE positions. Staffing ratio for children under 6 is 1:3, and for children age 6 and over. PCC staffing ratio is normally 1:6, but the State Community Care Licensing requirement allows for a ratio of 1:10. Some youth may have acuity needs that require enhanced supervision, which may require staffing levels of 1:1 or 1:2. In FY 11-12, the ethnic diversity of residents was 26% Caucasian, 23% African-American, 44% Hispanic, and 7% Other. Most residents speak English, with some Spanish or American Sign Language (ASL) speakers on occasion. Spanish-speaking staff are available, and ASL services are provided through several contracts. All staff receive training through college and/or on-site classes in age-appropriate communication skills. Diverse workforce: 75% female / 25% male, 26% Caucasian, 21% African-American, 39% Hispanic, and 14% Asian.

General Facility Condition:

JJC Comment: Outstanding! The dining area was recently renovated and is now more family style. The variety and preparation of meals continues to be gold standard. The ventilation system upgrade continues to occur on a long-range plan. Several upgrades have been completed, and more upgrades will be completed as the County implements facility maintenance projects each fiscal year, prioritized by acuity and available funding.

Housing/Sleeping Accommodations:

There are six home-like residences that make up the PCC, each self-contained and well maintained. Each self-contained cottage, which is 5,869 square feet, includes 13 separate bedrooms, a day room, dining room, kitchen, and outdoor barbeque area. Youth are assigned to a cottage based on age, maturity, sex, and individual treatment needs. There is also a Serenity nursery for birth to two year olds and accommodations for teenage mothers to stay with their new babies. Personal possessions are allowed in the sleeping areas. In addition to a library, each cottage includes a study area. There are also computers available in one of the recreational rooms.

Storage:

All Storage is kept and maintained in appropriate areas.

ADMINISTRATION / MANAGEMENT

Admission and Orientation:

Are minors oriented to rules and procedures? ☑ Yes ☐ No

Are minors given copies of rules and procedures? ☑ Yes ☐ No

Can minors request that rules and procedures be provided in a language other than English? ☑ Yes ☐ No

Can parents request that rules and procedures be provided in a language other than English? ☑ Yes ☐ No

Are minors required to sign a document indicating they understand rules and procedures? ☑ Yes ☐ No

Are rules and procedures posted anywhere in the facility? ☑ Yes ☐ No

If yes, please indicate the number of postings and the locations.

Number: 6

Locations: Cottages

What steps are taken to ensure that minors are explained the rules and procedures in a developmentally appropriate manner?

Staff will recognize and respond to the inherent uniqueness of each child's situation, personality and needs when interacting. Upon entry, each child is given a PCC Handbook which details the general rules at Polinsky. All children are fully oriented to procedures with age and developmentally appropriate language.

Personal Property and Monies:

Are personal property and monies recorded, stored, and returned upon release? ☑ Yes ☐ No

Describe the types of personal property that may be kept in sleeping rooms:

Jewelry, Clothes, Pictures, Money, Magazines, Perfume/cologne, Make-up, books, school supplies, toys, stationary, art supplies.

Youth Release and Transition:

Are there established protocols for transitioning youth out of the facility and into the community? ☑ Yes ☐ No

Do facility staff members consult with the staff that will be assigned to the youth when they leave to discuss transition-related concerns? ☑ Yes ☐ No

Has the facility received any complaints from parents regarding the transition process? ☐ Yes ☑ No

Has the facility received any complaints from attorneys regarding the transition process? ☐ Yes ☑ No

Accommodations for the Disabled:

Does the facility accept youth with disabilities? ☑ Yes ☐ No

Has this facility been determined to be an inappropriate facility for a youth with a disability *(physical, developmental, emotional, psychological, intellectual, etc.)* in the last 12 months? ☐ Yes ☑ No

SECURITY AND CONTROL

Permanent Logs:

Are there policies and procedures in place that describe the types of incidents and occurrences which must be documented on a daily basis? ☒ Yes ☐ No

Are these logs stored electronically? ☐ Yes ☒ No

Security Features:

Does the facility have ample security features (cameras, locks, alarms, etc.)? ☒ Yes ☐ No

Are there staff members on site who have the skills to maintain security features? ☒ Yes ☐ No

Security Inspections:

Does the administrator in charge ever visually inspect the facility for security-related concerns? ☒ Yes ☐ No

If yes, how often: Randomly

Are random reviews of security tapes conducted? ☐ N/A ☒ Yes ☐ No

Control of Dangerous Materials:

Are dangerous materials (toxins, biohazards, etc.) stored on site? ☐ Yes ☒ No

Non-Hazardous Furnishings:

Are mattresses and bedding fire-resistant and non-toxic? ☒ Yes ☐ No

Control of Contraband:

Are there written policies that describe contraband? ☒ Yes ☐ No

Are there written policies that describe the disposition of contraband? ☒ Yes ☐ No

Has a weapon been found in the possession of a youth in the facility within the last 12 months? ☒ Yes ☐ No

Has a controlled substance (alcohol, tobacco, illegal drugs, or prescription drugs for which the youth in possession does not have a prescription) been found in possession of a youth within the last 12 months? ☒ Yes ☐ No

Describe if there have been a high number of incidents related to a specific type of contraband:

Resident Searches:

Do staff search sleep areas/rooms? ☒ Yes ☐ No

If staff search sleep areas/rooms, do staff search in the presence of the youth? ☒ Yes ☐ No

If staff search sleep areas/rooms, is clean bedding or clothes mixed with soiled bedding or clothes during this process? ☐ Yes ☒ No

Accountability and Supervision: *Describe measures taken to ensure that youth are supervised in a manner that provides for youth and staff safety:*

Staff receive regular in-service training, including safety training, CPR/First Aid, Pro-ACT, Polinsky Active Teaching Approach (PATA), food service, and water safety, averaging approximately 40 hours per year. Caregivers for children under six receive additional in-service training of at least 48 hours per year.

The 1:3 ratio of staff-to-children for children under age six remains in place around the clock. The staffing ratio for children over age six is a baseline of 1:6 and is adjusted for supervision acuity, individual child needs and facility requirements.

Use of Force/Physical Restraint /Safety Room Procedures:

Force is never used on a child at PCC and liability precludes any extensive or invasive searches. On rare occasions, restraint may be used as a last resort when de-escalation of a situation through verbal skills and other techniques has failed and the safety of the child, other children and/or staff is in question. Polinsky Active Teaching Approach (PATA) is the teaching method used, and this

incorporates loss of privileges in its principles. PATA is used, along with Professional Assault Crisis Training principles (described below).

Non-routine Use of Restraints:

Are there written policies in place to ensure that restraints are used only when necessary? ☐ N/A ☒ Yes ☐ No

Are there written policies in place to ensure that restraints are used only as long as necessary? ☐ N/A ☒ Yes ☐ No

Is each instance of a use of restraints documented? ☐ N/A ☒ Yes ☐ No

If yes, are these documents reviewed by the administrator in charge? ☐ N/A ☒ Yes ☐ No

Tool & Equipment Control:

Is there a written policy to ensure the adequate control of keys? ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of tools? ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of culinary utensils and equipment? ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of medical equipment? ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of supplies? ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of vehicles? ☒ Yes ☐ No

Weapons Control:

Are weapons of any types permitted in the facility? ☐ N/A ☐ Yes ☒ No

Is there a weapons locker on site? ☐ N/A ☐ Yes ☒ No

Discipline:

Are there written policies that describe the discipline process? ☒ N/A ☐ Yes ☐ No

Are measure to taken to ensure that due process is preserved? ☒ N/A ☐ Yes ☐ No

Approximately what percent of discipline grievances/appeals are resolved in favor the youth? __N/A__ %

Contingency/Emergency Plans:

Are there written plans in place for the following contingencies/emergencies? Check all that apply.

- ☒ Contagious disease outbreak (Tuberculosis, Flu, etc.)
- ☒ Earthquake
- ☒ Fire
- ☒ Power outage/failure
- ☐ Unit Disturbance or Riot
- ☒ Other: _Cottage Disturbance__
- ☒ Other: _PCC is reviewing PREA implications for their facility_

DISCIPLINE MODEL

The Polinsky Active Teaching Approach (PATA) is a psycho-educational treatment model developed by Boys Town and is a nationally recognized model of care that is used in inpatient and outpatient child and adolescent psychiatric hospitals, residential treatment centers, day-treatment programs and other facilities that care for youth with psychiatric and related behavioral disorders. PATA is therapeutically oriented, allowing staff to act as potent treatment agents. PATA combines social skill instruction with intervention strategies to support staff and the youth served.

PATA is designed as a structured framework to help staff: 1) teach youth to manage their behavior, 2) reinforce appropriate behavior, 3) correct inappropriate behavior, and 4) cope with crises calmly and consistently. Youth are in turn taught to: 1) monitor their thoughts, feelings and behaviors; 2) control their impulses, 3) delay gratification, and 4) empathize and build relationships.

Professional Assault Crisis Training (Pro-ACT) is a crisis intervention module used as a back-up to the primary behavior modification plan (PATA). Employees who have developed a systematic approach to intervention during incidents of potential assault are less likely to injure or be injured than those who have not. PCC trains on minimizing risk to staff and clients through strict observance and enforcement of policies, close supervision, and regular in-service training.

PCC staff make sure they have a clear understanding of how assaultive behavior can be replaced by safe behavior. This understanding is reflected in pro-active intervention plans: acting in a "planned way" rather than "reacting." PCC staff go over the internal focus on matters such as motivation, attitude choice, and mood control as a direct care staff. PCC also developed external practices to promote safety such as attire, mobility, precaution, observation and self-control.

In Pro-ACT, staff learn about Identifying Triggers & Alternatives from a variety of perspectives to reduce the risks presented by client's behavior. Different perspectives include youth stressors, developmental level, communication styles, environmental stressors and basic needs. Pro-ACT teaches identification of different levels of risks and how to respond appropriately to each situation to again reduce the risk of injury and/or re-traumatization. PCC also helps staff learn to match their verbal interactions with physical movement to promote safety after crisis communication appears ineffective.

HOSPITALIZATION, ASSAULT AND AWOL HISTORY:

Peer to Peer Assaults in Prior Fiscal Year:

Total number of Peer-to-Peer Assaults: __198___

Total number of Peer-to-Peer Assaults resulting in injury requiring treatment: __33___

Peer to Staff Assault in Prior Fiscal Year:

Total number of Peer-to-Staff Assaults: __170__

Total number of Peer-to-Staff Assaults resulting in injury requiring treatment: __28__

Total number of Peer-to-Staff Assaults resulting in law enforcement/police/probation contact: _19__

Number of injuries within the youth "residences" (first aid, medical intervention, or hospitalization) in Prior Fiscal Year:

For basic first aid, 558 were treated in the PCC Clinic; 32 needed to go to the ER.

Number of youth hospitalized for psychiatric reasons (reasons, length of treatment) in Prior Fiscal Year:

15 youth required a 5150 and 13 of these cases were unduplicated.

Number of youth requiring higher level care (including placement at other NA sites) as temporary stabilization measures (include details: reasons, length, how many were unable to return etc.) in Prior Fiscal Year:

JJC Comment: PCC is an emergency care shelter (e.g., not all youth require higher levels of care).

Number of AWOLs, including facility response and youth return in Prior Fiscal Year:

JJC Comment: 817 Duplicated and 162 Unduplicated. PCC continues to be faced with the challenge of preventing AWOLs while working with multiple collaborative systems to reduce AWOLs and minimize the risk to youth when they are not on PCC grounds. This is a complex and difficult task because youth may leave on their own accord, but they are also very vulnerable to both victimization by others and their own engagement in risky behaviors. The JJC hopes that reducing AWOLs will always remain a top priority and that collaborative systems will continue to be responsive to PCC and the youth under their care.

TRAINING, PERSONNEL, AND MANAGEMENT

Child Supervision and Staffing Levels:

The staff-to-child ratio varies by age group and complies with AB 1197 and Community Care Licensing requirements. The ratio of staff to children for children under age six ("Babies and Toddlers") remains the same 24-hours per day and these cottages are staffed at a 1:3 ratio. The staff-to-child ratio for children over age six varies depending on acuity of supervision needed for individual child needs, as well as the number and type of children at the facility, and the staffing needs of any particular shift. The overall staffing ratio for Latency (6-9 years old), Junior (10-12 years old) and Teen (13-18 years old) is 1:6, with Enhanced Child Supervision (levels of 1:1 or 1:2) as appropriate due to acuity needs (children who have special needs or whose behavior may place them at risk of harming themselves or others).

Training:

All staff receive regular in-service training, including safety training, CPR/First Aid, Pro-ACT, PATA, food service, and water safety, averaging around 40 hours per year. Caregivers for children under six receive additional in-service training of at least 48 hours per year.

The PATA 40-hour workshop is required basic training for all direct-care and administrative staff. The workshop is designed to include lectures, demonstrations, role-plays and other interactive activities to facilitate the use of behavioral and cognitive interventions. The components include: 1) treatment skills for youth, 2) a social learning approach for staff; training staff to teach social, academic, independent-living and self-control skills; 3) exercises in teaching interactions (emphasizing "catching kids being good," use of praise and reinforcing positive behavior); 4) training staff to teach appropriate replacement behavior when problem behavior occurs and to help youth regain self-control in crisis; 5) use of a structured Motivation System, including how to combine the teaching interactions with the motivation system to provide a positive, systematic, and consistent treatment environment.

The PATA Supervision Workshop is a 24-hour training for Residential Care Supervisors (RCS) and Protective Services Supervisors (PSS) that is designed to ensure they implement PATA effectively and accurately. RCSs and PSSs are trained to conduct observations on the unit, formulate and provide conceptual feedback to staff, conduct a point card analysis, and document all these activities for future reference.

Facility Capacity and Crowding:

Not an issue at this time.

CLASSIFICATION AND SEGREGATION

Describe how youth are classified and/or segregated:

'Classification' is a term more commonly used in facilities housing delinquent youth. Not all youth under the care of PCC are dependents, so the term does not translate directly to facilities such as PCC.

Youth are, however, assigned to the cottage/unit in which they are housed depending on their age and gender. Pregnant girls without other children are placed in the age-appropriate cottage, usually the Teen Girls cottage. Teen mothers live with their baby in specially designed rooms in the Serenity Cottage (infant cottage), permitting the most contact and a naturalistic setting. In general, children of both genders under the age of two are assigned to Serenity Cottage, and children aged two to five, both male and female, reside in the Toddler Cottage. Each child that arrives at PCC is individually assessed and is placed in the most appropriate environment to the extent possible.

PCC also evaluates youth in an ongoing manner to identify their service needs related to crisis intervention (e.g., quick emergency response services enabling the youth to cope with a crisis and maintain appropriate functioning), placement considerations, health status (e.g., medically fragile), and psychiatric status (e.g., 5150 assessment, medication evaluations, etc.).

Orientation:

All youth who enter PCC complete an intake program that includes assessments and the gathering of background information. PCC is part of a larger process of being able to log into a central database so information on youth in the system can be shared in a real-time manner. PCC also has a 23-hour Assessment Center which provides a comfortable place for those children who are assessed at intake as having an alternative placement option. This is an alternative to admission to PCC. Youth at PCC receive an orientation upon intake as well as written rules and expectations (including reward systems). Staff members provide a daily rules, and all rules are posted in each cottage, in easy to read and understand language

Segregation:

PCC does not have a Special Housing Unit to segregate youths.

COUNSELING AND CASEWORK SERVICES

Mental health services, in various forms, are available seven days a week from morning to early evening. Initial mental health evaluations are conducted routinely for youth six and older within one business day of their intake, and counseling services are typically provided through one of two programs (see below), with a special emphasis on evening activities, groups and services as that is the time of most difficulty for youth (less structured time of day, no school at that time etc.).

PCC has two mental health programs. The Polinsky Day Rehabilitation Program is staffed by a contractor, Fred Finch Youth Center (FFYC), through County Mental Health. These services assist with the stabilization of youth at PCC with the expectation that after stabilizing at PCC, they will have a more successful transition to their placement. The contract with FFYC was implemented in July 2010.

The funding source is State and Federal Medi-Cal EPSDT funds and MHSA funds. The services that qualify for EPSDT funding are:

- Day Rehabilitation, focusing on delayed personal growth and development;
- Crisis Intervention, focusing on coping skills to maintain an appropriate functioning level; and
- Mental Health Assessment to determine the appropriate level of care and diagnosis.

Fred Finch Youth Center runs groups addressing a variety of needs (e.g., Substance Abuse Prevention, Violence Prevention Education, etc.). All PCC youth who are age 15½ up to age 17 are referred to the Independent Living Skills (ILS) Program. Eligible teens are assigned a County ILS worker who develops a Transitional Independent Living Plan (TILP) with them and provides ILS case management services. ACCESS Inc. provides a program of life skill instruction and assumes responsibilities for ILS case management at age 17 for Polinsky youth.

Juvenile Forensic Services (JFS) is administered by Children's Mental Health and ensures that children with serious psychiatric and psychological disturbances are identified and provided with appropriate care while at PCC. As of November 2010, there were 29 cases open to JFS, of which 18 were being seen concurrently by the JFS Psychiatrist for medication management.

Services are defined by Medi-Cal standards. All-day treatment programs have defined service components and are assumed to be stand-alone services. However, if a child needs services concurrently with day treatment that are not provided by the day program, the child may be treated at another program as well. The program providing services outside of the day program, referred to as ancillary services, must request them through the day program, and have them authorized administratively.

Since psychotherapy is not a defined service of day rehab, it is not routinely provided. If a child is deemed to be in need of psychotherapy, the service is provided by JFS, after a JFS request and authorization. This also permits JFS to bill for other services, including treatment team, co-ordination with social worker, etc. JFS also provides psychotropic medication management and crisis intervention, neither one of which requires separate authorization from day rehab.

With the two programs providing different services, collaboration is done mainly through weekly treatment teams, as well as informal contacts between the two programs.

Sexual Harassment classes are also provided as part of day rehabilitation.

The Developmental Screening and Enhancement Program (DSEP) services provided by Rady Children's Hospital–San Diego at PCC are funded by Promises2Kids (formerly Child Abuse Prevention Foundation). The DSEP clinic operates Monday through Friday and provides training to staff on developmental issues.

Mental health assessments are done on four- to five-year-old children to assess response to their admission and to identify any areas of concern, as well as appropriateness for the day rehab program. Children may not be entered into the day rehab program without an assessment, as required by Medi-Cal standards. In addition, all children under age six receive a screening through the DSEP program.

The 'Youth-to-Youth Advocate Program' is a peer program providing emotional support and life skills training to current foster youth by former foster youth, aged 18 or older.

Parenting Classes:

While structured parenting courses are not routinely provided, assigned social workers address parenting issues directly with teen mothers residing at the facility on a case-by-case basis.

Recreation and Exercise:

Recreation time occurs on a daily basis and includes age appropriate activities that are intended to promote and complement each child's educational, physical and social development.

Religious Program:

Religious services are voluntary and held on site every Sunday for all youth interested.

Work Program/Vocational Training:

Some resident teens have jobs and continue to work with their social worker's approval.

Visiting:

Visiting is allowed at the facility for either supervised or unsupervised visits with parents and guardians.

Correspondence:

Postage is provided by PCC and incoming and outgoing mail is never read by PCC staff.

Access to Legal Services:

Yes.

HEALTH SERVICES

Health Services Program at PCC ensures that all children receive a thorough medical assessment at intake and that their health needs are taken care of while at PCC. Health services are provided 24/7 on site (unless additional services are needed) through a contract with Rady Children's Hospital and the University of California San Diego. PCC has a complete medical facility on site to handle sick calls, as well as the initial screening and examination. Sexual abuse victims are referred to Rady Children's Hospital for evaluation. Nursing coverage is 24 hours a day, seven days a week.

MEAL SERVICE

Are kitchen staff members trained regarding sanitation and food handling procedures? ■ Yes ☐ No

Have kitchen staff members received any training in the last year other than training given to newly hired employees? ■ Yes ☐ No

If yes, describe what the training included:

Kitchen staff receive additional monthly training with varying topics for continued staff development. Examples of training topics include Food Pyramid, Nutritional Balance, Kitchen Safety, and food storage.

Do youth work in the kitchen? ☐ Yes ■ No

If yes above, have they been trained? ☐ Yes ☐ No

Are youth permitted to converse during meals? ■ Yes ☐ No

If yes, may a youth seated at one table converse with a youth seated at a different table? ■ Yes ☐ No

Are meals served cafeteria style? ■ Yes ☐ No

Are youth permitted 20 minutes or more to eat? ■ Yes ☐ No

Who/what agency maintains the kitchen area? Food Management Associates Inc.

Describe the types of work youth perform:

Youth do not work in the PCC Cafeteria.

Adequate and Varied Meals:

Is there a weekly menu posted? ■ Yes ☐ No

Does a nutritionist, dietitian, or other health professional participate in the creation of the menu? ■ Yes ☐ No

How many calories per day does a youth who eats all of the standard meals provided consume? Varies

What approximate percent of calories are from the following:

Protein: 20 %

Carbohydrate: 50 %

Fat: up to 30 %

Are weaker youths protected from having food taken from them? ■ Yes ☐ No

Special Diets:

Can special diets be accommodated when medically necessary? ■ Yes ☐ No

Was the facility unable to accommodate a special diet based on medical reasons within the last 12 months? ☐ Yes ■ No

Can special diets be accommodated when based on a youth's religious practices or beliefs? ■ Yes ☐ No

Was the facility unable to accommodate a special diet based on a youth's religious practices or beliefs in the last 12 months? ☐ Yes ■ No

SANITATION

Clothing and Personal Hygiene:

Clothing is clean and the residents were clean, well groomed, and dressed appropriately for weather conditions. Showers are supervised and are at one youth at a time.

Bedding and Linens:

Clean and adequate bedding and blankets are provided for every resident.

TRANSITION PLAN

PCC staff has a very strong transition plan in place and they continue to work with their partner agencies to insure that every child has a smooth transition from PCC to a placement home. Transition plans are developed by the assigned social worker. The cottage social worker may assist the assigned social worker with plan development and implementation. Many activities at PCC may be part of the transition plan, such as Independent Living Skills classes and Day Rehabilitation activities.