

San Diego County Juvenile Justice Commission

2017 Inspection Report

Facility Name: Polinsky Children's Center	
Facility Type: Shelter Care	
Facility Address: 9400 Ruffin Court San Diego, CA 92123-5399	Date of Inspection: August 3, 2017
	JJC Chair: Ed Weiner
	JJC Admin. Officer: Scott Brown JJC Admin. Assistant: Amber Scott
	CWS Director: Cathi Palatella
	Presiding Judge of the Juvenile Court: Hon. Carolyn M. Caietti
Facility Administrator: Connie Cain, Deputy Director	Telephone: (858) 874-1054
Staff and Representatives Interviewed / Met with in Person: Connie Cain, Heidi Blue, Eileen Marshall and Jay Sakamoto	
<p>Overview: The following information provides context for the system-wide changes at Polinsky Children's Center (PCC) from 2015-2016 in anticipation of AB403. AB403 became effective January 1, 2017, allowing California Department of Social Services (CDSS) to implement Continuum of Care Reform (CCR), an effort to reduce reliance on congregate care. AB403 gives CDSS the ability to license a county shelter (currently licensed as a group home) as a Temporary Shelter Care Facility (TSCF). A TSCF is defined as, "a 24-hour facility that provides no more than 10 calendar days of residential care and supervision for children under 18 years of age who have been removed from their homes as a result of abuse or neglect.</p> <p>The Child Welfare Services (CWS) division of the County of San Diego Health and Human Services Agency (HHS) adopted a trauma-informed process to improve the length of stay experienced by children and youth served at PCC. On October 1, 2015, CWS piloted a 10-Day TSCF Model at PCC, serving children 0- to 17-years-old who have been removed from their families due to abuse, neglect or abandonment. The 10-Day TSCF Model was implemented in response to pending Continuum of Care Reform (CCR) mandates, effective January 1, 2017. Through collaboration with internal and external stakeholders, a comprehensive and creative approach was initiated to reduce each child's length of stay at PCC to ten days or less. The goal was to ensure the children served by PCC were thriving by addressing the individual needs of each child in a trauma-informed manner, while effectively streamlining their safe return to family or successful transition to a resource family or group setting. This was accomplished by conducting a needs assessment and collaborating with Agency staff and community partners to identify placement options to transition the child with necessary support services. Advanced implementation resulted in a decrease of stay for children at PCC from 11 days in Fiscal Year 2014-2015 to 9 days in Fiscal Year 2015-2016.</p> <p>CWS began reviewing PCC data in October 2015. The review focused on the number of days that the children remained in shelter care after they were removed from their families for abuse,</p>	

neglect or abandonment. The data revealed that children remained in shelter care an average of 11-13 days during the previous two fiscal years. In response to the data, CWS made a commitment to increase efforts to reduce each child's length of stay at PCC to 10 days or less.

A team was formed to develop and implement the 10-day TSCF model. This team, consisting of CWS Deputy Directors, Managers, Protective Services Supervisors, Placement staff, foster parents, Casey Family Programs, media and other community partners met to identify barriers, explore strategies to streamline internal programs, and develop processes to track, monitor and support the release of children at PCC. The team identified barriers that affected the timely and trauma-informed transition of children back to their parents or to relatives, non-related extended family members, foster homes and group homes. The team also identified resources as placement options for probation, homeless, runaway and asylum children through education and collaboration with community partners such as local group homes, law enforcement agencies, United States Customs and Border Protection, and youth homeless shelters. These resources allow the children to be diverted from entry into PCC and the foster care system.

Identified barriers to implementation included:

- Lack of placement resources for non-ambulatory children in wheelchairs;
- Lack of resources for difficult to manage teenagers entering the foster care system due to parent unwillingness to care for them;
- Children and youth entering foster care due to mental health needs and emotional disturbance;
- Youth with pending and adjudicated Welfare and Institutions Code 600 charges (delinquency);
- Lack of placement resources and cooperation with service providers for Commercially Sexually Exploited Children (CSEC);
- Dual diagnosis youth with mental health and substance abuse issues; and
- Children and youth coming into the shelter due to parents seeking asylum at the US-Mexico Ports of Entry.

CWS implemented the following practices to improve success of PCC's 10-Day TSCF Model:

- Developed a partnership between CWS and local licensed group homes (LGH) which resulted in the placement of foster youth with pending and adjudicated delinquency petitions in non-shelter care group homes.
- Developed a communication system between PCC and the Foster and Adoptive Family Resource Services unit to disseminate public service announcements ([Adopt 8](#)) about the need for foster homes for non-ambulatory children as well as communication between CWS, the foster parent community and the local fire marshals to assist in completing fire clearances on new and existing foster homes.
(<http://www.cbs8.com/story/31528914/urgent-need-to-find-knolly-a-foster-or-forever-home>)
- Contracted with the YMCA to implement "family finding and engagement" services countywide to search, assess and place children with the goal of establishing permanent connections.
- Partnered with Casey Family Programs for preventative services to divert children from entering shelter care and reduce length of stay.

- Implemented daily placement progress phone conferences and reports between PCC and regional placement units to monitor and track placement progress for children in shelter care.

PCC transitioned from Fred Finch to New Alternatives, Inc. for the provision of mental health services. Details on this transition will be covered during the 2017 Inspection.

Recommendations:

1. Given the impending consolidation of space, with infants and toddlers integrated into one cottage, the JJC recommends that PCC outline an official plan to ensure the safety of youth before the unit is consolidated. While PCC has unofficially integrated these populations at various times, once implemented as a full-time model and the additional cottage is no longer available for youth residence, PCC should have very clear guidelines as staff attention could be directed largely to one group if an urgent situation arises.
1. In 2016, six full-time staff from Fred Finch provided mental health services for PCC. However, only one individual was licensed during this time frame (with the remaining five individuals reported to be license eligible). While this appears to be similar to PCC's 2017 mental health services contract with New Alternatives (one licensed professional, but an increase to six license eligible professionals, one parent partner, one youth partner, one part-time alcohol and drug counselor), the JJC believes the youth serviced by PCC would greatly benefit from a higher ratio of licensed available mental health services staff or, minimally, clarification with regards to the expertise of licensed individuals supervising license eligible staff off-site (e.g., clear documented evidence of working with adolescents, foster care youth, sexually abused youth etc.).
2. PCC should carefully monitor and maintain oversight on the training status of all New Alternatives staff, especially as they will work in very close proximity to the consolidated infant and toddler cottage, even if they are not working with them directly. The JJC further recommends that New Alternatives staff attend all training that is mandated to PCC staff, unless they demonstrate recent completion of a comparable training.
3. Regarding Special Incident Reports (SIRs): there was a noticeable difference between reports written when Law Enforcement was contacted versus when they were not involved, with a much greater level of detail provided for incidents where Law Enforcement became involved. The JJC recommends greater specificity in non-Law Enforcement reports and requests, for all report types and that there is better clarity of where staff were located when incidents occurred. It was not clear from the SIRs if staff witnessed the incident or if the report details were based on the youth's report. All reports should be clear and concise, and contain all relevant details (e.g., there was inconsistency across reports on even major details such as how an injury occurred). Some reports contained the information and some did not.
4. While AWOL continues to be an issue because of the open nature of the facility, PCC staff and contractors are to be commended on the low rate of arrests/detentions that result from these AWOLs (2.5% in 2016) and their efforts to maintain youth safety (talking with youth as they leave, following from a safe distance, providing passes when appropriate). Further, the vast majority of AWOLs are repeat incidents with specific adolescents, and often reflect brief excursions just outside of the facility. Since 2009, AWOLs proportionately reflect fewer and fewer of the SIRs. This is likely due, in part, to shorter stays at PCC but also suggests that the methods employed by PCC to keep youth safe are increasingly effective.
5. PCC and San Diego Unified School District should also be commended for continuing to provide a robust educational model despite dwindling numbers and while ensuring most youth receive continuity of educational services through their home schools. Notably, two of the three teachers at PCC are Special Education certified, all teaching staff take part in rigorous Trauma Informed Care training and there is a move towards Project Based Learning which is a well suited

educational model for brief stays, and youth who are experiencing disruptive adversity such as maltreatment and out of home placement.

General Comments from the Inspection Team:

No inspection was conducted for the 2015 calendar year because PCC was involved in substantive system-wide changes related to reduced length of stay requirements for youth in congregate care. The details of these changes are listed above.

Serious Incidents During the Calendar Year:

2016:

- Number of suicides: 0
- Number of attempted suicides: 0
- Number of deaths from other causes: 0
- Number of youth absence without leave (AWOL): 363 duplicated/73 unduplicated
- Number of attempted AWOL: 41 duplicated/26 unduplicated

Other Inspections (please list most recent inspections and dates):

- Community Care Licensing: 8/10/16
- Fire Marshal: 11/7/16
- Department of Environmental Health: 9/13/16
- Other: _____
- Other: _____

Date of Last Fire Drill: CY 2016 Fire Drills

- May 26, 2016
- September 13, 2016

Problems/Complaints Affecting Facility During the Calendar Year:

2016:

- Court Orders Affecting Facility (please have available, if applicable): Yes No
- Pending Litigation: Yes No
- Number of Written Complaints / Grievances Involving:
 - Residents: 40
 - Attorneys: 0
 - Family Members: 0
 - Medical: 0
 - Abuse: 0

FACILITY BACKGROUND

Resident/Staff Composition and Communication:

Staffing ratio for children under 6 is 1:3 and 1:6 for children 6 and over. Additional staff are also on site to provide 1:1 supervision as needed for children and youth with special needs. Please note that the Community Care Licensing requirement is 1:10 for children 6 and over.

General Facility Condition:

The facility is well maintained and renovations are in progress at PCC for 2017 (merging cottages for infants and toddlers due to low populations and to accommodate larger mental health representation for New Alternatives, Child Welfare Services Investigative staff for children and youth at PCC or at

risk of entering PCC, and placement staff who are now located for expedited services). Bathroom renovations were conducted in 2015-16 (installation of flush toilets, fans, cabinets, tiles, and heating).

Housing/Sleeping Accommodations:

There are seven home-like cottages that make up PCC. Each cottage is self-contained and includes 10-13 separate rooms with capacity of up to 29 beds, a day room, dining room, kitchen and outdoor barbeque area.

Storage:

Each service area (kitchen, recreation, offices) and cottage has appropriate storage.

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: 7

Locations: B, C, D, E, F, G, H

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 PCC. All children are fully oriented to procedures with age and developmentally appropriate language. Children and youth are also provided with verbal and written copies of the California Department of Social Services, Community Care Licensing, "Personal Rights Children's Residential Facilities". They are also provided with the Youth Complaint Form at Intake. Additionally, Youth Complaint Forms and a copy of Foster Youth Personal Rights are posted in the cottages.

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, clothing, pictures, money, magazines, perfume/cologne, make-up, books, school supplies, toys, stationery and art supplies, cell phones, personal electronic equipment.

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 2016 calendar year? 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? N/A Yes No
- If logs are stored electronically, is there sufficient technical support to ensure that the electronic files that contain these logs are not compromised, corrupted, or deleted? N/A 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
If yes, how often: 1x per week

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 in calendar year 2016? Yes No

Has a controlled substance (i.e. 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 during the 2016 Calendar Year? Yes No

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

Marijuana and non-prescribed prescription drugs have been found on a few occasions on youth returning from AWOL during Intake or in backpacks known to belong to PCC youth found on the outside premises of the facility.

Resident Searches (Inspections):

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 averaging 48 hours per year. They receive CPR/First Aid, Pro-Act, Common Sense Parenting, food service and water safety. The staffing ratio for children over age 6 is 1:6 and it is adjusted for supervision acuity, individual child needs and facility requirements. Children under the age of 6 are staffed at a minimum of 1:3.

Use of Force/Physical Restraint /Safety Room Procedures/Searches:

Are there written policies in place to ensure that force is used only when necessary? N/A Yes No

Are there written policies in place to ensure that force is used only as long as necessary? N/A Yes No

Is each instance of a use of force documented? N/A Yes No

When there is an instance where force is used, does an internal committee or task force convene to discuss the incident? N/A Yes No

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?*

*Police Officers who respond to incidents may possess their weapons 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: _____

DISCIPLINE MODEL

During 2016 PCC began the transition from PATA to Common Sense Parenting (CSP). CSP is now used across campus and PATA is no longer used.

HOSPITALIZATION, ASSAULT AND AWOL HISTORY

Peer-to-Peer Assaults in Calendar Year:

2016:

Total number of Peer-to-Peer Assaults: 208 duplicated/82 unduplicated

Total number of Peer-to-Peer Assaults resulting in injury requiring treatment: 3 unduplicated

Total number of Peer-to-Peer Assaults resulting in law enforcement/police/probation contact: 18 law enforcement contacts with 6 arrests and 2 hospitalizations. The remaining 10 youths were counseled and remained at PCC.

Total number of Peer-to-Peer Assaults resulting in a change of placement (i.e., arrest and entry at Juvenile Hall, entered into a psychiatric facility): 8 change of placements; 6 youth were arrested and taken to Juvenile Hall and 2 were taken to a psychiatric hospital.

Peer-to-Staff Assaults in Calendar Year:

2016:

Total number of Peer-to-Staff Assaults: 102 duplicated/28 unduplicated

Total number of Peer-to-Staff Assaults resulting in injury requiring treatment: 9 (5 unduplicated)

Total number of Peer-to-Staff Assaults resulting in law enforcement/police/probation contact: 17 law enforcement contacts with 7 arrests

Total number of Peer-to-Staff Assaults resulting in a change of placement in 2016: 10; 7 youth were arrested and taken to Juvenile Hall and 3 entered into a psychiatric facility.

Injuries within the youth "residences" (first aid, medical intervention, or hospitalization) in Calendar Year:

2016:

Number of Instances: 556 calls to PCC Clinic and 55 outside medical treatment visits

Youth hospitalized for psychiatric reasons (reasons, length of treatment) in Calendar Year:

2016:

Number of Instances: 10

Youth requiring higher level care as temporary stabilization measures (include details: reasons, length, how many were unable to return etc.) in Calendar Year:

2016:

Number of Instances: 15

AWOLs, including facility response and youth return in Calendar Year:

2016:

Number of Instances: 363 duplicated/73 unduplicated

TRAINING, PERSONNEL, AND MANAGEMENT

Child Supervision and Staffing Levels:

The 1:3 ratio of staff to children for children under age 6 remains in place 24 hours a day. The staffing ratio for children over age 6 is 1:6 and it is adjusted for supervision acuity, individual needs, and facility requirements. Staffing ratio for children under 6 is 1:3 and 1:6 for children 6 and over. Additional staff are also on site to provide 1:1 supervision as needed for children and youth with special needs. Please note that the Community Care Licensing requirement is 1:10 for children 6 and over.

Training:

Staff receive regular in-service training, including Injury and Illness Prevention training, CPR/First Aid, Pro-Act, Common Sense Parenting food service and water safety, averaging 48 hours of training per year.

Facility Capacity and Crowding:

Polinsky Children's Center capacity is 204.

CLASSIFICATION AND SEGREGATION

Describe how youth are classified and/or segregated:

Youth are assigned to a cottage based on their age and gender identity.

Co-mingling is allowed by request and when appropriate. Each cottage includes its own bathrooms upstairs and downstairs. Additional resources/supports are provided to meet the needs of LGBTQI youth.

Orientation:

Children/youth being admitted receive an initial orientation to PCC and resident handbook which explains the facility as well as their rights while staying at PCC.

Segregation:

Children/youth at PCC are never segregated by race, gender orientation, national origin or gang affiliation.

COUNSELING AND CASEWORK SERVICES

The Polinsky Children's Center Mental Health Services Program and Fred Finch Youth Center ensure that children/youth with serious psychiatric and psychological disturbances are identified and provided with appropriate care while at PCC.

GRIEVANCES, REPORTING INCIDENTS AND STAFF MISCONDUCT

- Is there a formal grievance policy? Yes No
- Are written grievances reviewed daily? Yes No
- Are grievances tracked in some manner that would permit facility leaders to observe trends in grievance reports? Yes No
- Is there a method for youth to be able to express concerns about the facility to a staff member who is not assigned to their cottage? Yes No
- Are youth made aware on a routine basis that they can express concerns about their placement to their case worker, social worker and/or attorneys? Yes No
- Is there a formal grievance process available for parents? Yes No

If yes, how many parents have submitted grievances in 2016? 0

Reporting of Incidents:

A Special Incident Report (SIR) is completed when any health or safety concerns arise regarding children/youth at PCC.

Staff Misconduct:

- Are there written policies for addressing staff misconduct? Yes No
- Have there been any allegations in the calendar year of a staff member physically assaulting a youth?

2016: Yes No

Have there been any allegations in the calendar year of staff member sexually assaulting a youth?

2016: Yes No

Have there been any allegations in the calendar year of a staff member verbally threatening a youth?

2016: Yes No

Have there been any allegations in the calendar year of a staff member touching a youth in any inappropriate way?

2016: Yes No

Have there been any allegations in the calendar year of a staff member commenting on the physical appearance of a youth in a manner that is outside the scope of the staff member's job duties?

2016: Yes No

Have there been any allegations in the calendar year of a staff member entering a youth's sleeping room for any reason that was outside the scope of the staff member's job duties?

2016: Yes No

If the answer is yes to any of the inquiries related to allegations, is there written documentation of the incident, follow-up, and responsive action?

2016: Yes No

Please describe the circumstances related to any of the allegations noted above:

1. Facility staff allegedly not allowing youth to eat; staff grabbed youth's arm; staff taking away youth's personal items; youth not accorded dignity in her personal relationships with staff.
2. Facility staff allegedly touched minor inappropriately.
3. Facility staff allegedly yelled at minor and called him a "pedophile".
4. Facility staff allegedly forcefully grabbed child; staff locked child inside room; child not accorded dignity in relationship to staff.

PROGRAMS AND ACTIVITIES

School Program:

Children/youth who are not able to attend their school of origin due to safety concerns attend school on PCC grounds. San Diego Unified School District presently has oversight of the school on PCC grounds.

PCC provides transportation to/from home schools. Bilingual assistance with academics is available at PCC.

Parenting Classes:

Structured parenting courses are not provided at PCC; however, assigned social workers will address parenting services with teen mothers staying at PCC.

Recreation and Exercise:

Recreation 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.

Youth may opt out from participation in the recreation program.

Religious Program:

Religious services are voluntary and PCC will accommodate a child's religious service requests.

Work Program/Vocational Training:

With Social Worker approval, some teens are able to have a part-time job and/or attend vocational training.

Visiting:

Supervised and unsupervised visitation is allowed at PCC.

Correspondence:

Postage is provided by PCC and incoming and outgoing mail is reviewed by the assigned social worker.

Access to Legal Services:

Yes.

HEALTH SERVICES

The Health and Human Services Agency (HHS) contracts with Rady Children's Hospital to operate an on-site clinic where pediatricians and nurses provide medical screening and routine health care for all children admitted to PCC.

MEAL SERVICE

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

Have kitchen staff members received any training in the 2016 calendar year other than training given to newly hired employees? Yes No

If yes, describe what the training included:

Food Management Associates In-Service Training Schedule:

- January-Cleaning & Maintaining Equipment
- February-Safe Food Storage
- March-HACCP Procedures Review
- April-Safe Use of Hazardous Chemicals
- May-Kitchen Safety
- June-Hand Washing Procedures
- July-Infection Control
- August-Portions and Serving Sizes
- September-Dish Washing and Sanitation
- October-Time Management & Stress Relief
- November-Using Standardized Recipes
- December-Using Seasonings Effectively

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

Describe the types of work youth perform: N/A

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? The calories vary for different age groups

What approximate percent of calories are from the following:

Protein: 30 %

Carbohydrate: 40 %

Fat: 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 during the 2016 calendar year? 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 2016 calendar year? Yes No

SANITATION

Clothing and Personal Hygiene:

Children/youth admitted to PCC receive several changes of new clothes, shoes and toiletries.

Bedding and Linens:

Clean and adequate bedding and blankets are provided for every child staying at PCC.

TRANSITION PLAN

Transition plans are developed by the assigned social worker. The PCC cottage staff may assist the assigned social worker with plan development and implementation. Many activities at PCC may be a part of the transition plan such as Independent Living Skills, social skills development and health needs preparation.