SANTA BARBARA COUNTY BOARD AGENDA LETTER



Clerk of the Board of Supervisors 105 E. Anapamu Street, Suite 407 Santa Barbara, CA 93101 (805) 568-2240 **Agenda Number:**

Prepared on:1/31/05Department:Public Health DepartmentBudget Unit:041Agenda Date:2/15/05Placement:AdministrativeEstimate Time:NOIf Yes, date from:NO

| TO: | Board of Supervisors |
|-------------------|--|
| FROM: | Elliott Schulman, M.D., M.P. H. Director Health Officer, Public Health Department |
| STAFF CONTACT: | Rick Merrifield Director, Environmental Health Services, x4934 |
| SUBJECT: | Annual Health Inspections of Detention Facilities - 2003 & 2004 |

Recommendation(s):

That the Board of Supervisors:

Receive and file the attached Summaries of Evaluation for 2003 and 2004 from the County Health Officer regarding compliance with environmental, nutritional and medical/mental health requirements for detention facilities throughout the county.

Alignment with Board Strategic Plan:

The recommendation is primarily aligned with Goal No. 2: Ensure a Safe and Healthy Community in Which to Live, Work, and Visit.

Executive Summary and Discussion:

The County Health Officer is required to investigate the health and sanitary conditions of specified detention facilities in the county on an annual basis. Reports detailing the results of the inspections have been provided to each detention facility manager and to the State Board of Corrections. Summaries of Evaluations have been provided to the Board of Supervisors, the Sheriff and the Chief Probation Officer. The Sheriff's Isla Vista interview room, which was previously a part of this report, was not inspected since it does not meet the legal definition of a detention facility.

The following institutions were evaluated:

Probation Department Facilities:

Santa Barbara (La Posada) Juvenile Hall Santa Maria Juvenile Hall Santa Barbara (Los Prietos) Boys' Camp Subject: Annual Health Inspection of Detention Facilities-2003 & 2004 Agenda Date: February 15, 2005 Page 2

Sheriff Department Facilities

Santa Barbara County Main Jail Santa Barbara County Branch Jail (Santa Maria) Santa Barbara County Honor Farm Solvang Station New Cuyama Station Carpinteria Station

Superior Court:

Santa Barbara Superior Court Holding Facility Santa Maria Superior Court Holding Facility

Municipal Police Departments:

Santa Barbara Police Department Santa Barbara City Sobering Center Santa Maria Police Department Lompoc Police Department

Mandates and Service Levels:

Section 101045 of the State Health and Safety Code requires annual inspections of adult detention facilities by the County Health Officer and requires copies of inspection reports be submitted to the Board of Supervisors. Section 1313 of the California Code of Regulations, Title 15, requires annual inspections of juvenile halls and camps.

Fiscal and Facilities Impacts:

Acceptance of this summary report does not have a fiscal or facilities impact.

Special Instructions:

Please return a copy of the minute order to PHD Contracts Unit, 300 North San Antonio Road, Building 8, Santa Barbara, Ca 93110 Attn: Margaret Granger (805) 681-5367.

Concurrence:

Not Applicable.

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| Name of Facility: La | Posada Juvenile Hall | | ate(s) spected: | June 16, 2003 | | |
|--|---------------------------|----------------------------------|--------------------|---|--|--|
| Location: 4500 Hollis | ster Avenue | Santa Barbara _{City} | Count | y of Santa Barbara _{County} | | |
| Person(s) Interviewed: | Al Bolender | Director | County of | Santa Barbara | | |
| | Art Jaramillo | Food Service Manager | SB County | Sheriff | | |
| | Bronwen Armstrong Name | Register Nurse | SB Co. Juv | enile Facility Phone | | |
| Type of Facility (as defined by the California Code of Regulations, Title 15, Section 1006 or 1302): | | | | | | |
| 🗌 Туре I | Type II | Type III | [| Type IV | | |
| Court Holdin | g | Temporary Hold | ling Cell(s) | | | |
| 🛛 Juvenile Hall | | Ranch Camp/Bc | oot Camp | | | |
| Evaluator(s | ;): | Title: | | Phone: | | |
| Norma A. Campos-Ibarra | a Environ | mental Health Specialist | 805-6 | 96-1135 | | |
| Therese Lewis | PHD N | utrition Services | 805-9 | 34-0910 | | |
| Heather Olgin | PHD – | Nurse | 805-3- | 46-8432 | | |
| Environmental Health E Meets basic environmen | | | | | | |
| | | | | | | |
| | | | | | | |
| Nutritional Evaluation | | | | | | |
| Satisfactory in all catego | ries. | | | | | |
| | | | | | | |
| | | | | | | |
| Medical and Mental He | alth Services Evaluation | | | | | |
| Continue to update polic probation staff. | cy and Procedures and ac | ldress issues of concern at | staff meetings | for medical and | | |
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| Name of Facility: Juvenile Hall, Santa Maria | | Date Inspected: | March 11, 2003 | | | | |
|--|-------------------------|-------------------------|----------------------|--------------------------------|-----|--|--|
| Location: | 812 West Foster Roa | 155 | | | | | |
| Person Interviewed | : Michael F. Clear | y Probatio | on Institution Super | visor 805/934-62 | 274 | | |
| Facility Type (as defined by the California Code of Regulations, Title 15, Section 1006 or 1302): | | | | | | | |
| □ Type I □ Type II □ Type III □ Type III □ Type IV ` | | | | | | | |
| Court Holdir | | | y Holding Cell(s) | | | | |
| \boxtimes Juvenile Hal | | | anch Camp/Boot C | amn | | | |
| | " luator(s) | | Title: | | | | |
| | amlin, REHS | Environmental Health | | Phone: | | | |
| Therese Lev | - | Public Health Nutrition | • | 805/ 346-8463 805/ 737-6470 | | | |
| | in, RN, PHN | Public Health Nurse | list | 805/346-8432 | | | |
| The evaluation found the overall operation, maintenance and sanitation of the facility to be excellent. The following minor deficiencies were noted: Hair care services are not available monthly to all minors. A refrigerator (not currently in use) in the kitchen is in need of repair. The hand soap dispenser (missing) in Unit #1 needs to be replaced. Ceiling tiles (missing) need to be replaced above the staff work counter in the newer housing unit. Nutritional Evaluation | | | | | | | |
| General nutritional requirements are being satisfied in the following categories: caloric, protein, dairy group, fresh fruit, the use of legumes at least three times a week, whole grains and Vitamin A . The Vitamin C requirement has not been satisfied on the days Vitamin C fortified juice is not offered. Kitchen management has agreed to only order those juices that are fortified with Vitamin C and to list juice on the breakfast menu as it is currently being offered daily. Medical Services Evaluation The medical and mental health evaluation is very good and these programs continue to improve. However, current staff levels and space are not adequate for patient examinations. Immunizations are at | | | | | | | |
| times not verified be | cause staff is not alwa | ays able to obtain immu | unization records fr | om parents. | | | |

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| Name of Facility: L | os Prietos Boys' Ca | amp/Tri-Counties Boot Camp Inspec | March 27, 2003 |
|---|--|---|--|
| Location: S | itar Route, Paradise | e Road, Santa Barbara CA 93105 | |
| Person Interviewed: | Patricia Stewart | Probation Manager | 805/692-1751 |
| Facility Type (as define | ned by the Californ | nia Code of Regulations, Title Sectio | Phone on 1006 or 1302): |
| 🗌 Туре I | Туре II | | Type IV |
| Court HoldingJuvenile Hall | Facility | Temporary Holding Cell(s Ranch Camp/Boot Camp | ;) |
| Nutritional Evaluation | PHN ation findings are satisfa n uirements are being | Title: Environmental Health Specialist Public Health Nutritionist Public Health Nurse ctory in all applicable categories. | |
| programs continue to i | cable categories. T mprove. The multi- | The medical/mental health evaluation is disciplinary administrative team works ir success in the program. | s very good and these well together and their |
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| Name of Facility: Sar | nta Barbara County Main Jai | Date(s) Inspected | : June 20, 2003 | |
|---|--------------------------------------|----------------------------------|--|--|
| Location: 4436 Calle | Real | Santa Barbara ^{City} | County of Santa Barbara _{County} | |
| Person(s) Interviewed: | Art Jaramillo | Food Service Manager | 805-681-4240 | |
| | Corp. Rick Triguero | Santa Barbara County Sheriff | 805-681-4715 | |
| | Maureen Shields | Director of Nursing | 805-681-5333 | |
| Type of Facility (as defin | Name ned by the California Code o | Title 15. Section | Phone 1006 or 1302): | |
| Type of Facility (as defined by the California Code of Regulations, Title 15, Section 1006 or 1302): Image: Section 1006 or 1 | | | Type IV | |
| Court Holdin | | Temporary Holding Cell | | |
| Uvenile Hall | - | Ranch Camp/Boot Camp | | |
| | | | | |
| Evaluator(| | Title: | Phone: | |
| Norma A. Campos-Ibarr | a, R.E.H.S. PHD Envi | ronmental Health Specialist | 805-696-1135 | |
| Therese Lewis | PHD Nutr | ition Services | 805-934-0910 | |
| Heather Olgin, | Public He | alth Nurse | 805-346-8432 | |
| Environmental Health I | valuation | | | |
| Meets basic environme | ntal regulations. For violatic | ons noted see main report. | | |
| Nutritional Evaluation | | | | |
| General nutritional requ | uirements are being satisfied | | | |
| General number of | | | | |
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| Medical and Mental He | ealth Services Evaluation | | | |
| Agencies are working well together to provide services to inmates. Very good job. | | | | |
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| Name of Facility: | Santa Barbara Cour | nty Branch Jail | Date Inspected: | March 4, 2003 |
|--|-----------------------|-------------------|------------------------|-----------------------|
| Location: | 812-A West Foster | Road, Santa Maria | , CA 93455 | |
| Person Interviewed: | Kathleen Sel | ander | Lieutenant Title | 805/681-4356 Phone |
| Facility Type (as de | fined by the Califor | nia Code of Regul | ations. Title 15. Sect | ion 1006 or 1302): |
| | Type I | | | X Type IV |
| Court Holdin | | | orary Holding Cell(s) | |
| Juvenile Hall | - | | Ranch Camp/Boot (| Camp |
| Eval | uator(s) | | Title: | Phone: |
| James Hamli | ••• | Environmental He | alth Specialist, Sr. | 805/ 346-8463 |
| Therese Lew | is, RD | Public Health Nut | ritionist | 805/ 737-6470 |
| Heather Olgir | n, RN, PHN | Public Health Nur | se | 805/ 346-8432 |
| Environmental Evaluation This evaluation found the overall operation, maintenance and sanitation of the facility to be satisfactory. The following minor cleaning and maintenance deficiencies were noted: Kitchen cabinets need cleaning. The convection oven, and adjacent kitchen walls and ceiling, need cleaning. Missing ceiling tiles in the work furlough room need to be replaced. The floor in the remote storage building needs cleaning. Nutritional Evaluation | | | | |
| General nutritional requirements are being satisfied in the following categories: caloric, protein, dairy group, fresh fruit, the use of legumes at least three times a week, whole grains and Vitamin C. However, the Vitamin A requirement has not been satisfied. Facility management has agreed to add tomato juice to the daily menu to meet the requirement for Vitamin A. Medical Services Evaluation | | | | |
| Overall medical/men | tal health evaluation | good. | | |

| Name of Facility: Santa Barbara County Honor Fa | rm Date(s) Inspected: | June 20, 2003 | | |
|---|---------------------------------------|--------------------------|--|--|
| Location: 4434 Calle Real | Santa Barbara | County of Santa Barbara | | |
| Person(s) Interviewed: Corp. Rick Triguero | Santa Barbara County Sheriff | 805-681-4715 | | |
| Art Jaramillo | Food Service Manager | 805-681-4715 | | |
| Sgt Powell Name | Santa Barbara County Sheriff Title | 805-681-4259 Phone | | |
| Type of Facility (as defined by the California Code of | Regulations, Title 15, Section | 1006 or 1302): | | |
| Type I Type II | 🔀 Type III | Type IV | | |
| Court Holding | Temporary Holding Cell | (5) | | |
| Juvenile Hall | Ranch Camp/Boot Camp | | | |
| Evaluator(s): | Title: | Phone: | | |
| Norma A. Campos-Ibarra PHD Enviro | onmental Health Specialist | 805-696-1135 | | |
| Therese Lewis PHD Nutrit | ion Services | 805-934-0910 | | |
| Heather Olgin Public Hea | Ith Nurse | 805-346-8432 | | |
| Environmental Health Evaluation The Honor Farm meets basic Environmental Health regulations. This inspection included both men's and women's honor farm facilities. | | | | |
| Nutritional Evaluation | | <u>,</u> | | |
| All of the group requirements have been satisfied. | | | | |
| Medical and Mental Health Services Evaluation | | | | |
| Inmates are cleared through Jail medical before entry services to inmates. | 7. Both agencies are working v | well together to provide | | |

| Name of Facility: Sheriff's Solvang Station Holding Cell | | Holding Cell Date Inspected: | March 27, 2003 | |
|---|----------------------------|--|-----------------------|--|
| Location: | 1745 Mission Drive, Solva | ang, CA 93463 | | |
| Person Interviewe | d: Ken Reinstadler | Lieutenant/Station Commander | 805/686-5002 Phone | |
| Facility Type (as d | efined by the California C | Code of Regulations, Title 15, Section | n 1006 or 1302): | |
| 🗌 Туре I | 🗌 Туре II | Type III | Type IV | |
| Court Hold | ing Facility | Temporary Holding Cell(s) | | |
| Juvenile Harris | all | Ranch Camp/Boot Camp | | |
| Ev | aluator(s) | Title: | Phone: | |
| John Da | avies, REHS En | vironmental Health Specialist | 805/ 346-8465 | |
| Environmental Ev The facility meets a | aluation | to temporary holding cells. | | |
| Nutritional Evalua | tion | | | |
| State nutritional requirements are not applicable to temporary holding cells. (The facility does have the required written plan for providing food to adult and juvenile prisoners.) | | | | |
| Medical Services | Evaluation | | | |
| Satisfactory in all a | pplicable categories. | | | |
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| Name of Facility: | Sheriff's New Cuyama Sta | tion Holding Cell | Date Inspected: | April 11, 2003 | |
|---|--|--|--|---|--|
| Location: | 70 Newsome Street, New | Cuyama, CA 9325 | 54 | | |
| Person Interviewed: | Paul Weirum | | Deputy Sheriff | 661/766-2310 Phone | |
| | | | | | |
| Nutritional Evalua State nutritional rec | vritten policies were also lis tion uirements are not applicab s a written plan for feeding | le to temporary ho | ding cells. | | |
| | - | | | | |
| Providing m Providing m Providing m management The control (e.g. lice or Inmate detor medical fact Ensuring th The identified (The lack of these w State regulations response | ies and procedures are lack nedical and mental health se nental health services, inclu- nt of acute psychiatric episo and treatment of inmates w mites) pxification, including circums | creening by trained ding, but not limite odes, stabilization, who are infested, or stances necessitation of every in-custod velopmentally disal sted in the Summar intal health policies | I facility staff at tim d to, screening, cr treatment and me suspected of bein ing immediate trar ly death bled inmates ies of Evaluation f and procedures b | isis intervention and dical support services ng infested, with vermin nsfer to a licensed for 1999 through 2002.) | |

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| Name of Facility: | C | arpinteria Sher | iffs Substatio | n | Date(s) Inspected: | June 24, 2003 & August 27, 2003 |
|-------------------|--|--|----------------|--|-----------------------|------------------------------------|
| Location : | 5775 Carp | ointeria Avenue _{Street} | Ð | Carpinteria _{City} | | County of Santa Barbara |
| Person(s | - | William F. Ca | dwell | | | County |
| Interviev | ved: | | | Sergear | 11 | 805-568-3399 |
| | | Name | , | | Title | Phone |
| Type of I | F acility (as de | efined by the C | California Co | de of Regulation | ns, Title 15, S | ection 1006 or |
| 1302): | | | | | | |
| | Type I | 🗌 Ту | pe II | | | Type IV |
| | Court Holdir | ng | | 🛛 Temporary | Holding Ce | ll(s) |
| | Juvenile Ho | 11 | | Ranch Car | mp/Boot Co | ımp |
| | Evaluator(| (s): | | Title: | | Phone: |
| Albert Ig | inacio | | Environmer | ntal Health Spec | ialist (8 | 805) 681-4945 |
| Heather | Olgin | | PHD, Regist | ered Nurse | 8 | 05-346-8432 |
| | | · ·· | · | | · | |
| | n <mark>ental Health</mark> asic Environn | n Evaluation nental Health r | equiations | | | |
| | | nema nealinn | egolanons. | | | |
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| | al Evaluation | · · · · · · · · · · · · · · · · · · · | | ······································ | | |
| N/A | | | | | | |
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| | | Health Service | | ind procedures | are kent cu | |
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| Name of Facility: Santa Barbara Cour | ty Superior Court Holding | Date(s) Inspected: | June 16, 2003 |
|--|---------------------------------|-----------------------|--------------------------|
| Location: 118 E. Figueroa St. | Santa Barbara | | County of Santa Barbara |
| Street | City | | County |
| Person(s) Interviewed: Lt. Selander | Correctio | n Officer | (805) 681-4234 ext. 4057 |
| | | | |
| Name Type of Facility (as defined by the Califor | | Title | Phone |
| | | , Section 100 | |
| | 21 | | Type IV |
| Court Holding | Temporary Holdir | | |
| Juvenile Hall | Ranch Camp/Boo | ot Camp | |
| Evaluator(s): | Title: | | Phone: |
| Hiromi Dugan | Environmental Health Specialist | : | (805) 681-4921 |
| Heather Olgin | Public Health Nurse | : | 805-346-8432 |
| | | | |
| Environmental Health Evaluation Meets basic environmental health regulation | ons. | | |
| Nutritional Evaluation | | | |
| The nutritional health evaluation requirement | ents have been satisfied. | | |
| | | | |
| | | | |
| | | | |
| Medical and Mental Health Services Eva Doing a good job. | lluation | | |
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| Name of Facility: | Santa Maria Superior C | Court Holding Facility | Date Inspected: | March 10, 2003 | | | | |
|--|---|--------------------------|-------------------|-----------------------|--|--|--|--|
| Location: | 312 East Cook Street, | Santa Maria, CA 9345 | - 54 | ······ | | | | |
| Person Interviewe | d: Kelly Ham | ilton | Sergeant | 805/346-7438 Phone | | | | |
| Facility Type (as d | Facility Type (as defined by the California Code of Regulations, Title 15, Section 1006 or 1302): | | | | | | | |
| 🗌 Туре I | 🗌 Туре II | 🔲 Type III | [| _ Type IV | | | | |
| Court Holdi | ng Facility | Temporary | Holding Cell(s) | | | | | |
| 🗌 Juvenile Ha | all | 🗌 Ran | ch Camp/Boot Camp | | | | | |
| Eva | aluator(s) | ٢ | Title: | Phone: | | | | |
| Richard Fu | rtado, REHS | Environmental Health | h Specialist | 805/ 346/8480 | | | | |
| Environmental Eva | aluation | | | | | | | |
| Satisfactory in all ap | plicable categories. | · | | | | | | |
| Nutritional Evaluat | ion | *** • | | | | | | |
| [State nutritional req Medical Services E Satisfactory in all ap | | able to court holding fa | acilities.] | | | | | |
| | | | | | | | | |

| Name of Facility: Sa | nta Barbara City Police De | partment | Date(s) Inspected: | June 24, 2003 | |
|--|----------------------------|-----------------------|-----------------------|-----------------------------------|--|
| Location: 215 E. Figur | roa Street | Santa Barbara | lity | County of Santa Barbara County | |
| Person(s) Interviewed: | Lieutenant Tom Rigali | Operat | ions Division | (805) 897-3730 | |
| л | Name | . (D 1 | Title | Phone | |
| | hed by the California Code | _ | 15, Section 100 | | |
| Type I | 🔲 Туре II | | | U Type IV | |
| Court Holding | 2 | Temporary Hole | ding Cell(s) | | |
| Juvenile Hall | | Ranch Camp/B | oot Camp | | |
| Evaluator(| s): | Title: | | Phone: | |
| Hiromi Dugan, REHS | PHD Er | nvironmental Health S | ervices | (805) 681-4921 | |
| Heather Olgin, RN | Public I | Health Nurse | | 805-346-8432 | |
| Environmental Health Evaluation Provide policies and procedures for the maintenance of acceptable level of cleanliness, repair and safety throughout the facility, and please maintain on file readily available for inspection. Provide plans for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practice, and please maintain on file readily available for inspection. Nutritional Evaluation n/a | | | | | |
| Doing a good job. | alth Services Evaluation | | | | |
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| Name of Facility: Sar | nta Barbara City Sober | ing Center | Date(s) Inspected: | July 23, 2002 |
|---|--|--|----------------------------------|---|
| Location: 17 E. Haley | Street Street | Santa Barbara _{City} | | County of Santa Barbara |
| Person(s) Interviewed: | Patric Nixon | Intake Co | ounselor | (805) 966-3017 |
| | Armando Martel _{Name} | Sergeant | Title | 805-897-3731 Phone |
| Type of Facility (as defined | ned by the California | Code of Regulations, Title | 15, Section 1 | _ |
| 🗌 Туре I | 🗌 Туре II | Type III | | Type IV |
| Court Holdin | g | 🛛 Temporary H | Holding Cell(s |) |
| 🔲 Juvenile Hall | | Ranch Cam | p/Boot Camp | |
| Evaluator | s): | Title: | | Phone: |
| Hiromi Dugan, REHS | PHI | D Environmental Health S | ervices (| 805) 681-4921 |
| Heather Olgin, RN | PHI | D Nurse | 8 | 305-346-8432 |
| and safety througho 2. Provide written plar unsanitary or unsafe inspection. Nutritional Evaluation N/A | ut the facility and ple ns for a regular schedu e conditions or work p | or the maintenance of an ase maintain on file readil ile of housekeeping tasks practices, and please main | ly available fo and inspectio | r inspection. ns to identify and correct |
| Medical and Mental He Policy and Procedures six months and reviewe | are available in hard o | opy and on line. Policy a | and Procedure | es were updated in the last |

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| Name of Facility: | Santa Maria Police Department Holding Cel | Date Inspected: | March 18, 2003 |
|---|--|---|---|
| Location: | 222 East Cook Street, Santa Maria, CA 934 | -54 | |
| Person Interviewe | d: Rad Mawhinney | Lieutenant | 805/928-3781 Phone |
| Facility Type (as d | lefined by the California Code of Regulatio | ons, Title 15, Section 10 | 006 or 1302): |
| 🗌 Туре I | | [| Type IV |
| Court Hold | ling Facility 🛛 🛛 Temporar | y Holding Cell(s) | |
| Juvenile H | all 🗌 Ranch Ca | amp/Boot Camp | |
| | aluator(s) Title: ard Furtado Environmental Healt | | 'hone: / 346-8480 |
| Maintenar Providing unsanitary | d procedures are lacking for the following: nee of an acceptable level of cleanliness, repa a regular schedule of housekeeping tasks and or unsafe conditions or work practices. ese written policies were also listed as deficie | d inspections to identify a | and correct |
| Nutritional Evalua State nutritional rec | uirements are not applicable to temporary ho | lding cells. Although the | e facility has the |
| | in for providing food, the plan applies to juven is also listed in the Summaries of Evaluation f | - |). |
| Ensuring er Providing m Allowing pri Providing m Providing m requests me The control (e.g. lice or Inmate deto medical faci Medical rev A suicide pr The identific The identific | ies and procedures are lacking for the followin mergency and basic health care services to al hedical and mental health screening at "time of soners to keep prescribed orthopedic or prost hedical care and mental health services for an edical, mental health or developmental disabil and treatment of inmates who are infested, o mites). Diffication, including circumstances necessitat ility. iew of every in-custody death of an inmate. revention plan to identify, monitor and treat inn cation and evaluation of mentally disordered in cation and evaluation of developmentally disa | I inmates. of intake." thetic appliances while ir y inmate who appears in ity treatment (policy is fo r suspected of being infe ing immediate transfer to mates who present a suid nmates. bled inmates. | need of or r juveniles only). sted, with vermin o a licensed cide risk. |
| (The absence of the 2000, 2001 and 200 | ese written policies were also listed as deficie 02.) | ncies in the Summaries of | of Evaluation for |
| State regulations re cooperation with the | equire that medical and mental health policies e "responsible physician" or "health authority.' | and procedures be deve | loped in |
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| Name of Facility: | Lompoc City Jail | | Date Inspected: | March 19, 2003 | |
|--|---|-----------------------|-------------------------|------------------------|--|
| Location: | 107 Civic Center Pla | iza, Lompoc 93436 | | | |
| Person Interviewed: | Nancy Faust | | Jail Supervisor | 805/ 736-2341 Phone | |
| Facility Type (as define | ned by the California | Code of Regulation | ons, Title 15, Sectio | n 1006 or 1302): | |
| 🛛 Туре I | 🗌 Type II | 🗌 Туре III | | Type IV | |
| Court Holding | Facility | 🗌 Temporar | y Holding Cell(s) | , | |
| Juvenile Hall | | | anch Camp/Boot Car | np | |
| Evalu | ator(s) | Title: | | Phone: | |
| Kathleen Cardi | el, REHS | Environmental Hea | alth Specialist | 805/ 346-8475 | |
| Therese Lewis, | RD | Public Health Nutri | tionist | 805/ 737-6470 | |
| Heather Olgin, | RN, PHN | Public Health Nurs | e | 805/ 346-8432 | |
| Environmental Evalu | ation | | | | |
| Facility sanitation and maintenance are good with one exception: Floor drains are not being flushed weekly. Written policies and procedures are lacking for the following: Providing a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices Nutritional Evaluation | | | | | |
| General nutritional req fruit, whole grains, Vita Some meats continue frozen meals must be | amins A and C and the to be high in fat as the purchased. | e requirement for ser | ving legumes three | days a week. | |
| Medical Services Eva | aluation | | | | |
| Overall medical/menta thorough medical/men and procedures and a | ital health screening fo | orm. Responsible sta | aff are current with th | ne facility's policies | |
| | | | | a zavela | |
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| County of Santa Barbara Detention Facility |
|---|
| Summary of Evaluation |

| Name of Facility: La Posada Juvenile Hall | | Date: July 2 | 3, 2004 |
|---|---|---|---|
| Location: 4500 Hollis | | Santa Barbara C | alifornia |
| Street (Number, Nar Person(s) Interviewed: | ^{ne)} Emmett Darbyshire Rennie Allen RN | City / State Probation Institutions Supervisor Probation Institution | (805) 692-4808 (805) 692-4505 |
| | Name | Title | Phone |
| Type of Facility (as defin | ned by the California | Code of Regulations, Title 15, | Section 1006 or 1302): |
| Adult: 🗌 Type I | Type II | Type III | Type IV |
| Adult Court and T | emporary Holding Fa | cilities: Court Holding | Temporary Holding Cell(s) |
| Juvenile: 🔀 Juve | enile Hall 🗌 Camp | o (Juvenile, Ranch, Forestry, B | oot) |
| Evaluator(s) Name: | Tit | le: | Telephone: |
| Jennifer L. Bernstein | | pervising Environmental Healt ecialist | h (805) 681-4938 |
| Shoshana Baars-Stanton | | vironmental Health Specialist | (805) 681-4948 |
| Heather Olgin, PHN | Pul | olic Health Department | (805) 346-8432 |
| Therese Lewis, RD | Pul | olic Health Dept./Nutritionist | (805) 737-6470 |
| Point (HACCP) pla of potentially haz | eeds to be developed an needs to be de ards foods being p | to meet new requirements. A eveloped for the transport | Hazard Analysis Critical Control ation, reheating and hot holding I for service at the Juvenile Hall. mplementation. |
| A plan for the insp their policy and p | | | lant needs to be developed for |
| Nutritional Evaluation - | – Date Inspected: Oc | ctober 1. 2004 | |
| In Compliance | F | | |
| Medical and Mental He | alth Services Evalua | tion – Date Inspected: July 1 | 3, 2004 |
| Satisfactory. New update | ed Policy and Procedu | rres was available for review. | |

| Name of Facility: | Juvenile Hall, Santa Maria | Date: March | 9, 2004 | |
|---|--|---|------------------------------|-----------------------|
| Location: | 812 West Foster Road, Santa Maria, | CA 93455 | | |
| | Street (Number, Name) | City / State | | |
| Person(s) Interviewed: | Michael F. Cleary | Probation Institut | ion Suprv. | (805) 934-6274 |
| | Gloria Steins, RN | Probation Institu | ution Nurse | (805) 934-6276 |
| | Name | Title | | Phone |
| Type of Facility (as define | ned by the California Code of Re | gulations, Title 15, Section | n 1006 or 13 | 302): |
| Adult: 🗌 Type I | Type II | Type III 🗌 Type I | V | |
| Adult Court and T | emporary Holding Facilities: | Court Holding 🗌 Tempo | rary Holdin | g Cell(s) |
| Juvenile: 🛛 Juv | enile Hall Camp (Juvenile. | Ranch, Forestry, Boot) | • | |
| | | ,, , | | |
| Evaluator(s) Name: | Title: | | Teleph | ione: |
| James R. Hamlin, REHS | Environment | al Hlth. Specialist, Sr. | ecialist, Sr. (805) 346-8463 | |
| Therese Lewis, RD, RN | | (805) 737-64 | | 737-6470 |
| Healther Olgin, RN | Public Health | Nurse | rse (805) 934-6276 | |
| The evaluation found the No deficiencies were not | Evaluation – Date Inspected: 3 overall operation, maintenance and ed. n last year's Summary of Evalati | and sanitation of the facilit | - | llent. |
| | – Date Inspected: 4/16/2004 | | 1 | |
| | caloric, protein, dairy group, Vi of legumes at least three times p | | | it and whole grain |
| Medical and Mental He | alth Services Evaluation – Dat | e Inspected: 5/13/2004 | | |
| | redures available on-site and refe PA are available on-site at specific vention plan is in place | | nd evaluate 1 | ninors. |
| There are no negative pre had disease (infections) i | essure rooms available on site, no n minors coming through the fac | | This is a cor | ncern since they have |
| Medical evaluation is sat | isfactory. | | | |

| Name of Facility: Lo | os Prietos Boys' Camp | Date: Marc | ch 24, 2004 |
|-------------------------------|---|----------------------------|--|
| Location: Star Route, | paradise Road, S.B. | Calif. 93105 | |
| Street (Number, Nar | me) | City / State | |
| Person(s) Interviewed: | Patricia Stewart | Probation Manager | (805) 692-1751 |
| | Rennie Allen. RN | | (805) 692-4805 |
| | Bev Alexander, RN | | (805) 692-1755 |
| | Name | Title | Phone |
| Type of Facility (as define | ned by the California Cod | e of Regulations, Title 15 | , Section 1006 or 1302): |
| Adult: 🗌 Type I | Type II | Type III | Type IV |
| Adult Court and T | emporary Holding Facilit | ies: 🗌 Court Holding 🗌 | Temporary Holding Cell(s) |
| Juvenile: 🗌 Juve | enile Hall 🛛 Camp (Ju | venile, Ranch, Forestry, I | Boot) |
| Evaluator(s) Name: | Title: | | Telephone: |
| John Davies, REHS | Enviro | nmental Health Svc | (805) 346-8465 |
| Therese Lewis, RD, RN | Public | Health Nutritionist | (805) 737-6470 |
| Heather Olgin, PHN | Public | Health Department | (805) 346-8462 |
| | | | |
| | Evaluation – Date Inspecent ndings are satisfactory in a | - | |
| | indings are satisfactory in t | an applicable categories | |
| | | | |
| | | | |
| | | | |
| All nutritional requireme | - Date Inspected: April nts are met: caloric, prote | in, dairy group, Vitamin C | C and Vitamin A. three times per week have been satisfied |
| | ealth Services Evaluation | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of Facility: Sa | nta Barbara Main Jail | Date: July 23 | 3, 2004 |
|-------------------------------|-------------------------|--|-----------------------------|
| Location: 4436 Calle | | Santa Barbara, Ca | lifornia |
| Street (Number, Nat | me) | City / State | |
| Person(s) Interviewed: | Art Jaramillo | Food Service Manager | (805) 681-4240 |
| | Corp. Rick Triguero | Santa Barbara County Sheriff | (805) 681-4715 |
| | | | |
| | Name | Title | Phone |
| Type of Facility (as defined | ned by the California C | Code of Regulations, Title 15, S | Section 1006 or 1302): |
| Adult: 🔀 Type I | Type II | Type III T | Sype IV |
| Adult Court and T | emporary Holding Fac | cilities: 🗌 Court Holding 🗌 T | emporary Holding Cell(s) |
| Juvenile: 🗌 Juve | enile Hall 🗌 Camp | (Juvenile, Ranch, Forestry, Bo | ot) |
| Evaluator(s) Name: | Titl | e: | Telephone: |
| Jennifer L Bernstein | Spe | ervising Environmental Health cialist | ¹ (805) 681-4938 |
| Louise Harding | | ior Environmental Health cialist | (805) 681-4948 |
| Heather Olgin | RN | , PHN, Public Health Dept. | (805) 316-8462 |
| Therese Lewis | R.D | D. Public Health Dept./Nutrition | iist (805) 737-6470 |

Environmental Health Evaluation – Date Inspected: June 2004

The kitchen and dishwashing area was in reasonably good state of repair and sanitation. Repairs to the dishwashing area were completed this year. During the inspection it was observed that the food facility utensils were not adequately cleaned and sanitized. A high-pressure ware washer is recommended to prevent the larger utensils from acquiring a build-up of food residue. All difficult-to-clean pot and pans should be replaced. As an ongoing project, utensils should be reviewed frequently to ensure unapproved utensils are replaced. Hazard analysis critical control point (HACCP) plans should be developed by the Food Manager and then approved by Environmental Health Services to ensure proper use and cleaning of knives secured with cables for security reasons.

Nutritional Evaluation – Date Inspected: September 1, 2004

General nutritional requirements are being satisfied in all applicable areas: caloric, protein, dairy group, fresh fruit, legumes, whole grains and Vitamins A and C.

Medical and Mental Health Services Evaluation – Date Inspected: July 16, 2004

Satisfactory. Policy and Procedures manual available and is updated on an on-going basis.

| Street (Number, Name) | | City / State | | |
|--|-----------------------|------------------------|--------------|---------------------------------------|
| Person(s) Interviewed: Tim McV | Williams | Operations Serge | ant (805) 93 | 4-6159 |
| Name | | Title | Phone | |
| Type of Facility (as defined by the | California Co | | | 06 or 1302). |
| | Синюнии Со Гуре II | | Type IV | , , , , , , , , , , , , , , , , , , , |
| Adult Court and Temporary | • 1 | | | Holding Cell(s) |
| Juvenile: 🗌 Juvenile Hall | Camp (J | Juvenile, Ranch, Fores | try, Boot) | |
| Evaluator(s) Name: | Title | : | | Telephone: |
| James Hamlin, REHS | Envi | ronmental Health Spec | ialist, Sr. | (805) 346-8463 |
| Therese Lewis, RD | Publi | c Health Nutritionist | | (805) 737-6470 |
| Heather Oligin, PHN | D 11 | c Health Nurse | | (805) 346-8432 |

Environmental Health Evaluation

Overall findings relating to food handling, sanitation, maintenance and the operation of the facility are good. The following minor deficiencies in maintenance were noted:

- 1) Repair or replace damaged counters, cabinets and metal shelving and repair a leaking sink drain, in the work furlough kitchen area and remove an unapproved hot plate.
- 2) Provide an accurate thermometer in each refrigerator.
- 3) Replace the missing floor tiles in the work furlough showers.
- 4) Relocated canned food storage away from janitorial chemicals.
- 5) Recoat the floor in the showers next to cell number six.
- (The deficiencies listed in last year's Summary of Evaluation have been corrected, as promised)

Nutritional Evaluation

Adequate in all categories: caloric, protein, dairy group, Vitamin C and Vitamin A. The vegetable, fresh fruit and whole grain requirements and the use of legumes at least three times a week have been satisfied.

Medical and Mental Health Services Evaluation Satisfactory in all applicable categories.

| Name of Facility: | Santa B | arbara County Honc | or Farm | Date(s) Inspected: | June 18, 2004 |
|-------------------------|---------------------------|----------------------|--------------------------|-----------------------|----------------------------|
| Location : | 4434 Calle Real | | Santa Barbara (| County Sheriff | County of Santa Barbara |
| | S | treet | City | | County |
| Person(s) Interviewe | e d: Sgt F | Powell | Santa Barbara Sheriff | County | 805-681-4259 |
| Type of Fa | cility (as defined | by the California Co | ode of Regulation | ons, Title 15, Se | ction 1006 or |
| 1302): | | | | | |
| ۲ 🗌 | Гуре I | 🗌 Туре II | 🛛 Type III | | Type IV |
| | Court Holding | | Tempora | ry Holding Cell | (S) |
| | Juvenile Hall | | Ranch C | amp/Boot Cai | mp |
| | Evaluator(s): | | Title: | | Phone: |
| Hiromi Dug | gan | PHD Enviro | onmental Health | n Specialist 8 | 805-681-4921 |
| Heather C | Digin, RN, PHN | PHD, Publi | c Health Nurse | 8 | 805-346-8432 |
| | | | | | |
| Environme | ental Health Eval | uation | | | |

The Honor Farm meets basic Environmental Health regulations. This inspection included both men's and women's honor farm facilities.

Nutritional Evaluation

Medical and Mental Health Services Evaluation Satisfactory

| Name of Facility: Sheriff | 's Solvang Station Holding Cell | Date Inspected: March 18, 2 | 2004 |
|---------------------------------|---------------------------------------|---------------------------------------|--------------|
| Location: 1745 Mission D | rive Solv | vang, CA 93463 | |
| Street (Number, Name) | City / State | | |
| | Ken Reinstadler Lieutenant. | t/Station Commander 805) 686 Phone | -5002 |
| Type of Facility (as defined b | by the California Code of Regulation | ons, Title 15, Section 1006 or 1302 | 2): |
| Adult: Type I | Type II T | Type III Type IV | |
| Adult Court and Temp | orary Holding Facilities: | ourt Holding 🔀 Temporary Hold | ling Cell(s) |
| Juvenile: 🗌 Juvenile | Hall Camp (Juvenile, Ranch, | , Forestry, Boot) | |
| Evaluator(s) Name: | Title: | Telepho | ne: |
| John Davies | Environmental Healt | th Specialist (805) 34 | 6-8465 |
| Environmental Health Eval | uation | | |
| Satisfactory in all applicable | categories | | |
| Nutritional Evaluation | | | |
| State nutritional requirements | are not applicable to the limited us | se of this temporary holding cells. | |
| (The facility does not have th | e required written plan for providing | g food to adult and juvenile priso | oners.) |
| | | | |
| Medical and Mental Health | Services Evaluation | | |
| Satisfactory in all applicable | categories. | | |
| | | | |

| Name of Facili | ty: She | eriff's New C | Cuyama Station Ho | olding cell Date | e Inspected: March 17, 2004 |
|-------------------|----------------------|----------------|----------------------|------------------------|---|
| Location: 70 | Newsom | e Street | | New Cuyama, | , CA 93254 |
| Stree | t (Number, Nar | ne) | С | ity / State | |
| Person(s) Inter | viewed: | George Gin | gras Li | eutenant | (805) 934-6162 |
| | | Name | | Title | Phone |
| Type of Facility | y (as defir | ied by the Ca | lifornia Code of R | legulations, Title 1 | 15, Section 1006 or 1302): |
| Adult: | 🗌 Тур | e I | Type II | Type III | Type IV |
| Adult Co | ourt and T | emporary Ho | lding Facilities: | Court Holdi | ing \square Temporary Holding Cell(s) |
| Juvenile | : 🗌 Juve | enile Hall [| Camp (Juvenile | e, Ranch, Forestry, | y, Boot) |
| Evaluator(s) N | ame: | | Title: | | Telephone: |
| Richard Furtado | o, REHS | | Environmen | tal Health Speciali | ist (805) 3468480 |
| Thomas Evans | | Supervising | g Env. Hlth. Spec | cialist (805) 346-8460 | |
| Environmenta | l Evaluati | ion | | | |
| Satisfactory in a | all a nn lica | ble categorie | s | | |
| Substactory in t | un applica | ole eulegone | 5 | | |
| Nutritional Eva | aluation | | | | |
| State nutritional | l requirem | ents are not a | applicable to the li | mited use of this te | temporary holding cell. |
| (The facility has | s the requi | ired written p | lan for feeding pr | isoners, by purchas | using food from a local restaurant.) |
| Medical Servic | ces Evalua | ation | | | |
| Satisfactory in a | all applica | ble categorie | S | | |

| Name of Facility: | Carpinteria Sheriff's Substation | | | Date(s) Inspected: | June 09, 2004 & August 13, 2004 | |
|---------------------------------|----------------------------------|-------------------|-----------------------------|-----------------------|------------------------------------|--|
| Location : | 5775 Carpinteria | | Carpinteria | | County of Santa Barbara | |
| | | Street | Cit | у | County | |
| Person(s) Interviewe | ed: Willia | im F. Caldwell | Sergea | nt | 805-684-5405 x421 | |
| | | Name | | Title | Phone | |
| Type of Fa | cility (as defined | by the California | Code of Regulatic | ons, Title 15, S | ection 1006 or | |
| 1302): | | | | | | |
| | Туре І | 🗌 Туре II | 🗌 Type III | | 🗌 Type IV | |
| Court Holding | | | 🛛 Temporary Holding Cell(s) | | | |
| Juvenile Hall | | | Ranch Camp/Boot Camp | | | |
| | Evaluator(s): | | Title: | | Phone: | |
| Albert Ign | acio | Environn | mental Health Spec | cialist (| 805) 681-4945 | |
| | | | | | | |
| | | | | | | |
| Environmental Health Evaluation | | | | | | |
| Meets bas | sic Environmental | Health regulation | IS. | | | |
| | | | | | | |
| | | | | | | |

Nutritional Evaluation N/A

Medical and Mental Health Services Evaluation This facility serves as a holding facility. Policies and procedures are kept current.

| Name of Facility: Sar | nta Barbara County Su | perior Court Holding | Date(s) June 1 | 4, 2004 | |
|---|--|----------------------------------|----------------------|----------------|--|
| Location: 118 E. Figue | eroa St. _{Street} | Santa Barbara _{City} | • | Santa Barbara | |
| Person(s) Interviewed: | Nick Carreno | Correction O | ficer (805) 681-40 |)58 | |
| | Benjamin Villanueva _{Name} | Sr. Correction Officer | (805) 681-40 |)58 hone | |
| Type of Facility (as defin | ed by the California C | ode of Regulations, Title 15, Se | ction 1006 or 1302): | | |
| Туре І | Type II | Type III | 🗌 Туре Г | V | |
| Court Holding | | Temporary Holding C | ell(s) | | |
| Juvenile Hall | | Ranch Camp/Boot C | amp | | |
| Evaluator(s | s): | Title: | Pho | ne: | |
| Jennifer Bernstein | | , Supervisor | (805) 681-493 | 8 | |
| Dana Solum | Env | ironmental Health Specialist | (805) 696-113 | (805) 696-1134 | |
| | | | | | |
| Environmental Health E Meets basic environmenta | | | | | |
| Nutritional Evaluation N/A | | | | | |
| Medical and Mental Health Services Evaluation 1. Develop a plan to ensure provision of emergency services to all inmates. 2. Provide written procedures to ensure that there is a medical review of every of every in-custody inmate death. | | | | | |

| Name of Facility: Santa Maria Superior C | Court Holding Facility | Date: Inspected | March 18, 2004 | | |
|--|---------------------------------|-------------------------|----------------|--|--|
| Location: 312 East Cook Street | Santa Mar | ria, CA 93454 | | | |
| Street (Number, Name) | City / State | | | | |
| Person(s) Interviewed: Lois Ruppel | Sergeant | (805) | 345-7438 | | |
| | | | | | |
| | | | | | |
| Name Type of Facility (as defined by the California) | Title Code of Regulations Ti | Phone the 15 Section | 1006 or 1302). | | |
| Adult: Type I Type II | | Type IV | | | |
| Adult Court and Temporary Holding F | | | | | |
| | p (Juvenile, Ranch, Fore | | | | |
| Evaluator(s) Name: T | itle: | | Telephone: | | |
| Richard Furtado REHS | | | (805) | | |
| | | | (805) | | |
| | | | (805) | | |
| | | | (805) | | |
| Environmental Health Evaluation | | | | | |
| Satisfactory in all applicable categories | | | | | |
| | | | | | |
| | | | | | |
| Nutritional Evaluation | le te court helding facili | tion | | | |
| State nutritional requirements are not applicable | ble to court notding facin | lues | | | |
| | | | | | |
| | | | | | |
| Medical and Mental Health Services Evaluation | | | | | |
| Satisfactory in all applicable categories | | | | | |
| | | | | | |
| | | | | | |

| Name of Facility: Sa | nta Barbara City Police D | epartment Date Inspe | cted: 6 | 5/16/2004 | |
|---|---------------------------|-------------------------------|-----------|----------------|--|
| Location: 215 E. Figu | Santa Barbara, CA | | | | |
| Street (Number, Na | me) | City / State | | | |
| Person(s) Interviewed: Lieutenant Alex Alta | | a Operations Division (805) 8 | | 97-3730 | |
| | Officer Charles McChesney | | (805) 8 | 97-3729 | |
| | | | | | |
| | Name | Title | Phone | | |
| Type of Facility (as define | ned by the California Cod | e of Regulations, Title 15 | , Section | 1006 or 1302): | |
| Adult: 🗌 Type I | Type II | Type III |] Type IV | | |
| Adult Court and Temporary Holding Facilities: 🗌 Court Holding 🔀 Temporary Holding Cell(s) | | | | | |
| Juvenile: Juv | enile Hall 🗌 Camp (Ju | venile, Ranch, Forestry, I | Boot) | | |
| | | | | | |
| Evaluator(s) Name: | Title: | | | Telephone: | |
| Jennifer Bernstein, REHS | S PHD E | Environmental Health Serv | vices | (805) 681-4938 | |
| Dana Solum, REHS | | Environmental Health Serv | vices | (805) 696-1134 | |

Environmental Health Evaluation

1. Provide policies and procedures for the maintenance of acceptable level of cleanliness, repair and safety throughout the facility and please maintain on file readily abailable for inspection.

2. Provide plans for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practice. Maintain on file readily available for inspection.

Nutritional Evaluation

n/a

Medical and Mental Health Services Evaluation

1. Needs to include policies and procedures on screening for airborne diseases.

2. Provide a written plan for compliance with PC 2656 which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.

3. Provide policies and procedures for segregation of inmates with suspected communicable diseases.

4. Provide procedures for the identification and evaluation of all developmentally disabled inmates.

| Name of Facility: | Santa Barbara City Sobering Center Date(s) Inspected: | | June 18, 2004 | | | |
|---|---|-------------------------|----------------------------|--|--|--|
| Location: | 17 E. Haley St. | | County of Santa Barbara | | | |
| | Street | City | County | | | |
| Person(s) Interviewed | L: Charles E. Rose | Supervisor | (805) 966-3017 | | | |
| | Name | Title | Phone | | | |
| ••• | ility (as defined by the California Code of Re | egulations, Title 15, S | ection 1006 or | | | |
| 1302): | · | | | | | |
| | /pel Litypell Litype | | | | | |
| | _ | mporary Holding Ce | | | | |
| 🗌 Ji | uvenile Hall 🗌 Ra | inch Camp/Boot Ca | amp | | | |
| | Evaluator(s): Title | :: | Phone: | | | |
| Hiromi Dug | an Public Health Servic | ces (8 | 305) 681-4921 | | | |
| - | Environmental Hea | | | | | |
| | | | | | | |
| Environmental Health Evaluation Repair the flooring in the restroom and the window and walls in the holding room. Provide written policies and procedures for maintenance and housekeeping. | | | | | | |
| Nutritional | Evaluation | | | | | |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| Medical ar No violatio | nd Mental Health Services Evaluation Ins noted. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Name of Fac | cility: | Santa Maria Police I | Department Holding Cell | Date | April 15, 2004 | | |
|---|--|--|--|---|---|--|--|
| Location: | Location: 222 East Cook Street | | Santa Maria, CA 93454 | | 4 | | |
| | Street (Numl | per, Name) | City / State | | | | |
| Person(s) Inte | erviewed: | Mike Cordero | Lieutenant | Ϋ́, |) 928-3781 | | |
| Type of Faci | lity (as defin | Name ned by the California C | Title Code of Regulations, Title | Phone e 15, Section 10 | 06 or 1302): | | |
| | : 🗌 Туре I | Type II | Type III | Type IV | | | |
| Adult | Court and T | emporary Holding Fac | vilities: 🗌 Court Holding | g 🔀 Temporary | Holding Cell(s) | | |
| Juveni | ile: 🗌 Juve | enile Hall 🗌 Camp | (Juvenile, Ranch, Forest | ry, Boot) | | | |
| Evaluator(s) | Name: | Titl | le: | | Telephone: | | |
| Richard Furta | ado | Env | vironmental Health Speci | alist | (805) 346-8480 | | |
| Written policies and procedures are lacking for the following: Maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. Providing a regular schedule of housekeeping tasks and inspections to identify and correct Unsanitary or unsafe conditions or work practices. (The absence of these written policies was also listed as deficiencies in the Summaries of Evaluation for 2001, 2002 and 2003.) | | | | | | | |
| has the requir | nal requiren red written p | lan for providing food | e to the limited use of the , the plan applies to juve es of Evaluation for 2000 | nile detainees of | | | |
| Written plans 1) Ensur 2) Provid 3) Allow 4) Provid reque 5) The c (e.g. 1 6) Inmat 7) Medid 8) A suid 9) The id 10) The id (The absence 2002 and 200 State regulati | s, policies an ing emerger ding medica ving prisoner ding medica ests medical, ontrol and tr ice or mites) the detoxificat cal review of cide prevent dentification dentification of these wr 03.) | and mental health scr rs to keep prescribed of care and mental health mental health or devel eatment of inmates wh c. tion, including circums f every in-custody deat ion plan to identify, me and evaluation of mer and evaluation of deve itten policies was also | ng for the following: re services to all inmates reening at "time of intake rthopedic or prosthetic ap h services for any inmate lopmental disability treat to are infested, or suspec stances necessitating imm th of an inmate. onitor and treat inmates we natally disordered inmates elopmentally disabled int listed as deficiencies in t | ". ppliances while e who appears in ment (policy is t ted of being infe nediate transfer who present a su mates. he summaries o | n need of or for juveniles only). ested, with vermin to a licensed medical facility. | | |
| | "responsible physician" or "health authority" | | | | | | |

| Name of Facility: Lompoc City Jail | Date: | March 23, 2004 | | | |
|--|------------------------------------|---------------------------------------|--|--|--|
| Location: 107 Civic Center Plaza, Lomp | oc 93436 | | | | |
| Street (Number, Name) | City / State | · · · · · · · · · · · · · · · · · · · | | | |
| Person(s) Interviewed: Nancy Faust | Jail Supervisor | (805) 346-8475 | | | |
| | | | | | |
| Name | Title | Phone | | | |
| Type of Facility (as defined by the Californ | nia Code of Regulations, Title 15, | Section 1006 or 1302): | | | |
| Adult: 🛛 Type I 🗌 Type II | Type III | Type IV | | | |
| Adult Court and Temporary Holding | Facilities: Court Holding | Temporary Holding Cell(s) | | | |
| Juvenile: Juvenile Hall Ca | amp (Juvenile, Ranch, Forestry, B | Boot) | | | |
| Evaluator(s) Name: | Title: | Telephone: | | | |
| Kathleen Cardiel | Environmental Health Servicse | (805) 346-8475 | | | |
| Therese Lewis, RD, RN | Public Health Nutritionist | (805) 737-6470 | | | |
| Heather Olgin, RN, PHN | Public Health Department | (805) 346-8423 | | | |
| | | | | | |
| Environmental Health Evaluation – Date Inspected: March 23, 2004 1. Facility sanitation and maintenance are good. 2. The facility does not have the required written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. | | | | | |
| Nutritional Evaluation – Date Inspected: | April 19, 2004 | | | | |
| All nutritional requirements are met: caloric, protein, dairy group, Vitamin C and Vitamin A. The fresh fruit and whole grain requirements are the use of legumes at least three times a week have been satisfied. | | | | | |
| Medical and Mental Health Services Evaluation – Date Inspected: July 8, 2004 | | | | | |
| Satisfactory | | | | | |
| | | | | | |