

BOARD OF SUPERVISORS AGENDA LETTER

Agenda Number:

A=9

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

Department Name:

Public Health

Department No.:

041

For Agenda Of:

February 17, 2009

Placement:

Administrative

Estimated Tme:

Continued Item:

No

If Yes, date from:

Vote Required:

Majority

TO:

Board of Supervisors

FROM:

Public Health

Elliot Schulman, MD, MPH, Director and Health Officer

Department

Contact Info:

Rick Merrifield, Director of Environmental Health Services

681-4934

SUBJECT:

Annual Health Inspection of Detention Facilities - 2008

County Counsel Concurrence

Auditor-Controller Concurrence

As to form: N/A

As to form: N/A

Other Concurrence:

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

Receive and file the Summaries of Evaluations for 2008 Annual Health Inspections of Detention Facilities by the County Health Officer regarding compliance with environmental, nutritional, and medical/mental health standards for detention facilities within Santa Barbara County.

Summary Text:

Section 101045 of the State Health and Safety Code requires annual inspections of all publicly operated detention facilities by the County Health Officer. Specific medical, nutritional and environmental health standards vary by type of facility and are found in Titles 15 and 24 of the California Code of Regulations and in Sections 113700-114437 of the Health and Safety Code.

Review of the reported deficiencies indicates that most can be characterized as involving relatively minor maintenance and repair items. Reports detailing the results of the inspections have been provided to each detention facility administrator and the California Corrections Standards Authority (formerly known as the California Board of Corrections). In addition, an annual report is submitted to the Board of Supervisors, the Sheriff and the Chief Probation Officer summarizing the results of the inspections. The California Corrections Standards Authority is responsible for enforcement of the minimum standards. This report to the Board of Supervisors is a non-binding informational document.

Annual Health Inspection of Detention Facilities – 2008 Agenda: February 17, 2009

Page 2 of 2

Background:

The following institutions were evaluated:

Probation Department Facilities:

Santa Barbara (La Posada) Juvenile Hall

Santa Maria Juvenile Hall

Santa Barbara (Los Prietos) Boys Camp / (Tri-Counties) Boot Camp

Sheriff Department Facilities:

Santa Barbara Main Jail

Santa Maria Branch Jail

Santa Barbara Medium Security Facility

Santa Ynez Valley Substation (Solvang)

New Cuyama Sheriff's Substation

Carpinteria Sheriff's Substation

Superior Court:

Santa Barbara Superior Court Holding Facility

Santa Maria Superior Court Holding Facility

Lompoc Superior Court Holding Facility

Santa Maria Juvenile Court Holding Facility

Municipal Police Departments:

Santa Barbara Police Department

Santa Maria Police Department

Lompoc Police Department

Fiscal and Facilities Impacts:

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

Special Instructions:

Please return an electronic copy of the Minute Order to the PHD Contracts Unit at PHDRES.ContractsUnit@sbcphd.org

Attachments:

County of Santa Barbara Detention Facility, Summaries of Evaluations

Authored by:

Rick Merrifield, Director Environmental Health Services



Name of Facility:	La Posada Santa Barb	ara Juvenile Hall	Date: 10/09/2008
Location:	4500 Hollister Ave., Street (Number, Name)	Santa Barbara, CA. 93110 City/State	
Person(s) Interview	wed:	<u>Title</u>	Phone – Prefix (805)
Shawna Coleman		Assistant Director	934-6274
Nancy Taylor		Supervising Probation Officer	692-1765
Wendy J. Stanley		Probation Manager	934-6270
Type of Facility: (a	is defined by the Califo	ornia Code of Regulations, Title 15, S	Section 1006 or 1302)
Adult:	Type I Typ	oe II 🔲 Type III 🔲 Type IV	
 Adult Co 	urt and Temporary I	Iolding Facilities: 🗌 Court Holding	g Temporary Holding Cell(s)
Juvenile:	Juvenile Hall	Camp (Juvenile, Ranch, Forestr	y, Boot)
Evaluator(s) Nam	ie:	Title	Phone - Prefix (805)
Ruby Griggs-Gabbe	edon	Registered Nurse	346-8286
Therese Lewis, R.D.		Public Health Nutritionist	737-6472
Norma A. Campos-		Sr. Environmental Health Specialis	st 681-4916
☐ Not Applicabl Date Inspected 10/	e Meets all requir 08/08. Persons Intervi	nte Inspected: 10/08/08 rements	r805-934-6270,Rod Kelly-Food
⊠ Not Applicable La Posada Santa B	Sarbara Juvenile Hall is	nents Meets requirements with e now a booking facility. Since there	
nutritional evaluat	ion is required.		
Medical and Men	tal Health Evaluation	n – Date Inspected: 10/09/2008	
As of July 01, 200 transitioned from a	8, the Santa Barbara Ju a full service maximum	ments Meets requirements with envenile Hall also known as the La Pont security Juvenile Hall to a Special US Regulations since the conversion.	sada Santa Barbara Juvenile Hall was



Name of Facility:	Santa Maria Juvenile Hall	Date : 11/13/2008
Location:	812 B. Foster Road, Santa Maria, CA. 93454 Street (Number, Name) City / State	
Person(s) Interview	wed:	Phone – Prefix (805)
Roseanne Sanchez	Registered Nurse	934-6276
Carrick Adam	Medical Director	934-6276
Wendy Stanley	Probation Manager	934-6273
Type of Facility: (a	as defined by the California Code of Regulations, Title 1	15, Section 1006 or 1302)
• Adult:	Type I Type II Type III Type IV	V
Adult Co	ourt and Temporary Holding Facilities: 🔲 Court Hol	ding Temporary Holding Cell(s)
• Juvenile:	Juvenile Hall	estry, Boot)
Evaluator(s) Name	e: <u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabbe	don Registered Nurse	346-8286
Therese Lewis, R.D.	C	737-6472
Michael L. Schmaeling Senior Environmental Health Specialist 346-8463		
☐ Not Applicable	ealth Evaluation – Date Inspected: 11/13/2008 Meets all requirements Meets requirements with EHS requirements during facility inspection.	n exception of:
☐ Not Applicable	ation – Date Inspected: 10/21/2008 ☑ Meets all requirements ☐ Meets requirements with irements have been met at the Santa Maria Juvenile Hall	n exception of: I.
☐ Not Applicable The Juvenile Hall is	al Health Evaluation – Date Inspected: 9/18/2008	Manuals according to the updates from



Date: 11/06/2008

Name of Facility:	Los Prietos Boys Camp/Tri-Counties Boot Camp Date: 11/06/2008		
Location:	3900 Paradise Road, Santa Barbara, CA. 93105-9722 Street (Number, Name) City / State		
Person(s) Interview	wed:	Phone – Prefix (805)	
Beverly Alexander	Registered Nurse	692-1755	
Nancy Taylor	Supervising Probation Officer	692-1765	
Steve Delira	Probation Manager	692-1751	
Type of Facility: (a	as defined by the California Code of Regulations, Title 15, Se	ction 1006 or 1302)	
• Adult:	☐ Type I ☐ Type II ☐ Type III ☐ Type IV	•	
Adult Co	ourt and Temporary Holding Facilities: Court Holding	Temporary Holding Cell(s)	
• Juvenile	: U Juvenile Hall	Boot)	
Evaluator(s) Nam	e: <u>Title</u>	Phone – Prefix (805)	
		346-8286	
Ruby Griggs-Gabb Therese Lewis	Public Health Nutritionist	737-6472	
Michael L. Schmae		346-8463	
	ealth Evaluation – Date Inspected: 11/06/2008		
	Meets all requirements Meets requirements with exce	ention of:	
This facility meets all EHS requirements. It is recommended that a backflow prevention device be installed on the mop sink faucet in the classroom Janitor's room.			
Nutritional Evalu	ation – Date Inspected: 10/21/2008		
☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of:			
All nutritional requirements have been met at the Los Prietos Boys' Camp.			
Medical and Men	tal Health Evaluation – Date Inspected: 10/02/2008		
☐ Not Applicable	Meets all requirements Meets requirements with exc	eption of:	
	omplied with Title 15 Regulations, and has satisfactorily comp	pleted the Medical/Mental Health	
Inspection.			



Name of Facility:	Santa Barbara County Main Jail	Date : 10/02/2008	
Location:	4436 Calle Real, Santa Barbara, CA. 93110 Street (Number, Name) City	ty / State	
Person(s) Interview	ved:	Phone – Prefix (805)	
Gerald Quartararo	Registered Nurse	681-5337	
Art Jaramillo	Food Service Manager	681-4240	
Lt. Nancy Tacy Type of Facility: (as	Program and Planning Division 681-4251: (as defined by the California Code of Regulations, Title 15, Section 1006 or 1302)		
• Adult:	••	Гуре IV	
Adult Cor	urt and Temporary Holding Facilities: 🗌 Cou	ırt Holding 🗌 Temporary Holding Cell(s)	
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch	h, Forestry, Boot)	
Translatoria Namo			
Evaluator(s) Name:	<u>Title</u>	Phone - Prefix (805)	
Ruby Griggs-Gabbedo	on Registered Nurse	346-8286	
Therese Lewis, R.D.	Public Health Nutritionist	737-6472	
Norma A. Campos-Ib		ialist 681-4916	
☐ Not Applicable [1.Dishmachine saniti	alth Evaluation – Date Inspected: 10/21/08 ☐ Meets all requirements ☑ Meets requirementizer measured at 0 ppm this day-Corrected same te line directly connected to sewer-no air gap. Meets	day.	
Nutritional Evaluat	tion – Date Inspected: 10/27/08		
Not Applicable [] The Santa Barbara M	Meets all requirements Meets requirement Main Jail has met all nutritional requirements and	its with exception of: is in compliance with Title 15 regulations.	
Medical and Menta	l Health Evaluation – Date Inspected: 10/02/2	008	
The Santa Barbara M updated the Policy ar medications. Their P	Meets all requirements Meets requirement Main Jail has complied with the recommendations and Procedures Manual to include a Policy for Introlicy and Procedure Manual has also been revie factorily complied with Title 15 regulations.	s from last year's inspections and have since mate Self-Administration of Prescribed	



Name of Facility:	Santa Maria Branch Jail	Date : 11/13/2008
Location:	812 – A West Foster Rd., Santa M Street (Number, Name)	Iaria, CA. 93455 City / State
Person(s) Interviews	ewed:	Phone – Prefix (805)
Mark Kulikov	Lieutenant	934-6196
Jim Woessner	Sgt.	934-6159
Type of Facility: ((as defined by the California Code	of Regulations, Title 15, Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ T	Гуре III Пуре IV
Adult C	ourt and Temporary Holding Fa	cilities: Court Holding Temporary Holding Cell(s)
 Juvenile 	e: 🗌 Juvenile Hall 📗 Camp ((Juvenile, Ranch, Forestry, Boot)
Evaluator(s) Nam	1e: <u>Title</u>	<u>Phone - Prefix (805)</u>
Ruby Griggs-Gabbe	edon Registered Nurs	se 346-8286
Therese Lewis	Public Health N	
Michael L. Schmae	ling Senior Environ	mental Health Specialist 346-8463
Not Applicable This facility met a	ll EHS requirements during the site	eets requirements with exception of:
☐ Not Applicable	nation – Date Inspected: 09/25/08 e ⊠ Meets all requirements ☐ M uirements have been met at this fac	eets requirements with exception of:
Not Applicable This facility is in c	compliance with Title 15 regulation /pe I to a Type II the facility in Aug	pected: 09/18/08 leets requirements with exception of: as and has updated all policies and procedures in respect to the gust 2007. The policy revisions began in 11/07 through 01/08



Name of Facility:	Sheriff's Medium Security Facility	Date: 10/09/2008
Location:	4434 Calle Real, Santa Barbara, CA. 93 Street (Number, Name)	110 City / State
Person(s) Interview	wed:	Phone – Prefix (805)
James Meter	Sergeant	681-4259
Art Jaramillo	Food Service Manager	681-4240
Lt. Tracy Type of Facility: (a	Planning & Programs D as defined by the California Code of Regu	
• Adult:	☐ Type I Type II ⊠ Type III	☐ Type IV
Adult Co	ourt and Temporary Holding Facilities:	Court Holding Temporary Holding Cell(s)
• Juvenile:	Juvenile Hall	e, Ranch, Forestry, Boot)
Evaluator(s) Name	- · · · · · · · · · · · · · · · · · · ·	Phone - Prefix (805)
Ruby Griggs-Gabbed	don Registered Nurse	346-8286
Therese Lewis, R.D.		ist 737-6472
Norma A. Campos-It	barra REHS Sr. Environmental Heal	th Specialist 681-4916 .
	ealth Evaluation – Date Inspected: 10/21 ☑ Meets all requirements ☐ Meets requirements	
☐ Not Applicable	tion – Date Inspected: 10/27/2008 ☑ Meets all requirements ☐ Meets requirements have been met at the Sheriff's Meets all requirements have been met at the	<u> </u>
☐ Not Applicable	al Health Evaluation – Date Inspected: Meets all requirements Meets requirements Meets requirements Meets requirements Meets requirements	



Name of Facility:	Santa Ynez Valley Substation (Solvang)	Date: 11/06/2008
Location:	1745 Mission Drive, Santa Ynez, CA. 93463 Street (Number, Name)	City / State
Person(s) Interview	wed:	Phone - Prefix (805)
Mark Hamane	Senior Deputy	686-5002
Mark Liddi	Lieutenant	686-5002
Type of Facility: (as defined by the California Code of Regulatio	ns, Title 15, Section 1006 or 1302)
• Adult:	☐ Type II ☐ Type III ☐ Type III ☐	Type IV
Adult Co	ourt and Temporary Holding Facilities: 🗌 🤇	Court Holding 🛛 Temporary Holding Cell(s)
Juvenile	: U Juvenile Hall Camp (Juvenile, Ra	anch, Forestry, Boot)
Evaluator(s) Nam	e:	Phone - Prefix (805)
Ruby Griggs-Gabbe	don Registered Nurse	346-8286
Michael L. Schmael		h Specialist 346-8463
Not Applicable This facility met al Nutritional Evalu	ealth Evaluation – Date Inspected: 11/06/08 Meets all requirements Meets requirements let EHS requirements during site inspection. ation – Date Inspected: NA Meets all requirements Meets requirements	
Not Applicable	ntal Health Evaluation – Date Inspected: 10/0 e Meets all requirements Meets requires s satisfactory and in compliance with Title 15 I	ments with exception of:



Name of Facility:	New Cuyama Sheriff's Substation	Date: 11/20/2008
Location:	215 Newsome Street, Cuyama, CA Street (Number, Name) City / State	
Person(s) Interview	wed:	
Name	Title	Phone - Prefix (805)
Troy Carpenter	Deputy	(661) 766-2310
Paul Weirum	Deputy	(661) 766-2310
Type of Facility: (a	s defined by the California Code of Regulations, Title	: 15, Section 1006 or 1302)
• Adult:	☐ Type II ☐ Type III ☐ Type	IV
Adult Co	urt and Temporary Holding Facilities: Court Ho	olding 🛛 Temporary Holding Cell(s)
• Juvenile:	<u> </u>	• • • • • • • • • • • • • • • • • • • •
94,0	camp (savenne, ranen, ro	restry, booty
Evaluator(s) Name		
Name	<u>Title</u>	Phone - Prefix (805)
Ruby Griggs-Gabbed	lon Registered Nurse	346-8286
Michael L. Schmaeli	ng Senior Environmental Health Specia	alist 346-8463
	•	
la contraction of the contractio	alth Evaluation – Date Inspected: 11/20/2008	ith exception of:
Nutritional Evalua	tion Data Improsted NIA	
1	tion – Date Inspected: NA ☐ Meets all requirements ☐ Meets requirements wi	th exception of:
☐ Not Applicable This inspection was Policy Manual to in-	al Health Evaluation – Date Inspected: 10/20/2008 Meets all requirements Meets requirements wi satisfactory and noted to be in compliance with Title clude the new Recommendations for Temporary Custo-secured custody of Juveniles.	15 Regulations. They have updated their



Name of Facility:	Carpinteria Sheriff's Substation	Date: 09/11/2008
Location:	5775 Carpinteria Ave., Carpinteria, CA. 93013 Street (Number, Name) City / State	
Person(s) Interview	wed:	Phone - Prefix (805)
Mike West	Detective Sergeant	805-684-5405 exy. 421
Type of Facility: (a	as defined by the California Code of Regulations, Title	15, Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Type III ☐ Type I	
• Adult Co	ourt and Temporary Holding Facilities: 🗌 Court Hol	ding 🛮 Temporary Holding Cell(s)
• Juvenile	: Usualie Hall Camp (Juvenile, Ranch, Fore	estry, Boot)
Evaluator(s) Nam	e: <u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabbe	don Registered Nurse	346-8286
Norma Campos-Ibai	ra REHS Sr. Environmental Health Specialist	681-4916
Not Applicable Nutritional Evalu	ealth Evaluation – Date Inspected: 10/14/08	
		1
Not Applicable	tal Health Evaluation – Date Inspected: 09/11/08 Meets all requirements Meets requirements win pliant with Title 15 Regulations and has updated their I monitored.	th exception of: Policy Manual in regards to Juveniles



Name of Facility: S	Santa Barbara Superi	or Court	Date : 10/02/2008
Location: 118 E. Fi	gueroa Street, Santa Street (Number, Nan	Barbara, CA 93101 City/State	
Person(s) Interview	/ed:		
Name		<u>Title</u>	Phone-Prefix (805)
Robert Garnica		Corporal	568-3366
Mario Macias		Sergeant	568-3366
John Petterson	1.6. 11 1.01	Custody Deputy	805-568-3366
Type of Facility: (as	s defined by the Cali	fornia Code of Regulations, Title 15, Sectio	n 1006 or 1302)
• Adult:	☐ Type I ☐ Ty		•
Adult Cor	irt and Temporary	Holding Facilities: Court Holding	Femporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall	Camp (Juvenile, Ranch, Forestry, Boo	ot)
Evaluator(s) Name		Title	Phone – Prefix (805)
Ruby Griggs-Gabbed	On	Registered Nurse	346-8286
Norma A. Campos-Ib		Sr. Environmental Health Specialist	681-4916
•			
		ate Inspected: 11/07/08 ments Meets requirements with exception	on of:
Nutritional Evaluat	tion – Date Inspecte	ed: NA	
	-	ments Meets requirements with exception	on of:
••	•		
Medical and Menta	Health Evaluation	1 – Date Inspected: 10/02/2008	William Control of the Control of th
		ments Meets requirements with exception	on of
The Santa Barbara S regulations.	uperior Court is com	apliant with Title 15 Regulations in respect t	to the Medical Mental Health
rogulations.			·
•			



Name of Facility:	Santa Maria Superior Court	Date : 11/14/2008
Location:	312 E. Cook Street, Santa Maria, CA Street (Number, Name)	A. 93454 City / State
Person(s) Intervie	wed:	Phone – Prefix (805)
Ben Villanueva	Corporal	346-7438 or 7432
Timothy Morgan	Liutenant	346-7438
Type of Facility: (a	as defined by the California Code of Regula	tions, Title 15, Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Type III	Type IV
 Adult Co 	ourt and Temporary Holding Facilities: 🛭	Court Holding 🗌 Temporary Holding Cell(s)
 Juvenile 	: Usualie Hall Camp (Juvenile,	Ranch, Forestry, Boot)
Evaluator(s) Nam	e:	Phone – Prefix (805)
Ruby Griggs-Gabbe	don Registered Nurse	346-8286
Michael L. Schmael	· ·	tal Health Specialist 346-8463
☐ Not Applicable	ealth Evaluation – Date Inspected: 11/14/ Meets all requirements Meets requirements Meets requirements during the facility inspection.	irements with exception of:
	ation – Date Inspected: Meets all requirements Meets requirements	irements with exception of:
·		
☐ Not Applicable	tal Health Evaluation – Date Inspected: 0 Meets all requirements Meets requirements Court is in compliance with Title 15	irements with exception of:



County of Santa Barbara Detention Facility

Summary of Evaluation

Name of Facility:	Lompoc Superior Court	Date: 11/07/2008
Location:	115 Civic Center Plaza, Lompoc, CA. 93436-6967 Street (Number, Name) City /	State
Person(s) Intervi	ewed: Title	Phone – Prefix (805)
Ben Villanueva	Corporal	737-7724
Travis Anthony	Custody Deputy	737-7724
Type of Facility:	(as defined by the California Code of Regulations, T	itle 15, Section 1006 or 1302)
• Adult:	Type I Type II Type III Type III	pe IV
• Adult C	Court and Temporary Holding Facilities: 🗵 Court	Holding Temporary Holding Cell(s)
• Juvenile		Forestry, Boot)
Evaluator(s) Nan	ne: <u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabbe	edon Registered Nurse	346-8286
Michael L. Schmae	<u> </u>	ecialist 346-8463
	e Meets all requirements Meets requirements ll EHS requirements during this inspection.	with exception of:
	nation – Date Inspected: Meets all requirements Meets requirements	with exception of:
Medical and Max	ntal Health Evaluation – Date Inspected: 9/25/2008	3



Name of Facility:	Santa Maria Juvenile Court	Date: 11/25/2008			
Location:	4285 California Blvd., Suite B, Santa Maria, CA. 93455 Street (Number, Name) City / State				
Person(s) Intervi	iewed:	Phone – Prefix (805)			
Shawna Coleman	Assistant Director	934-6274			
Wendy J. Stanley	Probation Manager	934-6270			
Type of Facility:	(as defined by the California Code of Regulations, Title 15,	Section 1006 or 1302)			
• Adult:	☐ Type I ☐ Type II ☐ Type III ☐ Type IV				
Adult (C ourt and Temporary Holding Facilities: 🔀 Court Holding	g 🗌 Temporary Holding Cell(s)			
• Juvenil	le: Juvenile Hall Camp (Juvenile, Ranch, Forestry	y, Boot)			
Evaluator(s) Nan	me:	Phone – Prefix (805)			
Name		346-8286			
Ruby Griggs-Gabb		346-8463			
Michael L. Schma	eling Senior Environmental Health Specialist	340-0403			
Environmental Health Evaluation − Date Inspected: 11/25/08 □ Not Applicable ☑ Meets all requirements □ Meets requirements with exception of: This facility met all EHS requirements during the facility inspection. Nutritional Evaluation − Date Inspected: NA ☑ Not Applicable □ Meets all requirements □ Meets requirements with exception of:					
Not Applicable This was the first in the Holding are Court and therefore	ntal Health Evaluation – Date Inspected: 09/18/08 le ☐ Meets all requirements ☒ Meets requirements with example Medical Mental Health Inspection for this facility. There we ea, however Juveniles are transferred directly from the Juvenile would be treated by the medical staff in the Juvenile Hall. Thich can be accessed by the Probation Staff.	ere no First Aid Kits available le Hall connected to the			



Name of Facility:	Santa Barbara Police Department		Date : 10/02/2008
Location:	215 East Figueroa St., Santa Barb Street (Number, Name)	ara, CA 93101 City/State	•
Person(s) Interview	wed:		Phone – Prefix (805)
Charles McChesney	Sergeant		897-3731
Type of Facility: (as	s defined by the California Code of	Regulations, Title 15	, Section 1006 or 1302)
• Adult:	☐ Type II ☐ Type II ☐ Ty	pe III Type IV	
Adult Cor	ırt and Temporary Holding Faci	ities: 🗌 Court Holdi	ng 🛮 Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Ju	venile, Ranch, Forest	ry, Boot)
Evaluator(s) Name	e: <u>Title</u>		Phone – Prefix (805)
Ruby Griggs-Gabbe	don Registered Nurse		346-8286
Norma A. Campos-I		l Health Specialist	681-4916
Inspection Comple	Meets all requirements ☐ Meted 10/22/08 Ation – Date Inspected: NA ☐ Meets all requirements ☐ Me		
☐ Not Applicable According to Serge Title 15 Regulation	al Health Evaluation – Date Insp Meets all requirements Ment McChesney, the Santa Barbara Is. The facility was inspected and for the temporary detention of mino	ets requirements with Police Department is a ound to be in complian	Lock up Unit that is not mandated by



Name of Facility:	Santa Maria Police	e Department		Date : 11/13/2008	
Location:	222 Cook Street, S Street (Number, 1	Santa Maria, CA. 92454 Name)	City / State		
Person(s) Interview		<u>Title</u>		Phone – Prefix (805)	
Mike Cordero		Lieutenant		928-3781 302	
Mike Aguillon		Sgt.		928-3781 x1179	
Type of Facility: (as		lifornia Code of Regulati	ons, Title 15, Sectio	on 1006 or 1302)	
Adult Cou		•	Court Holding 🛛	Temporary Holding Cell(s)	
	☐ Juvenile Hall		anch, Forestry, Bo		
ou remier					
Evaluator(s) Name	e:	<u>itle</u>		Phone – Prefix (805)	
 Ruby Griggs-Gabbe		egistered Nurse		346-8286	
Michael L. Schmaeli		enior Environmental Hea	th Specialist	346-8463	
Willomaer E. Seimaen	6				
Environmental Health Evaluation – Date Inspected: 11/13/2008 ☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of: This facility meets all EHS requirements.					
				·	
			Market and Supplied to the Sup		
	NAMES OF THE PROPERTY OF THE P				
Nutritional Evaluation – Date Inspected: NA Not Applicable Meets all requirements Meets requirements with exception of:					
		•			
☐ Not Applicable The Santa Maria Po	Meets all requolice Departments i	tion – Date Inspected: 10 irements Meets requining mass completed y and Procedure Manual	rements with excep and found to be in	otion of: compliance with Title 15 te Temporary Custody of	
Juveniles was upda					



Date: 11/07/2008

Name of Facility:	Lompoc Police I	Department	Date. 11/0/12000	
Location:	107 Civic Center Street (Number	r Plaza, Lompoc, CA. 93436 r, Name)	City / State	
Person(s) Interview	wed:	<u>Title</u>	Phone – Prefix (805)	
Vancy Faust		Jail Supervisor	875-8157	
Type of Facility: (a	is defined by the (California Code of Regulation	ns, Title 15, Section 1006 or 1302)	
• Adult:	⊠ Type I □	☐ Type II ☐ Type III ☐	Type IV	
Adult Co	urt and Tempor	ary Holding Facilities: 🗌 (Court Holding Temporary Holding Cell(s)	
	Uuvenile Ha			
Evaluator(s) Nam	ıe:	<u>Title</u>	Phone – Prefix (805)	
Therese Lewis		Public Health Nutritionist	737-6472	
Ruby Griggs-Gabbe	don	Registered Nurse	346-8286	
Michael L. Schmael	ling	Senior Environmental Health	h Specialist 346-8463	
☐ Not Applicable	: Meets all req	u – Date Inspected: 11/07/200 quirements ☐ Meets required. It is recommended that a back		
Nutritional Evaluation – Date Inspected: 9/25/08 ☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of: All nutritional requirements have been met at the Lompoc City Jail. The food service plan has been completed.				
Medical and Mental Health Evaluation – Date Inspected: 09/25/08 ☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of:				
This facility is compliant with Title 15 Medical Mental Health Regulations.				
		• •		