

Name of Facility:	La Posada Sar	ta Barbara Juvenile Hall	Da	ate: 1/3/11
Location:		Ave., Santa Barbara, CA. 93110 mber, Name)	City / State	
Person(s) Intervie	wed:	<u>Title</u>	J	<u>Phone</u>
James Steels		Supervising Probation	on Officer	934-6267
Wendy Stanley	7	Probation Manager		934-6270
Type of Facility: (as defined by th	e California Code of Regulations,	Title 15, Section 1006	or 1302)
• Adult:	Type I	☐ Type III ☐ Type III	☐ Type IV	
Adult C	Court and Tem	porary Holding Facilities: 🗌 Co	ourt Holding 🗌 Tempo	orary Holding Cell(s)
• Juvenil	e: 🛛 Juvenile	e Hall	ch, Forestry, Boot)	
Evaluator(s) Nan	ne:	Title		Phone –(805)
Therese Lewis,	R.D.	Public Health Nutriti	ionist	737-6479
Hiromi Dugan	K.D.	Senior Environmenta		696-1135
_				
☐ Not Applicabl The La Posada Sa temporarily house	e 🛛 Meets all inta Barbara Juv minors (for les	requirements Meets requirements Meets requirements Meets requirements tenile Hall has been converted to a s than 8-24 hours). There is no food inimum health and safety requirements.	ents with exception of: booking station and op d preparation, only pre	perates only one of the three units to
Nutritional Eva	aluation – Da	te Inspected: 10/12/10		
 Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: La Posada Santa Barbara Juvenile Hall is a booking facility and no nutrition evaluation is required. 				
		Evaluation – Date Inspected		
Not Applicable Meets all requirements Meets requirements with exception of: La Posada Santa Barbara Juvenile Hall is a special use Juvenile Hall/Booking Facility which provides basic first aid services. For the limited services that are provided, the facility meets the Title 15 Medical/Mental Health requirements.				



Name of Facility: San	nta Maria Juvenile Hall	Date: 12/06/10
Location:	812 B. Foster Road, Santa Maria, CA. 934 Street (Number, Name)	.54 City / State
Person(s) Interviewed	l: <u>Title</u>	Phone - (805)
Carol Aguiar	Registered Nurse	934-6276
James Steels	Supervising Deputy Pro	obation Officer 934-6267
Nancy Taylor Type of Facility: (as de	Deputy Probation Office efined by the California Code of Regulation	
• Adult:	☐ Type I ☐ Type II ☐ Type III	☐ Type IV
Adult Cour	rt and Temporary Holding Facilities: \Box (Court Holding Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ra	unch, Forestry, Boot)
E -14(a) Names		
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabb	Registered Nurse	346-8286
Lloyd Simms	Registered Environment	tal Health Specialist 346-8471
Therese Lewis	Public Health Nutritioni	st 737-6479
☐ Not Applicable ☐ This inspection include	Alth Evaluation – Date Inspected: 12/0 Meets all requirements Meets requirement Meets requirement Meets requirement Hall and the Juvenile Hall Services requirements during this inspection	nents with exception of: all Court Holding Facility. Both facilities met the Title 15 –
	tion – Date Inspected: 10/12/10 Meets all requirements Meets requirements	nents with exception of:
☐ Not Applicable ☐		



Name of Facility: Lo	os Prietos' Boys Camp/Tri-Counties Boot Cam	Date : 11/12/10
Location:	3900 Paradise Road, Santa Barbara, CA. 9310	5-9722
	Street (Number, Name)	City / State
Person(s) Interviewe	d: <u>Title</u>	<u>Phone</u>
Beverly Alexande		692-1755
Dean Farrah	Camp Director	692-1750
Jerry Gonzalez	Food Service Supervisor	692-1756
•	defined by the California Code of Regulations,	
• Adult:	☐ Type I ☐ Type II ☐ Type III	☐ Type IV
Adult Cou	rt and Temporary Holding Facilities: Co	urt Holding Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Rand	ch, Forestry, Boot)
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix
Ruby Griggs-Gab	bedon Registered Nurse	346-8286
Michael L. Schma		
Therese Lewis	Public Health Nutritionist	737-6479
Environmental Hea	alth Evaluation – Date Inspected: 11/12/	10
	Meets all requirements Meets requirement	
= =	containers of dry foods must be stored in a foo	_
	·	
	tion – Date Inspected: 10/12/10	
☐ Not Applicable ⊠	Meets all requirements Meets requirement	its with exception of:
Medical and Menta	al Health Evaluation – Date Inspected:	10/08/10
	Meets all requirements Meets requirement	
The facility's Community per Cal/OSHA, Title 8	· · · · · · · · · · · · · · · · · · ·	new Airborne Transmissible Diseases (ATD) standards
per carosini, mie c	s, section 3177.	



County of Santa Barbara Detention Facility Summary of Evaluation

Name of Facility: Santa Barba	ra County Main Jail	Date : 1/3/11	
	lle Real, Santa Barbara, CA. 93110 Number, Name) City / State		
Person(s) Interviewed:	<u>Title</u>	<u>Phone - (805)</u>	
Jerry Gonzalez	Food Service Manager	681-4240	
Dr. Leigh Ann Bradley	Health Administrator	681-4213	
Debbie Mood	Registered Nurse	681-5333	
Ben Castaniero	Sergeant	681-4234	
Art Jaramillo	Kitchen Supervisor	681-4240	
Type of Facility: (as defined by	the California Code of Regulations, Title 1:	5, Section 1006 or 1302)	
• Adult: Type	Type II Type III T	ype IV	
 Adult Court and Ter 	mporary Holding Facilities: 🗌 Court Hol	ding Temporary Holding Cell(s)	
• Juvenile: Uuveni	le Hall	estry, Boot)	
Evaluator(s) Name:			
Name	<u>Title</u>	<u>Phone – (805)</u>	
Therese Lewis, R.D.	Public Health Nutritionist	737-6479	
Ruby Griggs-Gabbedon	Registered Nurse	346-8286	
Hiromi Dugan	Senior Environmental Health Spec	ialist 696-1135	
Environmental Health Evaluation – Date Inspected: 10/26/10 Not Applicable Meets all requirements Meets requirements with exception of: The Santa Barbara County Main Jail kitchen flooring is in need of repair. Other items to be corrected are specified in the Environmental Health Inspection Checklist Attachment (attached), including minor equipment repair (Fridge 5, Potato Peeler), and proper food handling (hot holding temperatures, sanitation procedures).			
Nutritional Evaluation – Da	ate Inspected: 10/11/10		
Not Applicable ⊠ Meets all requirements ☐ Meets requirements with exception of:			
Medical and Mental Health Evaluation – Date Inspected: 10/15/10			
□ Not Applicable □ Meets all requirements ☑ Meets requirements with exception of: The facility's Communicable Disease Policy does not incorporate the new Airborne Transmissible Diseases (ATD) standards per Cal/OSHA, Title 8, Section 5199.			



Name of Facility:	Santa Maria Branch	Jail		Date: September 24, 2010
Location:	812 – A West Fos Street (Number, I	ter Rd., Santa Maria, C	CA. 93455 City / State	
Person(s) Interview Name		<u> Title</u>		<u>Phone - (805)</u>
Dennis Avila		Sgt.		934-6196
Type of Facility: (as defined by the Ca	lifornia Code of Regul	ations, Title 15, Section	on 1006 or 1302)
• Adult:	☐ Type I 🛛	Type II Type	e III Type IV	
Adult (Court and Tempora	ry Holding Facilities:	Court Holding	Temporary Holding Cell(s)
• Juvenil	e: Usual Juvenile Hall	Camp (Juvenil	e, Ranch, Forestry, Bo	oot)
Evaluator(s) Nam	ne:	<u> </u>	•	Phone – Prefix (805)
Therese Lewis,	R.D.	Public Health Nutrit	ionist	737-6479
Michael L. Schi	naeling	Sr. Environmental H	lealth Specialist	346-8463
Ruby Griggs-G	abbedon	Registered Nurse		346-8286
☐ Not Applicable	Meets all requir	n – Date Inspected: a rements ⊠ Meets requ he current California R	irements with excepti	
		spected: 10/18/10 ements \square Meets requ	nirements with excepti	ion of:
☐ Not Applicable The facility's Com	□ Meets all requir	uation – Date Insperements ⊠ Meets requolicy does not incorport	irements with excepti	ion of: Transmissible Diseases (ATD) standards



County of Santa Barbara Detention Facility Summary of Evaluation

Date: 1/3/11

Name of Facility: Sh	neriff's Medium Security Facility	Date : 1/3/11	
Location:	4434 Calle Real, Santa Barbara, CA. 9311 Street (Number, Name)	O City / State	
Person(s) Interviewed	d: <u>Title</u>	<u>Phone - (805)</u>	
Ed. Gibbs	Sergeant	681-4259	
Ben Castaniero	Sergeant	681-4234	
Type of Facility: (as d	lefined by the California Code of Regulation	ns, Title 15, Section 1006 or 1302)	
• Adult:	\square Type I X Type II \boxtimes Type III \square	Type IV	
Adult Cour	rt and Temporary Holding Facilities: \Box	Court Holding Temporary Holding Cell(s)	
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, F	anch, Forestry, Boot)	
Evaluator(s) Name: Name	<u>Title</u>	<u>Phone – (805)</u>	
Ruby Griggs-Gabb	Dedon Registered Nurse	346-8286	
Hiromi Dugan	Senior Environmental H	lealth Specialist 696-1135	
Therese Lewis	Public Health Nutritioni	st 737-5005	
Environmental Health Evaluation – Date Inspected: 10/26/10 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: The Sheriff's Medium Security Facility meets minimum health and safety requirements.			
Nutritional Evaluat	tion – Date Inspected: 10/11/10		
	Meets all requirements Meets require	ments with exception of:	
Medical and Mental Health Evaluation – Date Inspected: 10/15/10 ☐ Not Applicable ☐ Meets all requirements ☒ Meets requirements with exception of: The facility's Communicable Disease Policy does not incorporate the new Airborne Transmissible Diseases (ATD) standards per Cal/OSHA, Title 8, Section 5199.			



	Santa Ynez Valley Substation (Solvang)	Date: 12/15/10	
Location:	1745 Mission Drive, Santa Ynez, CA. 93463		
	Street (Number, Name) City / State		
Person(s) Interview	ed:	<u>Phone - (805)</u>	
Julie McCammor	Lieutenant	686-5002	
Erin Ayala	Administrative Office Professional II	686-5005	
Type of Facility: (as	defined by the California Code of Regulations, Title 15, Section 10	006 or 1302)	
• Adult:	☐ Type I ☐ Type II ☐ Type IV		
Adult Co	urt and Temporary Holding Facilities: 🗌 Court Holding 🛛 Ten	nporary Holding Cell(s)	
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Forestry, Boot)		
Evaluator(s) Name:	True.	D. D. G. (202)	
Name		Phone – Prefix (805)	
Ruby Griggs-Gal		346-8286 346-8471	
Lloyd Simms	Registered Environmental Health Specialist	340-04/1	
Environmental H	ealth Evaluation – Date Inspected: 12-15-10		
☐ Not Applicable [This Facility met EH Nutritional Evalu	ealth Evaluation – Date Inspected: 12-15-10 Meets all requirements ☐ Meets requirements with exception of S Title 15 requirements during facility inspection. ation – Date Inspected: ☐ Meets all requirements ☐ Meets requirements with exception of the second of the		



Name of Facility:	New Cuyama Sheriff's Substation	Date : 12/14/10	
Location:	215 Newsome Street, Cuyama, CA Street (Number, Name)	City / State	
Person(s) Interview	ved:	<u>Phone - (805)</u>	
Weirmen, Paul	Deputy	(661) 766-2300	
Carpenter, Troy	Deputy	(661) 766-2310	
Type of Facility: (a	s defined by the California Code of Regulation	ons, Title 15, Section 1006 or 1302)	
• Adult:	☐ Type I ☐ Type II ☐ Type II	I ☐ Type IV	
Adult Co	ourt and Temporary Holding Facilities: \Box	Court Holding M Temporary Holding Cell(s)	
• Juvenile	: U Juvenile Hall Camp (Juvenile, F	Ranch, Forestry, Boot)	
Evaluator(s) Name	,		
Name Name	<u>Title</u>	Phone - Prefix (805)	
Ruby Griggs-Gal	bbedon Registered Nurse	346-8286	
Kathleen Cardie	Registered Environment	tal Health Specialist 346-8475	
Environmental Health Evaluation – Date Inspected: 12/14/10 ☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of: Met all Environmental Health - Title 15 requirements during this inspection.			
Nutritional Evalu	uation – Date Inspected:		
	☐ Meets all requirements ☐ Meets require	ments with exception of:	
Medical and Mer	ntal Health Evaluation – Date Inspects	ed: 12/02/10	
Not Applicable Meets all requirements Meets requirements with exception of The New Cuyama substation is in compliance with all of the Title 15 Medical/Mental Health Requirements.			



Name of Facility: Carp	interia Sheriff's Substation	Date : 1/3/11	
Location: 57	75 Carpinteria Ave., Carpinteria, CA. 93013 Street (Number, Name) City / S	tate	
$ \underbrace{ Person(s) \ Interviewed:} $	<u>Title</u>	<u>Phone - (805)</u>	
Kelly A. Moore	Lieutenant	684-5405 ext. 420	
Type of Facility: (as defi	ined by the California Code of Regulations, Title	e 15, Section 1006 or 1302)	
• Adult:] Type I	Type IV	
Adult Court a	and Temporary Holding Facilities: 🗌 Court I	Holding MacTemporary Holding Cell(s)	
• Juvenile:	Juvenile Hall	orestry, Boot)	
Evaluator(s) Name: Name	<u>Title</u>	Phone - Prefix (805)	
Ruby Griggs-Gabbed	don Registered Nurse	346-8286	
Hiromi Dugan	Senior Environmental Health S	Specialist 696-1135	
Environmental Health Evaluation – Date Inspected: 11/1/10 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: The Carpinteria Sheriff's Substation meets the minimum health and safety requirements.			
Nutritional Evaluation — Date Inspected: ☑ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of:			
Medical and Mental Health Evaluation − Date Inspected: 10/08/10 Not Applicable Meets all requirements Meets requirements with exception of: The Carpinteria Sheriffs Substation is in compliance with the applicable Title 15 Medical/Mental Health requirements.			



Name of Facility: Santa Barbara Superior Co	ourt	Date: 1/3/11	
Location: 118 E. Figueroa Street, Sa Street (Number, Name)	inta Barbara, CA 93101		
Person(s) Interviewed:		Pl (905)	
	<u>Title</u>	<u>Phone-(805)</u> 568-3366	
Sara Lauderdale	Officer		
Kelly Hamilton	Lieutenant	681-4057	
Type of Facility: (as defined by the California	a Code of Regulations, Title 15, Section 1006 or	1302)	
• Adult: Type I Type I	II Type III Type IV		
Adult Court and Temporary Hol	lding Facilities: 🛛 Court Holding 🔲 Temporar	ry Holding Cell(s)	
• Juvenile: Uuvenile Hall	Camp (Juvenile, Ranch, Forestry, Boot)		
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix (805)	
Ruby Griggs-Gabbedon	Registered Nurse	346-8286	
Hiromi Dugan	Senior Environmental Health Specialist	696-1135	
Environmental Health Evaluation – Date Inspected: 10/15/10 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: The Santa Barbara Superior Court holding cells meet minimum health and safety requirements. Nutritional Evaluation – Date Inspected: ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of:			
Medical and Mental Health Evaluation Not Applicable Meets all requirements. The facility needs to incorporate the use of an and the person responsible for restocking the least of the person responsible for restocking the least of the leas	Meets requirements with exception of: inventory log which defines how often the First	Aid Kit is checked, restocked,	



Name of Facility: Santa	Maria Superior Court	Date: 12/07/10		
Location:	312 E. Cook Street, Santa Maria, CA. 93 Street (Number, Name)	3454 ty / State		
Person(s) Interviewed:	<u>Title</u>	<u>Phone – (805)</u>		
Timothy Morgan	Sergeant	346-7442		
Type of Facility: (as defin	ned by the California Code of Regulations, T	Γitle 15, Section 1006 or 1302)		
• Adult:	Type I Type II Type III	☐ Type IV		
Adult Court ar	nd Temporary Holding Facilities: 🖂 Cou	rt Holding Temporary Holding Cell(s)		
• Juvenile: 🔲 🛚	Juvenile Hall	h, Forestry, Boot)		
Evaluator(s) Name:	<u>Title</u>	Phone – (805)		
— Ruby Griggs-Gabbede	 -	346-8286		
Kathleen Cardiel	Registered Environmental H	Iealth Specialist 346-8475		
Lloyd Simms	Registered Environmental H	_		
Environmental Health Evaluation – Date Inspected: 12/07/10 ☐ Not Applicable ☐ Meets all requirements ☑ Meets requirements with exception of: Update Facility Sanitation And Maintenance Plan to include cleaning and maintenance of floor drains.				
Nutritional Evaluation Not Applicable		ets requirements with exception of:		
☐ Not Applicable ⊠ Me	Iealth Evaluation – Date Inspected: (ets all requirements ☐ Meets requirement Court is in compliance with all of the Title	ts with exception of:		



County of Santa Barbara Detention Facility

Summary of Evaluation

Name of Facility: I	Lompoc Superior Court	Date: 12/09/10	
Location:	115 Civic Center Plaza, Lompoc, CA. 9343 Street (Number, Name)	6-6967 City / State	
$\underset{\underline{Name}}{Person}(s) \ Interview$	ed:	Phone – (805)	
Timothy Morgan	Sergeant	346-7442	
Type of Facility: (as	defined by the California Code of Regulation	ons, Title 15, Section 1006 or 1302)	
• Adult:	☐ Type II ☐ Type II ☐ Type II	I Type IV	
Adult Co	urt and Temporary Holding Facilities: $igtie$	Court Holding Temporary Holding Cell(s)	
• Juvenile:		Ranch, Forestry, Boot)	
Evaluator (s) Name: Name	<u>Title</u>	Phone – Prefix (805)	
Ruby Griggs-Gal	bbedon Registered Nurse	346-8286	
Richard Furtado	Registered Environmen	tal Health Specialist 346-8480	
Environmental Health Evaluation – Date Inspected: 12/9/2010 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: The Lompoc Superior Court Holding Facility met all Title 15 - Environmental Health requirements during this inspection. Nutritional Evaluation – Date Inspected: ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of:			
Medical and Mental Health Evaluation – Date Inspected: 9/24/2010 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: The Lompoc Superior Court has met all the requirements of the Title 15 Medical/Mental Health requirements.			



Name of Facility: Sa	nta Barbara Police Department	Date : 1/3/2011				
Location:	215 East Figueroa St., Santa Barbar Street (Number, Name)	ra, CA 93101 City / State				
Person(s) Interviewe	d: Title	<u>Phone - (805)</u>				
Charles Mc Chesn	ey Sergeant	897-3731				
Type of Facility: (as de	efined by the California Code of Reg	gulations, Title 15, Section 1006 or 1302)				
• Adult:	∑ Type I ☐ Type II ☐ T	ype III Type IV				
• Adult Court and Temporary Holding Facilities: ☐ Court Holding ☒ Temporary Holding Cell(s)						
_	Juvenile Hall Camp (Juve	nile, Ranch, Forestry, Boot)				
Evaluator(s) Name: Name	<u>Title</u>	<u>Phone – Prefix (805)</u>				
Ruby Griggs-Gabl		346-8286				
Hiromi Dugan	Senior Environme	ental Health Specialist 696-1135				
☐ Not Applicable 区	alth Evaluation – Date Inspected Meets all requirements Meets all Police Department was inspected					
Nutritional Evalua	tion – Date Inspected:					
Not Applicable □	Meets all requirements Meets	requirements with exception of:				
☐ Not Applicable 区	al Health Evaluation – Date In Meets all requirements Meets a Meets a single cell locku	_				



Name of Facility: Santa Maria Police Department			Date : 12/07/10			
Location:	222 Cook Street, Street (Number, Na	Santa Maria, CA. 92454	City / State			
Person(s) Interviewe		<u> Title</u>	<u>P</u>	hone - (805)		
		Lieutenant		928-3781		
		Lieutenant		928-3781		
Type of Facility: (as de	efined by the Califo	ornia Code of Regulations	Title 15, Section 10	06 or 1302)		
• Adult:	• Adult: Type I Type II Type III Type IV					
Adult Cour	t and Temporary	Holding Facilities: \square C	ourt Holding 🔀 Tem	nporary Holding Cell(s)		
• Juvenile:	Juvenile Hall	Camp (Juvenile, Ran	ch, Forestry, Boot)			
Evaluator(s) Name:	T'A		N.	7 7 707		
<u>Name</u> Duby Criggs Cob	<u>Title</u>		<u>Ph</u>	one - Prefix (805) 928-3781		
Ruby Griggs-Gabbedon Kathleen Cardiel & Lloyd Simms		Registered Nurse				
		Registered Environmental Health Specialist 346-8460				
Environmental Health Evaluation – Date Inspected: 12/07/10 ☐ Not Applicable ☐ Meets all requirements ☑ Meets requirements with exception of: This facility met all title 15 - Environmental Health Services requirements during this inspection with the exception of needing to maintain a Health and Safety Operation Plan Onsite.						
Nutritional Evalua ☑ Not Applicable ☐		pected: ments Meets requirem	ents with exception of	of:		
Medical and Ment	al Health Evalu	ation – Date Inspected	1: 09/24/10			
☐ Not Applicable ▷	Meets all require	ments Meets requirem	ents with exception of	of: ental Health requirements.		



Name of Facility: Lo	ompoc Police Department	Date : 12/10/10			
Location:	107 Civic Center Plaza, Lompoc, CA. 92	3436			
	Street (Number, Name)	City / State			
Person(s) Interviewed Name	d: <u>Title</u>	<u>Phone - (805)</u>			
Bryan Rosby	Jail Supervisor	875-8140			
Type of Facility: (as d	defined by the California Code of Regula	tions, Title 15, Section 1006 or 1302)			
• Adult:	☐ Type II ☐ Type II ☐ Type	III Type IV			
• Adult Cou	rt and Temporary Holding Facilities:	☐ Court Holding ☐ Temporary Holding Cell(s)			
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile	, Ranch, Forestry, Boot)			
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix (805)			
Ruby Griggs-Gab		346-8286			
Richard Furtado		ental Health Specialist 346-8480			
Therese Lewis	Public Health Nutrition	onist 737-6479			
Environmental Health Evaluation – Date Inspected: ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: This facility met all Title 15 - Environmental Health Services requirements on the date of this inspection.					
Nutritional Evalua	ation – Date Inspected: 10/12/10				
☐ Not Applicable [2	✓ Meets all requirements ☐ Meets requ	uirements with exception of:			
☐ Not Applicable [tal Health Evaluation – Date Inspection Meets all requirements ☐ Meets requirement is in compliance with all of the desired compliance with all of the des				