

Summary of Evaluation

Name of Facility: La Posada Santa Barbara Juvenile Hall Date: November 12, 2007 Location: 4500 Hollister Ave., Santa Barbara, CA. 93110 Street (Number, Name) City / State **Person(s) Interviewed: Title** Phone - Prefix (805) 692-4800 Supervising Deputy Probation Officer Phillip Pipersburg 692-4805 Cheryl Melone RN Registered Nurse Rod Kelly Food Service Supervisor 692-1756 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 **Adult:** Adult Court and Temporary Holding Facilities: Court Holding Temporary Holding Cell(s) **Juvenile:** Nuvenile Hall Camp (Juvenile, Ranch, Forestry, Boot) **Evaluator(s) Name:** Phone - Prefix (805) 681-4916 Norma A. Campos-Ibarra Sr. Environmental Health Specialist 737-6472 Therese Lewis, R.D. **Public Health Nutritionist** Ruby Griggs-Gabbedon 681-5404 Registered Nurse Environmental Health Evaluation – Date Inspected: 11/29/2007 Not Applicable Meets all requirements Meets requirements with exception of: Sanitizing step in utensil washing not being implemented during inspection. Food Safety-Certified staff is responsible for training all food service workers on proper procedures. Pool plaster is deteriorated and pool deck is cracked. Flow meter was inoperative during inspection. Nutritional Evaluation – Date Inspected: 10/29/2007 Not Applicable Meets all requirements Meets requirements with exception of: All of the Nutritional Requirements have been met at the La Posada Juvenile Hall. Medical and Mental Health Evaluation – Date Inspected: 11/12/2007 Not Applicable Meets all requirements Meets requirements with exception of: This Juvenile facility was found to be compliant with all of Title 15 regulations in respect to their Medical and Mental Health Evaluation.



Summary of Evaluation

Name of Facility: Santa Maria Juvenile Hall Date: September 20, 2007 Location: 812 B. Foster Road, Santa Maria, CA. 93454 Street (Number, Name) City / State Person(s) Interviewed: **Title** Phone - Prefix (805) Name 934-6273 Wendy Stanley **Probation Manager** 934-6276 Roseanne Sanchez Registered Nurse Rod Kelly Food Service Supervisor 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 **Adult:** Adult Court and Temporary Holding Facilities: Court Holding Temporary Holding Cell(s) **Juvenile:** X Juvenile Hall Camp (Juvenile, Ranch, Forestry, Boot) **Evaluator(s) Name:** Title Phone - Prefix (805) 346-8463 Michael L. Schmaeling Senior Environmental Health Services 681-5404 Ruby Griggs-Gabbedon Registered Nurse Therese Lewis 737-6470 **Public Health Nutritionist** Environmental Health Evaluation – Date Inspected: 9/20/2007 Not Applicable Meets all requirements Meets requirements with exception of: Drinking fountains leaking (may need a slight increase in water pressure). Nutritional Evaluation – Date Inspected: 10/29/07 Not Applicable Meets all requirements Meets requirements with exception of: Santa Maria Juvenile Hall has met all the requirements of the Nutritional Evaluation. Medical and Mental Health Evaluation – Date Inspected: 11/12/2007 Not Applicable Meets all requirements Meets requirements with exception of: This facility has met all requirements of the Medical and Mental Health Evaluation according to Title 15 regulations.



Name of Facility: 1	Los Prietos' Boys Camp/Tri-Counties Boot Camp	Date: September 18, 2007
Location:	3900 Paradise Road, Santa Barbara, CA. 93105-9722 Street (Number, Name) City / State	
Person(s) Interviewe Name	ed:	Phone – Prefix (805)
Michael Cleary	Probation Manager	692-1751
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 Cor	urt and Temporary Holding Facilities: Court Holding Ten	nporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Forestry, Boot)	
Evaluator(s) Name:	<u>Title</u>	Phone – Prefix (805)
Michael L. Schmael	ing Senior Environmental Health Specialist	346-8463
Therese Lewis, R.D.	-	737-6472
Environmental Hea	lth Evaluation – Date Inspected: 9/18/2007	
☐ Not Applicable	Meets all requirements	eption of:
Nutritional Evaluat	ion – Date Inspected: 10/29/2007	
	Meets all requirements Meets requirements with exce	*
All of the nutrition	al requirements have been met at the Los Prietos /Tri County	boys' camp.
Medical and Menta	l Health Evaluation – Date Inspected: 10/26/2007	
	Meets all requirements	
	bys Camp/ Los Prietos' Boys Academy has satisfactorily meet and Mental Health Evaluation.	all requirements according to Title
13 for the Medical	and Mental Health Evaluation.	
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Name of Facility: S	anta Barbara County Main Jail	Date: October 16, 2007
Location:	4436 Calle Real, Santa Barbara, CA. Street (Number, Name)	93110 City / State
Person(s) Interviewe	ed: <u>Title</u>	<u> Phone – Prefix (805)</u>
Lt. Nancy Tacy	Program and Planni	ng Division 681-4251
Art Jaramillo	Food Manager	681-4240
Maureen Shields Type of Facility: (as	Health Service Adm defined by the California Code of Regula	
• Adult:	☐ Type I ☐ Type II ☐ Type	III Type IV
Adult Cou	art 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)
Norma A. Campos-II		681-4916
Therese Lewis, R.D.	Public Health Nutrition	
Ruby Griggs-Gabbec		681-5240
Canned goods in sto worker restroom da showing aggregate refrigerators dischar painting and cleanin Nutritional Evaluati Not Applicable	maged by removal of light fixture, con and ponding water, non-commercial erge onto floor-instead of floor sink. Dong to remove mold and/or rust from shion – Date Inspected: 11/5/2007 Meets all requirements Meets	s-mold growth noted on can of spinach. Wall in kitchen acrete flooring in cook line and dish machine area is quipment in use, condensate drains from walk-in etention areas need plumbing repairs, (slow drains), owers, missing shower curtains.
	irements have been met at the Santa B	•
Medical and Mental Health Evaluation – Date Inspected: 11/16/2007 ☐ Not Applicable ☑ Meets all requirements ☐ Meets requirements with exception of: All medical and mental health requirements had been met according to Title 15 regulations. There were however recommendations for improvement which included: 1. The need for an updated list of reportable communicable diseases to be placed in the Policy and Procedure Mannual. 2. The need to create a Policy and Procedure on medication self-administration qualifications 3. The need to create a written plan to ensure those with language barriers received adequate translation services. 4. The need to create a Policy and Procedure for the monitoring of the negative pressure rooms.		



Name of Facility: Santa Maria Branch Jail		Date: December 26, 200
	West Foster Rd., Santa Maria, CA. 93455 reet (Number, Name) City / State	
Person(s) Interviewed:	<u>Title</u>	Phone – Prefix (805)
Mark Kulikov	Lieutenant	934-6196
Type of Facility: (as defined	by the California Code of Regulations, Title 15, Sect	tion 1006 or 1302)
• Adult: Type I	∑ Type II ☐ Type III ☐ Type IV	
Adult Court and Tempo	orary Holding Facilities: Court Holding Ten	nporary Holding Cell(s)
• Juvenile: Uvenile H	Hall Camp (Juvenile, Ranch, Forestry, Boot)	
Evaluator (s) Name: Name	<u>Title</u>	Phone – Prefix (805)
Therese Lewis, R.D.	Public Health Nutritionist	737-6472
Michael L. Schmaeling	Senior Environmental Health Special	list 346-8463
Ruby Griggs-Gabbedon	Registered Nurse	681-5404
☐ Not Applicable ☐ Meets Floor/wall juncture has bee rubber top set is not accepta	luation – Date Inspected: 12/26/2007 all requirements Meets requirements with except repaired improperly. Food facilities must have able. Oven has been removed and dinners are noticing in kitchen must provide a smooth wash	we continuously "coved" flooring; now delivered hot. Therefore, a
☐ Not Applicable ⊠ Meets	Date Inspected: 10/29/2007 all requirements Meets requirements with except have been met at the Santa Maria Main Jail.	ption of:
Medical and Mental Heal ☐ Not Applicable ☐ Meets This facility has met all req	Ith Evaluation – Date Inspected: 11/12/2007 all requirements Meets requirements with exceptuirements for the Medical and Mental Health E com a Type I to a Type II facility.	ption of:



Name of Facility: Sheriff's Medium	Security Facility	Date: October 16, 2007
Location: 4434 Calle Real, Street (Number, No.		
Person(s) Interviewed:	<u>Title</u>	Phone – Prefix (805)
Lt. Nancy Tacy	Planning and Programs Division	681-4251
Sgt. James Meter	Sergeant	681-4259
Type of Facility: (as defined by the Cal	ifornia Code of Regulations, Title 15, Section 1006	or 1302)
• Adult: Type I	Type II	
Adult Court and Temporar	ry Holding Facilities: Court Holding Tempo	orary Holding Cell(s)
• Juvenile: Uuvenile Hall	Camp (Juvenile, Ranch, Forestry, Boot)	
Evaluator(s) Name:	<u>Title</u> <u>P</u>	Phone – Prefix (805)
Norma A. Campos-Ibarra	Sr. EHS	 681-4916
Therese Lewis, R.D.	Public Health Nutritionist	737-6472
Ruby Griggs-Gabbedon	Registered Nurse	681-5404
Environmental Health Evaluation –		
Not Applicable ☐ Meets all requirements ☒ Meets requirements with exception of: Men's showers-2 nd on the left is leaking; handicap handle missing in the shower, last faucet at end is missing head and handle, urinal broken. Women's shower 1 st on the right is broken.		
Nutritional Evaluation – Date Inspec	eted: 11/5/2007	
☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: All nutritional requirements have been met at this facility.		
Medical and Mental Health Evaluation – Date Inspected: 10/19/2007 ☐ Not Applicable ☐ Meets all requirements ☐ Meets requirements with exception of: This Type II facility has met all of Title 15 regulations for the Medical and Mental Health Evaluation.		



Name of Facility:	Santa Ynez Valley Substation (Solva	ang) Date: November 6, 2007
Location:	1745 Mission Drive, Santa Ynez, C Street (Number, Name)	CA. 93463 City / State
Person(s) Interview	ved:	Phone – Prefix (805)
Lt. Phil Willis	Lt.	686-5002
Sgt. Dan	Sgt.	686-5002
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Type of Facility: (a	s defined by the California Code of Reg	gulations, Title 15, Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Ty	pe III Type IV
Adult Co	ourt and Temporary Holding Facilitie	es: Court Holding Temporary Holding Cell(s)
• Juvenile	: U Juvenile Hall Camp (Juvenile Hall	nile, Ranch, Forestry, Boot)
Evaluator(s) Name		D D (1. 005)
Name	Title	Phone - Prefix (805) 681-5404
Ruby Griggs-Gabbe	_	
Michael L. Schmae	ling Senior Environm	nental Health Specialist 346-8463
	ealth Evaluation − Date Inspected: 11 Meets all requirements Meets re	
Nutritional Evalu	uation – Date Inspected: NA	
	☐ Meets all requirements ☐ Meets re	equirements with exception of:
Medical and Mer	ntal Health Evaluation – Date Ins	nected: 10/26/2007
☐ Not Applicable The Temporary Ho	Meets all requirements ☐ Meets re	equirements with exception of: ctorily met all requirements according to Title 15 as well as



Name of Facility: N	New Cuyama Sheriff's Substation	Date: October 23, 2007
Location:	215 Newsome Street, Cuyama Street (Number, Name) City / State	
Person(s) Interview	ed:	
Name	<u>Title</u>	Phone – Prefix (805)
Troy Carpenter	Deputy Sheriff	(661) 766-2310
Paul Weirum	Deputy Sheriff	(661) 766-2310
Type of Facility: (as	defined by the California Code of Regulations, Title 15, Sec	ction 1006 or 1302)
• Adult:	☐ Type II ☐ Type III ☐ Type III	V
Adult Cor	urt and Temporary Holding Facilities: Court Holding	☐ Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Forestry,	Boot)
Evaluator(s) Name:		
Name	Title	<u>Phone – Prefix (805)</u> 346-8463
Michael L. Schmael		681-5280
Ruby Griggs-Gabbe	don Registered Nurse	001-3200
Not Applicable [Floor is cracking and Nutritional Evaluated]	lth Evaluation − Date Inspected: 10/23/2007 Meets all requirements Meets requirements with exceed to detail to ilet needs additional water pressure ion − Date Inspected: Meets all requirements Meets requirements with exceeding to ilet needs additional water pressure	
☐ Not Applicable	ll Health Evaluation – Date Inspected: 11/30/2007 ☐ Meets all requirements ☐ Meets requirements with all the requirements of Title 15 regulations for Medical	



Name of Facility: C	carpinteria Sheriff's Substation	Date: October 9, 2007
Location:	5775 Carpinteria Ave., Carpinteria, CA. 93013 Street (Number, Name) City / State	e
Person(s) Interviewe	ed:	Phone – Prefix (805)
William Caldwell	Sergeant Sheriffs Department	684-5405 ext.421
Isaiah Tchobanoff	Senior Deputy	805-568-3399
Type of Facility: (as	defined by the California Code of Regulations, Title	15, Section 1006 or 1302)
• Adult:	⊠ Type II ☐ Type III ☐ Type III ☐ T	Type IV
Adult Cou	urt and Temporary Holding Facilities: Court Ho	olding 🔀 Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Fo	orestry, Boot)
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix (805)
—— Ruby Griggs-Gabbed		681-5280
Norma A. Campos-I		
☐ Not Applicable ☐	Ith Evaluation – Date Inspected: 1/11/2008 ☐ Meets all requirements ☑ Meets requirements with tention cell is inoperative.	th exception of:
	ion – Date Inspected: Meets all requirements Meets requirements with	th exception of:
☐ Not Applicable ☐	l Health Evaluation – Date Inspected: 10/9/2007 ✓ Meets all requirements ☐ Meets requirements with the statement of the st	



Name of Facility: San	nta Barbara Superior Court	Date: October 12, 2007
Location:	118 E. Figueroa Street, Santa Barbara, C. Street (Number, Name)	A. 93101 City / State
Person(s) Interviewed	l: <u>Title</u>	<u>Phone – Prefix (805)</u>
Mario Macias	Sgt.	568- 3366
Sandra Russell	Corrections Officer	568-3367
Type of Facility: (as de	efined by the California Code of Regulations	, Title 15, Section 1006 or 1302)
• Adult:	☑ Type II ☐ Type III	☐ Type IV
Adult Cour	rt and Temporary Holding Facilities: 🛭 C	ourt Holding Temporary Holding Cell(s)
• Juvenile: [☐ Juvenile Hall ☐ Camp (Juvenile, Ran	nch, Forestry, Boot)
Evaluator (s) Name: Name	<u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabbedo	on Registered Nursing	681-5280
Norma A. Campos-Iba	arra Sr. EHS	681-4916
	th Evaluation – Date Inspected: 10/17/200 Meets all requirements	
Nutritional Evaluatio	on – Date Inspected: NA	
Not Applicable □	Meets all requirements Meets requ	uirements with exception of:
	Health Evaluation – Date Inspected: 10/1	
☐ Not Applicable ☐	Meets all requirements Meets requ	irements with exception of:
This facility has met	all the requirements for the Medical and	Mental Health Evaluation according to Title 15.



Name of Facility: S	Santa Maria Superior Court	Date: December 20, 2007
Location:	312 E. Cook Street, Santa Maria, CA. 93454 Street (Number, Name) City / State	
Person(s) Interview	ed:	Phone – Prefix (805)
Jeff Bastian	Corporal	346-7432 or 38
Sandra Russell	Corrections Deputy	346-7438
Type of Facility: (as	defined by the California Code of Regulations, Title 15,	Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Type III ☐ Typ	pe IV
Adult Cor	urt and Temporary Holding Facilities: 🗵 Court Hold	ing Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Fores	try, Boot)
Evaluator(s) Name:	Title	Phone – Prefix (805)
Ruby Griggs-Gabbe		681-5404
Micheal L. Schmaeli		
Not Applicable The wall by the mo The source of this of	alth Evaluation – Date Inspected: 12/20/2007 ☐ Meets all requirements ☐ Meets requirements op sink and around the staff bathroom is blistering and deterioration needs to be eliminated and the wall ref d echos make it hard to understand verbally relayed	nd deteriorating. This is a repeat finding. inished. Deputies also expressed a concern
Nutritional Evaluat	ion – Date Inspected: NA	
Not Applicable	☐ Meets all requirements ☐ Meets requirements	s with exception of:
Not Applicable This 12 cell with or Established Policie unless someone is r trained court staff.	Health Evaluation – Date Inspected: 10/19/2007 Meets all requirements ☐ Meets requirements to he handicapped equipped cell has met all of Title 15 and Procedures. All clients are medically cleared re-manded after a court proceeding. A classification of there is a perceived medical emergency 911 is calcan Hospital for immediate care or Jail medical for united the second	requirements and are in compliance with the prior to being detained in the holding cell, a form # CO-1122 is completed and by the alled and if an inmate becomes ill they are



Name of Facility: I	Lompoc Superior Court	Date: December 26, 2007
Location:	115 Civic Center Plaza, Lompoc, CA. 93436-696 Street (Number, Name) City / State	
Person(s) Interview	wed:	Phone – Prefix (805)
Bob Arnica	Corporal	737-7724
Tim Morgan	Sergeant	346-7693
Jeff Baston	Custody Deputy	737-7724
Type of Facility: (as	s defined by the California Code of Regulations, Title	15, Section 1006 or 1302)
• Adult:	Type I Type II Type III	Гуре IV
Adult Co	ourt and Temporary Holding Facilities: 🗵 Court Ho	olding Temporary Holding Cell(s)
• Juvenile	: Usualie Hall Camp (Juvenile, Ranch, Fo	restry, Boot)
Evaluator(s) Name	:: <u>Title</u>	Phone – Prefix (805)
—— Ruby Griggs-Gabbe		681-5404
Michael L. Schmae	-	
		•
☐ Not Applicable	ealth Evaluation – Date Inspected: 12/26/2007 e Meets all requirements Meets requirement I Health conditions, standards and protocols at this	
	ntion – Date Inspected: e Meets all requirements Meets requireme	ents with exception of:
Not Applicable This 5 cell facility requirements for the arriving to the Cou	tal Health Evaluation – Date Inspected: 10/19/200° e Meets all requirements Meets requirement is a Handicapped equipped Court Holding facility the Medical/Mental Health Inspection. The inmate curt Holding Cells. If someone is detained followirely on the Receiving Medical Screening form # CO ail.	that satisfactorily meets all of the Title 15 are generally medically cleared prior to ag court proceedings they are booked and



Name of Facility: Sa	anta Barbara Police Department	Date: December 6, 2007
Location:	215 East Figueroa St., Santa Barbara, CA 93101	
	Street (Number, Name) City / State	
Person(s) Interview Name	ed: <u>Title</u>	Phone – Prefix (805)
Jill Beecher	Sergeant	897-3731
Officer Mark Purcel	1 Training Officer	897-3729
Type of Facility: (as o	defined by the California Code of Regulations, Title 15, Se	ection 1006 or 1302)
• Adult:	☐ Type II ☐ Type III ☐ Type III ☐ Type I	
Adult Cou	rt and Temporary Holding Facilities: Court Holding	Temporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Forestry,	, Boot)
Evaluator(s) Name:	: Title	Phone – Prefix (805)
		681-5280
Ruby Griggs-Gabb	-	
Norma A. Campos-	-Ibarra Sr. Environmental Health Specialist	001-4910
Nutritional Evaluat	Alth Evaluation – Date Inspected: 12/6/2007 Meets all requirements Meets requirements values tion – Date Inspected: na Meets all requirements Meets requirements values	
☐ Not Applicable	al Health Evaluation – Date Inspected: 10/8/2007 Meets all requirements Meets requirements val/Mental Health Inspection	with exception of:



Name of Facility: S	anta Maria Police Department	Date: November 6, 2007
Location:	222 Cook Street, Santa Maria, CA. 92454 Street (Number, Name) City / State	
Person(s) Interview	ed:	Phone – Prefix (805)
Mike Cordero	Lieutenant	928-3781
Type of Facility: (as o	defined by the California Code of Regulations, Title 15, Section	1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Type IV	
Adult Cou	rt and Temporary Holding Facilities: 🗌 Court Holding 🔯 To	emporary Holding Cell(s)
• Juvenile:	☐ Juvenile Hall ☐ Camp (Juvenile, Ranch, Forestry, Boot)
Evaluator(s) Name: Name	<u>Title</u>	Phone – Prefix (805)
Ruby Griggs-Gabbe	don RN MSN Registered Nurse	681-5404
Michael L. Schmael	ing Senior Environmental Health Specialist	346-8463
Nutritional Evaluat	Meets all requirements ☐ Meets requirements with e	
Not Applicable The Santa Maria Po	al Health Evaluation – Date Inspected: 10/19/2007	15 regulations and established



Name of Facility: Lompoc Police Department		Date: December 20, 2007
Location:	107 Civic Center Plaza, Lompoc, CA. 93436 Street (Number, Name) City / St.	ate
Person(s) Interview	ved:	Phone – Prefix (805)
Jack Ellis	Jailer	875-8140
Nancy Faust	Supervisor	875-8157
Type of Facility: (as	s defined by the California Code of Regulations, Title	e 15, Section 1006 or 1302)
• Adult:	☐ Type I ☐ Type II ☐ Type III ☐	Type IV
Adult Co	ourt and Temporary Holding Facilities: 🗌 Court F	Holding MacTemporary Holding Cell(s)
• Juvenile:	: Usualie Hall Camp (Juvenile, Ranch, F	Forestry, Boot)
Evaluator(s) Nam	e:	Phone – Prefix (805)
Ruby Griggs-Gabb		681-5404
Therese Lewis, R.I		737-6472
Michael L. Schmae		a Specialist 346-8463
☐ Not Applicable This facility meet well maintained a Nutritional Evalu ☐ Not Applicable	ation – Date Inspected: 10/29/2007 le Meets all requirements Meets require	ments for Temporary Holding Cell. Manual was g the time of inspection.
at this time.		
☐ Not Applicabl		ments with exception of: