

**JUVENILE HALL AND CAMP INSPECTION
REPORT
SANTA BARBARA COUNTY JUVENILE JUSTICE
DELINQUENCY PREVENTION COMMISSION**

Please respond to sections that apply to facility you are inspecting; type or print clearly.

INSPECTION DATE: _____
 FACILITY NAME: _____
 FACILITY ADDRESS: _____

TYPE OF FACILITY: **JUVENILE HALL** CAMP CO-ED

FACILITY CAPACITY:		LAST INSPECTION:	
SUPERINTENDENT:		STAFF INTERVIEWED:	

PRESIDING JUVENILE COURT JUDGE: Honorable Arthur Garcia
 COMMISSION CHAIR: Gabriela Ferreira

SIGNATURE _____

PHONE NUMBER:

COMMISSION INSPECTION TEAM:

MAJOR CONCERNS AND RECOMMENDATIONS

Comments:

AREA REVIEWED: PLEASE CHECK

QUALITY OF LIFE	PROGRAMS	PERSONS INTERVIEWED
<input type="checkbox"/> Physical Plant	<input type="checkbox"/> Education	<input type="checkbox"/> Minors
<input type="checkbox"/> Meals/Nutrition	<input type="checkbox"/> Vocational/Employability	<input type="checkbox"/> Superintendent
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Community Service	<input type="checkbox"/> Medical/Psych. Staff
<input type="checkbox"/> Physical/Dental Health	<input type="checkbox"/> Victim/Gang Awareness	<input type="checkbox"/> School Staff
<input type="checkbox"/> Religious Services	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Volunteer Involvement		<input type="checkbox"/> Child Sup. Staff (Counselors)
<input type="checkbox"/> Visiting		
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

GENERAL INFORMATION

HAS FACILITY EXCEEDED CAPACITY SINCE LAST INSPECTION?
 Yes No Comments:

DOES THE FACILITY HOUSE DETAINEES UNDER SECTION 601 OF THE WELFARE AND INSTITUTIONS CODE?

Yes No Comments:

DATE OF LAST FIRE DRILL:

SINCE LAST INSPECTION INDICATE:

NUMBER OF SUICIDES:	
NUMBER OF ATTEMPTED SUICIDES:	
NUMBER OF DEATHS FROM OTHER CAUSES:	
NUMBER OF ESCAPES:	

COMMENTS:

FACILITY SAFETY AND SECURITY:

LOCAL INSPECTIONS

FIRE	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:
MEDICAL/MENTAL HEALTH	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:
ENVIRONMENTAL HEALTH	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:
NUTRITIONAL HEALTH	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:
SCHOOL	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:
PRESIDING JUDGE	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:

STAFFING

STAFF TO CHILD RATIO – AWAKE AND SLEEPING:

COMMUNICATION IN LANGUAGE DETAINEE CAN UNDERSTAND?

DIVERSITY OF STAFF:

STAFF/MINOR INTERACTIONS:

CONDITION OF GROUNDS

LAWNS, PLAYING FIELDS, BLACKTOP, ASPHALT, OTHER-

EXTERIOR OF BUILDING

GENERAL CONDITION, PAINT, ROOF, DRAINS/GUTTERS, OTHER

INTERIOR OF BUILDING

WALLS, PAINT, FLOORS, DRAINS, PLUMBING FIXTURES WORKING, AIR VENTS, WINDOWS –

CLEANING FLUIDS AND CHEMICALS LABELED AND SAFELY STORED

Yes No Comments:

WEAPONS LOCKER LOCATION:

RECREATION/SPORTS EQUIPMENT:

HALLWAYS CLEAR, DOORS PROPPED OPEN:

SLEEPING ROOMS/DORMITORIES:

BEDS – TYPE? 12” OFF FLOOR

ART, BOOKS, PERSONAL POSSESSIONS ALLOWED IN SLEEPING ROOMS?
GRAFFITI PRESENT

Yes No Comments:

AMPLE BLANKETS

STUDY AREA

ADEQUATE LIGHTING

Yes No Comments:

TEMPERATURE

ORIENTATION OF DETAINEES

ARE DETAINEES ORIENTED TO RULES AND PROCEDURES?

Yes No Comments:

ARE RULES AND GRIEVANCE PROCEDURE POSTED?

Yes No Comments:

ARE RULES AND GRIEVANCE PROCEDURES UNDERSTOOD BY DETAINEES?

Yes No Comments:

DETAINEES INTERVIEWED – COMMENTS

MEALS / NUTRITION

KITCHEN – CLEAN, KNIVES AND CHEMICALS LOCKED?

Yes No Comments:

HAVE YOUTH WORKING IN KITCHEN BEEN TRAINED?

Yes No Comments:

MEALS SERVED OR CAFETERIA STYLE?

Yes No Comments:

ARE DETAINEES PERMITTED TO CONVERSE DURING MEALS?

Yes No Comments:

ARE STAFF PRESENT & SUPERVISING?

Yes No Comments:

WEEKLY MENU PREPARED? POSTED?

Yes No Comments:

ARE SERVINGS – AMPLE, NUTRITIOUS, AND APPETIZING?

Yes No Comments:

ARE WEAKER YOUTH PROTECTED FROM HAVING FOOD TAKEN FROM THEM?

Yes No Comments:

LENGTH OF TIME ALLOWED TO EAT?

Yes No Comments:

PERSONAL APPEARANCE OF DETAINEES

APPEARANCE:

SHOWERS – FREQUENCY, PRIVACY MAINTAINED, SUPERVISED BY STAFF?

ANY ASSAULT BY OTHER YOUTH?

Yes No Comments:

CONDITION OF CLOTHING – DOES CLOTHING FIT? CLOTHING APPROPRIATE TO WEATHER?

Yes No Comments:

PROGRAMS

RECREATION – TYPES AND AMOUNT EACH DAY:

EXERCISE – DAILY SCHEDULE AND AMOUNT OF TIME EACH DAY:

ACCESS TO RELIGIOUS SERVICES

Yes No Comments:

MEDICAL/MENTAL HEALTH SERVICES

Yes No Comments:

Medical Doctor (MD):

RN Coordinator:

PM RN:

PM LVN:

LVN/MA:

VOLUNTEER PROGRAM

Yes No Comments:

COUNSELING & CASEWORK

Yes No Comments:

FAMILY REUNIFICATION PLANNING

Yes No Comments:

CAMP TRANSITION PROGRAM

Yes No Comments:

SUBSTANCE ABUSE COUNSELING

Yes No Comments:

VICTIM AWARENESS CLASSES

Yes No Comments:

GANG AWARENESS CLASSES

Yes No Comments:

SEXUAL HARASSMENT CLASSES

Yes No Comments:

PARENTING CLASSES

Yes No Comments:

VOCATIONAL CLASSES

Yes No Comments:

COMMUNITY SERVICE

Yes No Comments:

WORK PROGRAM

Yes No Comments:

DISCIPLINE OF DETAINEES

FREQUENCY AND TYPE

GRIEVANCES

NUMBER AND TYPE

TELEPHONE

ACCESS

CORRESPONDENCE

POSTAGE FREE

Yes No Comments:

INCOMING OUTGOING – IS MAIL READ?

Yes No Comments:

CONFIDENTIAL CORRESPONDENCE

VISITING

ADEQUATE SPACE, CONVENIENT TIMES OF ACCOMODATIONS TO PARENT WORK SCHEDULE ETC., SPECIAL VISITS

Yes No Comments:

DO STAFF SUPERVISE VISITS?

Yes No Comments:

ADEQUATE PRIVACY DURING VISITS?

Yes No Comments:

SCHOOL

TEACHERS – NUMBER OF FULL TIME, FREQUENCY OF SUBSTITUTES:

NUMBER OF DETAINEES ATTENDING SCHOOL:

NUMBER OF DETAINEES IN EACH CLASSROOM:

NUMBER OF DETAINEES ON INDEPENDENT STUDY:

ATMOSPHERE OF CLASSROOML:

ADEQUATE SUPPLIES? BOOKS, PAPER, COMPUTERS, ETC.

Yes No Comments:

ACTIVITIES AND COURSE WORK

ARE DETAINEES REQUIRED TO DO HOMEWORK?

Yes No Comments:

NUMBER OF DETAINEES NOT ATTENDING:
REASON?

RELATIONSHIP BETWEEN SCHOOL AND JUVENILE HALL STAFF:

DESCRIBE ACCESS TO SCHOOL, RECREATION, EXERCISE, AND RECREATION FOR DETAINEES CONFINED TO THEIR ROOM: