**JUVENILE HALL AND CAMP**

**INSPECTION REPORT**

**JUVENILE JUSTICE COMMISSION**

*Please respond to sections that apply to facility you are inspecting, type or print clearly*

INSPECTION DATE:

FACILITY NAME: Susan J. Gionfriddo Juvenile Justice Center (SMJH)

 4263 California Blvd., Santa Maria, California 93455

TYPE OF FACILITY: **JUVENILE HALL** [x]  CAMP [ ]  CO-ED [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| FACILITY CAPACITY: |       | LAST INSPECTION: |       |
|  |  |  |  |
| SUPERINTENDENT: |       | STAFF INTERVIEWED:  |       |

PRESIDING JUVENILE COURT JUDGE: Honorable Arthur Garcia

COMMISSION CHAIR: Dominick Palera

 \_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

PHONE NUMBER:

COMMISSION INSPECTION TEAM:

# MAJOR CONCERNS AND RECOMMENDATIONS

Comments:

**AREA REVIEWED: PLEASE CHECK**

|  |  |  |
| --- | --- | --- |
| **QUALITY OF LIFE**  | **PROGRAMS** | **PERSONS INTERVIEWED** |
| **[ ]  Physical Plant**  | **[ ]  Education**  | **[ ]  Minors** |
| **[ ]  Meals/Nutrition**  | **[ ]  Vocational/Employability**  | **[ ]  Superintendent** |
| **[ ]  Mental Health**  | **[ ]  Community Service**  | **[ ]  Medical/Psych. Staff** |
| **[ ]  Physical/Dental Health**  | **[ ]  Victim/Gang Awareness**  | **[ ]  School Staff** |
| **[ ]  Religious Services**  | **[ ]  Substance Abuse**  | **[ ]  Supervisor**  |
| **[ ]  Volunteer Involvement**  |  | **[ ]  Child Sup. Staff (Counselors)** |
| **[ ]  Visiting**  |  |  |
| **[ ]  Other** | **[ ]  Other**  | **[ ] 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** [ ]  No [ ]  | DATE:       |
| MEDICAL/MENTAL HEALTH | **Yes** [ ]  No [ ]  | DATE:       |
| ENVIRONMENTAL HEALTH | **Yes** [ ]  No [ ]  | DATE:       |
| NUTRITIONAL HEALTH | **Yes** [ ]  No [ ]  | DATE:       |
| SCHOOL | **Yes** [ ]  No [ ]  | DATE:       |
| PRESIDING JUDGE | **Yes** [ ]  No [ ]  | 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: