Santa Barbara County Juvenile Justice Delinquency Prevention Commission STRTP Inspection Form

| Facility Name: | |
|----------------------------|--|
| Address: | |
| Phone | |
| Contact Person | |
| | |
| J.J.C. Inspector(s) | |
| Date of Inspection | |
| Date of Last Inspection | |
| | |
| | |

*O = Outstanding*S= Satisfactory or exceeds *N.I. = Needs Improvement/corrective Action

| INSPECTION | O | S | N.I. | Comments (required if "N.I." is checked) |
|-------------------|---|---|------|--|
| Grounds | | | | |
| Building Exterior | | | | |
| | | | | |

| Living Room | | | |
|----------------------------|--|--|--|
| Kitchen | | | |
| Bedrooms | | | |
| Bathrooms | | | |
| Fire SafetyExtinguishers | | | |
| Fire SafetySmoke Alarms | | | |
| Fire SafetyEvacuation Plan | | | |
| Food | | | |
| Emergency Supplies | | | |
| Health Services | | | |
| Medications | | | |
| Recreation (on site) | | | |

| Outings (off site) | | | |
|------------------------|--|--|--|
| Education & Classrooms | | | |
| Mail/Phone | | | |
| Discipline | | | |
| Library | | | |
| Treatment Room | | | |
| | | | |

ADDITIONAL COMMENTS

YOUTH INTERVIEWS

| TOPICS | | | | | |
|------------------------|--|--|--|--|--|
| Evaluation of Program | | | | | |
| Program Understood | | | | | |
| Levels (Privileges) | | | | | |
| Grievances | | | | | |
| Discipline | | | | | |
| Staff Evaluation | | | | | |
| Health Services | | | | | |
| Counseling/ Therapy | | | | | |
| Chores & Allowance | | | | | |
| Laundry | | | | | |
| Clothes | | | | | |
| Food | | | | | |

| Snacks | | | | | | | | | |
|------------------|----------|-----|------------|-----------|----------|-----------------|-----|--|--|
| School | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Library | | | | | | | | | |
| Activities & | | | | | | | | | |
| Entertainment | | | | | | | | | |
| Money | | | | | | | | | |
| | | ADD | ITIONAL NO | OTFS & SU | CCESTION | NS RV VO | ПТН | | |
| | | ADD | ITIONALIN | OIES & SU | GGESTIO | 13 D1 10 | | | |
| # of Youth Inter | rviewed: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | Inspection Summary | |
|------------------------------------|------------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Next Inspection Recommended: | or Annual Inspection |
| Inspection Commissioner | | |
| Inspection Commissioner | Inspection Commissioner | |
| | _ | |
| Gabriela Ferreira, Chairperson | | |
| Commissioner of the Juvenile Court | ty Superior Court | |

cc: Honorable Judge of the Santa Barbara County Superior Court Commissioner of the Juvenile Court Probation Department, Chief of Probation Santa Barbara County Family Youth & Children's Services State of California, Community Care Licensing Facility Inspected