# **Juvenile Justice Commission**

of San Diego County

## Jails and Lockups 2015 Inspection Report

 2014 Yearly Statistics (from Log Books)

 0
 # Secure detentions OVER 6 hours

 1
 # Secure detentions UNDER 6 hours

 0
 # Non-secure detentions OVER 6 hours

<u>Authority:</u> Pursuant to Welfare & Institutions Code Section 209(b), a judge of the juvenile court shall conduct an annual inspection, either in person or through a delegated member of the appropriate county or regional juvenile justice commission, of any law enforcement facility that contains a lockup for adults which, in the preceding year, was used for the secure detention of any minor.

Please respond to sections that apply to the facility you are inspecting (type or print clearly)

Facility Name: SI	DCSD – Rancho	San Diego Station	Date of Inspection	n: <u>11/24/15</u>
Address: 11	486 Campo Road	d	Date of Last Inspe	ection: N/A
Sp	oring Valley, CA	91978	Phone Number:	
Facility Manager:	Cpl. Dan Slo	рруе	Contact Person:	Cpl. Dan Sloppye
Presiding Juvenile	Court Judge:	Hon. Carolyn M. Ca	ietti	
Commission Chair:	0	Kim Allan		
Phone No.:	_	858-634-1555		

## I. <u>GENERAL COMMENTS</u>:

This is a new, beautiful facility built to Title 15 standards for minor detentions. This is a clean facility with friendly staff.

#### II. <u>RECOMMENDATIONS (if any)</u>:

- 1. Make certain officers are completing the sign-off of 15 minute checks for minors in secure detention. (August)
- 2. Assure release time is noted on all detentions. (September)
- 3. Assure supervisors are signing off on secure detentions. (December)

The following questions are asked to determine compliance with Article 14, *Minors in Temporary Custody of a Lockup/Law Enforcement Facility*, of Title 15 of the California Code of Regulations.

## III. CONDITIONS OF DETENTION:

	Α.	Are minors provided with orientation?	🛛 Yes 🗌 No
	В.	Are they informed of the purpose of detention?	🛛 Yes 🗌 No
	C.	Are they told the length of time detention is expected to last?	🛛 Yes 🗌 No
	D.	Are they informed of the six-hour maximum time limit?	🛛 Yes 🗌 No
IV.		DITIONS OF SECURE DETENTION (e.g. cell/locked room):	
	Α.	What is the proximity of minors to adult inmates?	None
	В.	What is the ability and frequency of staff to supervise minor?	Constant
	C.	Is there constant auditory access to staff?	🛛 Yes 🗌 No
	D.	Are minors provided with a snack if requested?	🛛 Yes 🗌 No
	Ε.	Do minors have access to toilets and washing facilities?	🛛 Yes 🗌 No
	F.	Do minors have access to a drinking fountain or water?	🛛 Yes 🗌 No
	G.	Are there provisions to provide clothing or blankets to assure comfort?	🛛 Yes 🗌 No

## V. CONDITIONS OF SECURE DETENTION OUTSIDE A LOCKED ENCLOSURE:

(this includes minors who are handcuffed to a fixed object such as a rail, bench, chair or table):

Α.	Are minors assured no "contact" with adult inmates?	🛛 Yes	🗌 No
В.	Is there constant supervision?	🛛 Yes	🗌 No
C.	Is there a 30-minute limit and Watch Commander approval every 30 minutes thereafter?	🛛 Yes	🗌 No
D.	Are minors placed in cell when one becomes available?	🛛 Yes	🗌 No
Ε.	Do minors have access to toilet and washing facilities?	🛛 Yes	🗌 No
F.	Is there access to a drinking fountain?	🛛 Yes	🗌 No
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#### VI. CONDITIONS OF NON-SECURE DETENTION:

- A. Is there direct and constant supervision by staff during the entire custody period?
- B. Are males and females put in same room?

🛛 Yes	🗌 No
🗌 Yes	🛛 No

#### VII. INTOXICATED MINORS:

Α.		s the facility have written procedures for the handling inors under the influence of any intoxicating substances?	🛛 Yes	🗌 No
В.		he facility detain any minors, either secure or non-secure, rmined to be under the influence of an intoxicating substance?	🖂 Yes	🗌 No
	If ye	5:		
	1.	Was medical clearance obtained?	🛛 Yes	🗌 No
	2.	Were these detentions documented?	🛛 Yes	🗌 No
	3.	If the detention was secure, were there documented safety checks no less than once every 15 minutes?	🛛 Yes	🗌 No
	4.	If the detention was non-secure, was the minor in the constant presence of staff?	🛛 Yes	🗌 No
	5.	Who provides medical clearance for these minors?		partment EMT
			or local	hospital
DOC	UME	NTATION:	or local	hospital
<u>рос</u> А.		<b>NTATION:</b> all mandated visual checks documented?	or local	No
-	Area			
A.	Are a Are a Do t decis	all mandated visual checks documented? secure/non-secure detention logs used? he detention logs list the offense and reason which formed the sion to place the minor in secure detention, as well as the length o	⊠ Yes ⊠ Yes e	□ No
А. В.	Are a Are a Do t decia time Does	all mandated visual checks documented? secure/non-secure detention logs used? he detention logs list the offense and reason which formed th	⊠ Yes ⊠ Yes e of	□ No □ No

## IX. <u>ARE THERE INSTANCES IN WHICH A MINOR(S) WAS HELD FOR MORE THAN SIX</u> <u>HOURS?</u> IF YES, LIST THE DATES, STARTING AND ENDING TIME AND CIRCUMSTANCES FOR EACH INSTANCE.

None.

VIII.

## X. MINORS INTERVIEWED (COMMENTS):

No minors were present during the inspection.