

**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  
2 # **Secure** detentions **UNDER** 6 hours  
0 # **Non-secure** detentions **OVER** 6 hours

Authority: 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: SDCSD – Poway Station Date of Inspection: 11/9/15  
Address: 13100 Bowron Road Date of Last Inspection: 12/17/14  
Poway, CA 92064 Phone Number: \_\_\_\_\_

Facility Manager: Corp. Andrew Peterson Contact Person: Corp. Andrew Peterson

Presiding Juvenile Court Judge: Hon. Carolyn M. Caietti  
Commission Chair: Kim Allan  
Phone No.: 858-634-1555

**I. GENERAL COMMENTS:**

We were warmly welcomed by the Poway officials. All records and reports were presented in an orderly, organized manner. Our interview was thorough.

All issues and questions were responded to with in-depth information and conducted professionally. Procedural signage is always an ongoing issue. All departments display appropriate signage, although precise language is modified from facility to facility.

**II. RECOMMENDATIONS (if any):**

None.

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:**

- A. Are minors provided with orientation?  Yes  No
- B. 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. CONDITIONS OF SECURE DETENTION (e.g. cell/locked room):**

- A. What is the proximity of minors to adult inmates? 50 feet; totally separate
- B. 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
- E. 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):*

- A. Are minors assured no "contact" with adult inmates?  Yes  No
- B. 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
- E. Do minors have access to toilet and washing facilities?  Yes  No
- F. Is there access to a drinking fountain?  Yes  No

**VI. CONDITIONS OF NON-SECURE DETENTION:**

- A. Is there direct and constant supervision by staff during the entire custody period?  Yes  No
- B. Are males and females put in same room?  Yes  No

**VII. INTOXICATED MINORS:**

A. Does the facility have written procedures for the handling of minors under the influence of any intoxicating substances?  Yes  No

B. Did the facility detain any minors, either secure or non-secure, determined to be under the influence of an intoxicating substance?  Yes  No

If yes:

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? [Pomerado Hospital or Children's Hospital](#)

**VIII. DOCUMENTATION:**

A. Are all mandated visual checks documented?  Yes  No

B. Are secure/non-secure detention logs used?  Yes  No

C. Do the detention logs list the offense and reason which formed the decision to place the minor in secure detention, as well as the length of time the minor was securely detained?  Yes  No

D. Does the facility have signage posted explaining the procedures for the handling of secure / non-secure detention of minors?  Yes  No

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

[None.](#)

**X. MINORS INTERVIEWED (COMMENTS):**

[None.](#)