Expert Monitor's Report

Environmental Health and Safety Report (Sixth Round)
Murray v. County of Santa Barbara
Case No. 2:17-cv-08805-GW-JPR

Onsite Review: June 8-11, 2026

Produced by:
Sabot Consulting

Julian Martinez, Director
Daniel Godinez, Environmental Health and Safety Expert

Submitted:
October 13, 2026

Table of Contents

Executive Summary **1**

Introduction **3**

The Settlement Monitor's Activities **4**

Monitoring Process **5**

Summary of Ratings **6**

FINDINGS **8**

6.A. Environmental Health and Safety Monitor 8

6.B. Cleanliness and Sanitation of Jail Facilities 8

6.C. Laundry 38

6.D. Food Service and Kitchen Operations 47

6.E. Work Order System and Preventative Maintenance 58

6.F. Chemical Control and Biohazardous Materials 66

6.G. Negative Pressure Monitoring and Recording 75

6.H. Emergency Response and Fire/Life Safety 82

6.I. Environment of Care Monitor Inspections, Corrective Action, and Process for Incarcerated Persons to Raise Concerns 82

Signature 90

Executive Summary

This is the sixth Expert Monitoring Review of the Santa Barbara County Jail (SBCJ), Main Jail/Southern Branch Jail (MJ or SBJ), and the fourth review of the Northern Branch Jail Facility (NBJ) to measure Santa Barbara County's compliance with the *Murray v. Santa Barbara County* Remedial Plan, which addresses Environmental Health and Safety conditions and policies and procedures within Santa Barbara County jails. The on-site Expert Monitoring Review of NBJ was conducted on June 10, 2026, and the review of the MJ was conducted on June 8, 9, and 11, 2026. The document production rating period was from August 1, 2025, through March 31, 2026.

The Expert's Monitoring Review of the MJ included a review of pre-monitoring documents produced by Santa Barbara County, onsite observations of the MJ Northwest housing units, West Module housing units, Intake Release Center (IRC) housing units, South Dorm, South Tank housing units, East Module housing units, New East Restrictive housing unit, recreational yards, clinics, dental treatment room, kitchen, laundry, visiting, and all common areas. The Expert interviewed five (5) Custody Deputies, one (1) Unit Supervisor, and forty-one (41) incarcerated persons from various housing units. In addition, three (3) incarcerated kitchen workers, two (2) kitchen staff members, three (3) incarcerated laundry workers, one (1) Laundry staff member, and four (4) Utility Workers.

The Expert's Monitoring Review of NBJ included onsite observations of housing units A, B, C, D, E, F, G, H, J, K, and M, kitchen, laundry, health care clinics, and most common areas. The Expert interviewed four (4) Custody Deputies, fourteen (14) incarcerated persons from various housing units, two (2) incarcerated kitchen workers, one (1) kitchen staff member, two (2) incarcerated Laundry workers, one (1) Laundry staff member, two (2) incarcerated lobby crew members, and one (1) Utility Worker.

On August 14, 2023, the Court approved interim measures for the implementation of the *Murray v. Santa Barbara County* Remedial Plan. The Expert has included the areas of the stipulation applicable to the Americans with Disabilities Act (ADA) portion of the *Murray v. Santa Barbara County* Remedial Plan in this report.

The Expert recognizes the impact staffing shortages continue to have on the operations of SBCJ and the implementation of the *Murray v. Santa Barbara County* Remedial Plan requirements. The Expert recognizes that the County is continuing to implement essential elements of the *Murray v. Santa Barbara County* Remedial Plan. The County has made significant strides in implementing the *Murray v. Santa Barbara County* Remedial Plan. Some of these include:

- Designation of Environmental of Care Managers (ECM) for the MJ and NBJ
- Creation and implementation of the ECM duties
- Developed and implemented policies and procedures for cleaning, disinfecting, distributing, and repairing mattresses
- Provision of clean outer clothing for kitchen workers daily and replacing soiled clothing promptly
- Trained staff on the process of submitting work orders
- Testing of Negative pressure cells and gauges by an external contractor on a regular schedule as part of the jail's preventive maintenance schedule

- Continuous updating of policies and procedures related to Environmental Health and Safety
- Providing incarcerated persons with non-scratch microfiber scrub towels and brushes with strong bristles to adequately clean mold, soap, and built-up dirt

Although the Expert's report identifies areas as Partial Compliance, it is the Expert's position that with sufficient staffing (Utility Workers) to complete cleaning and maintenance, and/or the allocation of other resources, the County will continue to implement the requirements of the *Murray v. Santa Barbara* County Remedial Plan, and areas determined to be in Non-Compliance will progress into Substantial Compliance.

This report details the pre-monitoring tour document review, on-site monitoring, staff and incarcerated person interviews, and findings and recommendations/actions the County must implement to achieve Substantial Compliance with the *Murray v. Santa Barbara County* Remedial Plan.

Introduction

Murray v. Santa Barbara County is a federal class-action lawsuit challenging facility deficiencies in environmental health and safety, which includes general cleanliness, maintenance, and sanitation matters of concern at SBCJ.

The terms of the *Murray v. Santa Barbara County* Stipulated Judgment include the *Murray v. Santa Barbara County* Remedial Plan, which outlines specific conditions in SBCJ that the County agreed to remedy. Under the Stipulated Judgment, the County agreed to develop implementation plans to reform specific policies, procedures, and practices in the SBCJ.

The Stipulated Judgment also required the County to retain experts to monitor the County's implementation of, and compliance with, the Stipulated Judgment.

The Settlement Monitor's Activities

The Stipulated Judgment describes the duties and responsibilities of the Expert for evaluating and determining Santa Barbara County's compliance with the Santa Barbara County Remedial Plan.

Role of the Expert

The duties of the Remedial Plan Experts are as follows. The Remedial Plan Expert is required to advise the parties on Defendant's compliance or non-compliance with the Remedial Plan, to assist the parties and Court with dispute resolution matters, and to provide testimony, if required, in any proceedings before the Court.

Within 180 days after entry of the Stipulated Judgment, and annually thereafter, during the term of this Stipulated Judgment, the Remedial Plan Experts must complete a review and non-confidential report (Annual Report) to advise the parties on Defendant's compliance or non-compliance with the Remedial Plan.

In the Annual Report, the Remedial Plan Experts must state their opinion as to whether Defendants are or are not in Substantial Compliance with each component of the Remedial Plan within the Remedial Plan Expert's respective area of expertise. These opinions are referred to in the Stipulated Judgment as "Substantial Compliance Determinations."

The Annual Report will provide, to the extent possible, specific recommendations as to how Defendants may reach Substantial Compliance. The parties shall have an opportunity to respond to any finding regarding Defendant's Substantial Compliance with a provision of the Remedial Plan. The parties shall submit any such response to the Remedial Plan Experts and all counsel within 30 calendar days of completion of the Annual Report. Such response(s) shall be appended to the final report.

With appropriate notice, the Remedial Plan Experts shall have reasonable access to all parts of any facility. Access to the facilities will not be unreasonably restricted. The Remedial Plan Experts shall have access to custody and health care staff and persons incarcerated in the jails, including confidential and voluntary interviews, as is reasonable, to complete a report, and, provided it does not jeopardize the security or other privileged information. The Remedial Plan Experts shall also have access to non-privileged documents, including budgetary, custody, and health care documents, and institutional meetings, proceedings, and programs to the extent the Remedial Plan Experts determine such access is needed to fulfill their obligations. The Remedial Plan Experts' tours shall be undertaken in a manner that does not unreasonably interfere with jail operations, as determined by jail administrators. The Remedial Plan Experts shall have reasonable access to individual incarcerated persons' health records, including mental health and custody records.

Monitoring Process

The Expert used the following rating system to determine SBCJ's compliance with the requirements of the Remedial Plan.

The specific definitions of the rating categories the Expert used are as follows:

Substantial Compliance (SC):

Indicates compliance with all or most components of the relevant provision of the Remedial Plan and that no significant work remains to accomplish the goal of that provision.

Partial Compliance (PC):

Indicates compliance with some components of the relevant provision of the Remedial Plan, and work remains to reach Substantial Compliance.

Non-Compliance (NC):

Indicates non-compliance with most or all the components of the relevant provision of the Remedial Plan, and work remains to reach Partial Compliance.

Un-ratable (UR):

Shall be used in cases where the Experts have not been provided data or other relevant material necessary to assess compliance or factual circumstances during the monitoring period, making it impossible for a meaningful review to occur at the present time.

Discontinuation of Monitoring (DOM):

After conferring with Plaintiffs' counsel, Defendant's request a finding by the Remedial Plan Expert(s) that Defendants are in Substantial Compliance with one (1) or more components of the Remedial Plan and have maintained such Substantial Compliance for a period of at least six (6) months.

Summary of Ratings

Remedial Plan Citation	Requirement	Current Rating	Previous Rating
6.A.1.	Environmental Health and Safety Monitor	DOM	DOM
6.B.1.	Establishment of Sanitation Plan	PC	PC
6.B.2.	Orientation	PC	PC
6.B.3.	Incarcerated Persons Who Are Unable or Unwilling to Adequately Clean	SC	SC
6.B.4.	Policy and Procedures for Cleaning, Disinfection, Distribution, and Repair of Mattresses	DOM	DOM
6.B.5.	Provision of a Clean and Serviceable Mattress	DOM	DOM
6.B.6.	Procedure to Clean Cell Prior to Placement in Cell	PC	PC
6.B.7.	Cleaning and Disinfection of Plastic Beds	DOM	DOM
6.C.1.	Weekly Clothing and Linen Exchange	SC	SC
6.C.2.	Chemical Safety Training for Staff and Incarcerated Persons	SC	SC
6.C.3.	Healthcare Referrals for Incarcerated Persons with Possible Mental Health Disability	SC	PC
6.D.1.	Clean Clothing for Kitchen Workers	DOM	DOM
6.D.2.	Weekly Kitchen Operation Inspections	SC	PC
6.D.3.	Food Service Policies and Procedures	DOM	SC
6.D.4.	Training for Incarcerated Person Kitchen Workers	PC	PC
6.D.5.	Monitoring of Food Temperature	SC	SC
6.E.1.	Staff Training for Submitting Work Orders	DOM	DOM
6.E.2.	Work Order Reporting System for Preventative Maintenance and Repairs	PC	PC
6.E.3.	Development and Implementation of Environmental Inspection Policy	SC	SC
6.F.1.	Development and Implementation of Chemical Control Policies and Procedures	DOM	DOM
6.F.2.	Development and Implementation of Chemical Safety Training for Staff and Incarcerated Persons	PC	PC
6.F.3.	Communicable Disease Policy	DOM	DOM
6.F.4.	Development and Implementation of Policies and Procedures for Cleaning, Handling, Storing, and Disposal of Biohazardous Materials	PC	PC

Remedial Plan Citation	Requirement	Current Rating	Previous Rating
6.F.5.	Personal Protective Equipment for Staff and Incarcerated Person-Workers	SC	SC
6.G.1.	Magnehelic Gauge Checks	PC	PC
6.G.2.	Staff Training for Magnehelic Gauge Readings	DOM	SC
6.G.3.	Testing of Negative Pressure Cells and Gauges by External Contractor	DOM	DOM
6.H.1.	Monthly Inspection of Fire Extinguishers and Drills	DOM	DOM
6.I.1.	Bimonthly Housing Unit Environmental of Care inspections	PC	PC
6.I.2.	System for Class Members to Raise Sanitation Matters of Concern	PC	PC

FINDINGS

6.A. Environmental Health and Safety Monitor

The County shall designate an environmental health and safety monitor ("Environment of Care Monitor") responsible for ensuring compliance with this Remedial Plan and other environmental health and safety policies and procedures. The duties of the Environment of Care Monitor (ECM) will be established in writing consistent with this Remedial Plan. The Environment of Care Monitor will have sufficient authority to carry out such duties.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Although this provision is under discontinuation of monitoring, the Expert noted the NBJ ECM retired on January 14, 2025, and a new ECM was assigned to the NBJ effective May 25, 2026.

6.B. Cleanliness and Sanitation of Jail Facilities

6.B.1. Sanitation Plan

The County shall establish a sanitation plan to ensure that all jail facilities maintain appropriate cleanliness. The plan shall provide for any cleaning issues requiring an established cleaning schedule and written documentation of such cleaning, including, at a minimum:

a) Daily access to supplies and equipment for prisoners to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas;
b) Weekly inspections of housing units, including floors, toilets, sinks, and showers, by jail staff, with prompt steps to address identified cleaning and disinfection needs;
c) Daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways and the tunnel;
d) Weekly cleaning of visitation rooms and classrooms, and more frequently as needed;
e) Biweekly (i.e., every other week) power washing of shower areas;
f) Weekly cleaning of cell bars, windows, and lights;
g) Quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.

On August 14, 2023, the Court approved interim measures for the implementation of the *Murray v. Santa Barbara County* Remedial Plan. The stipulated order states,

Interim Measures: Defendants will ensure compliance with Remedial Plan Environmental Health and Safety requirements to the maximum extent possible while necessary physical plant remediation and/or renovation efforts are being completed, including as follows:

1) *Adequate Daily Cleaning Supplies for Class Members. No later than*
2) *September 1, 2023, Defendants shall fully implement Remedial Plan*
3) *Section VI.B.1, including with a Sanitation Plan that ensures that:*
    a) *Class Members have daily access to supplies and equipment to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, consistent with the findings and recommendations of the Remedial Plan Expert;*
    b) *Class Members have sufficient access to types and amounts of cleaning supplies necessary to adequately clean and disinfect their living and common areas (including cleaning agents, mop heads, brushes, and sponges), consistent with the findings and recommendations of the Remedial Plan Expert. (Sept. 2022 Envt of Care Monitoring Report at 9-10.)*

2) *Required Scheduled Cleaning of Facilities. No later than September 1, 2023, Defendants will ensure, including through adequate Jail staffing (sworn or non-sworn) and inmate-worker crew staffing, that all required facility cleaning procedures (Sections VI.B.1(b)-(g)) are completed consistent with the frequencies set forth in the Remedial Plan. (Sept. 2022 Envt of Care Monitoring Report at 8-17.) Required cleaning in housing units (or other areas) will be completed based on an established schedule and will not be contingent upon when class members are participating in outdoor recreation or other activities outside of their housing unit.*

Main Jail South Dorm Shower/Washing/Toilet Area. No later than February 1, 2024, Defendants shall complete a renovation of the Main Jail South Dorm shower, washing, and toilet areas to remediate environmental health and safety deficiencies identified by the Remedial Plan Experts and the County's General Services Department.

County Response:

Completed. The County hired a new utility worker for the Main Jail assigned to the maintenance crew at the Main Jail.

The utility workers will run cleaning crews including power washing, cleaning vents, cleaning empty cells, etc. The County has completed a Sanitation Plan that meets the requirements of this provision and was approved by the Environmental Health and Safety Expert.

While not specifically required by this Remedial Plan provision, which is limited to the contents of the Sanitation Plan, the County is addressing the Expert's recommendations as follows:

a) Completed. As previously reported, the County provides daily access to cleaning supplies consistent with this provision. The County has issued microfiber towels in place of cleaning sponges issued to inmates for cleaning. The County updated the cleaning supplies in the cleaning carts and added a scrub brush for the showers.
b) Completed. The County conducts weekly inspections as required by the Remedial Plan.
c) Completed. The County conducts daily cleaning as required by the Remedial Plan. Updated the observation cleaning logs to include signatures. Supervisors are inspecting the cells after the cleaning has been completed. Additionally, the County implemented a Weekly Recreation Yard Bathroom Cleaning Schedule to address recreation yard cleanliness. Each yard is scheduled to be cleaned at least once a week
d) Completed.
e) Completed.
f) Completed. Documentation of all cell bars, windows, and lights is documented in accordance with this provision.
g) Completed. The County conducts quarterly cleaning of fans and air vents in accordance with this provision.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Analysis/Observations:

Based on the on-site observations detailed in this report, it is the Expert's position that, for the Main Jail to meet the requirements of the *Murray v. Santa Barbara County* Remedial Plan, the County will need additional utility worker/SST [Sheriff's Service Technician] staffing. It is also the Expert's position that creating a hard schedule will delineate responsibilities, expectations, and accountability, which will assist the County in ensuring cleaning is completed as required by the *Murray v. Santa Barbara County* Remedial Plan.

The County worked with the Expert and established the Sanitation Plan to be consistent with the *Murray v. Santa Barbara County* Remedial Plan. The County updated and produced the current version of the Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11-5-25.

The Sanitation Plan is utilized for both the MJ and NBJ and contains language regarding cleaning schedules, including locations within the MJ and NBJ. The Sanitation Plan's cleaning schedules identify the locations that are required to be cleaned weekly and bi-weekly and list the equipment and supplies/products that are utilized for cleaning. The Sanitation Plan also requires staff to document the cleaning.

Daily Access to Cleaning Supplies/Equipment

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25 includes instructions for incarcerated persons' daily access to supplies and equipment to conduct cleaning and disinfection of housing units, and with cleaning chemicals to sufficiently eliminate pathogens found in living and common areas.

MJ

The MJ produced Cleaning Cart Check Off Sheets from August 2025 through March 2026. The Expert noted that Cleaning Cart Check Off Sheets were completed for most days during each month during the rating period. A review of the Cleaning Cart Check Off Sheets for each month during the rating provided the following results.

- August 2025- 2 missing (97% completed)
- September 2025 - 2 missing (93% completed)
- October 2025 - 6 missing (81% completed)
- November 2025 - 6 missing (80% completed)
- December 2025 - 7 missing (77% completed)
- January 2026 - 3 missing (90% completed)
- February 2026 - 5 missing (82% completed)
- March 2026 - 4 missing (87% completed)

The County also produced Module Recaps for MJ from August 2025 through March 2026. The Expert randomly selected and reviewed five days for each month; the following Recaps do not include documentation that the Module Deputy distributed cleaning supplies:

- East – 8/15/25, 12/7/25
- IRC – 9/26/25, 11/9/25
- Northwest - 9/26/25, 12/17/25, 3/22/26
- West – 9/26/25, 10/25/25, 11/19/25
- South – All documentation included distribution of cleaning supplies.

The MJ cleaning carts include bottles that contain a water-diluted mixture of Virex II 256 cleaner, which is a disinfectant and deodorant, and/or Oxivir Five 16, which is a one-step disinfectant cleaner. The following cleaning supplies are provided: one (1) mop, one (1) broom, one (1) soft hand brush, and microfiber cloths.

The County reported that incarcerated persons are provided two diluted cleaning solutions to conduct cleaning: Virex II 256 and Oxivir Five 16. Both cleaning solutions were chosen because they have the lowest Occupational Safety and Health Administration (OSHA) hazard category, requiring no safety warnings or personal protective equipment when properly diluted. An overview of both cleaning solutions is provided below.

- Virex II 256 - A one-step, quaternary-based disinfectant cleaner concentrate providing broad-spectrum disinfection at 1:256 dilution. Use in healthcare and other facilities where cleaning and prevention of cross-contamination are critical. Bactericidal, virucidal, and fungicidal. Kills methicillin-resistant

Staphylococcus aureus (MRSA)[1] and vancomycin-resistant enterococcus (VRE)[2]. Meets bloodborne pathogen standards for decontaminating blood and body fluids.

- Oxivir Five 16 - A one-step disinfectant cleaner based on proprietary Accelerated Hydrogen Peroxide (AHP®) technology to deliver fast, effective cleaning performance. At 1:16 dilution, disinfects in five minutes. Virucide, bactericide, fungicide, mildewcide, and non-food contact sanitizer. Kills MRSA, Norovirus, and Canine parvovirus. Meets bloodborne pathogen standards for decontaminating blood and body fluids.

The Expert interviewed forty-one (41) incarcerated persons from all housing units at the MJ. Thirty-nine (39) incarcerated persons stated cleaning equipment and supplies are provided daily, including weekends and holidays. One (1) incarcerated person in IRC claimed that cleaning supplies are provided daily, but not everyone in the housing unit has access to the cleaning equipment. One (1) incarcerated person in Northwest Restricted Housing stated that cleaning supplies are not provided if the elevator is broken. The Expert could not confirm these claims. The County reported that elevator breakdowns are rare and that, when the elevator breaks down, custody deputies take cleaning supplies to the second floor via the stairwell.

Some incarcerated persons complained the cleaning solutions were not strong enough to properly clean mold, hard water, and soap build-up from the shower walls. The Expert notes that Virex and Oxivir are the approved cleaning solutions issued to the incarcerated persons. During the onsite review, the Expert noted that some showers had built-up soap, hard water stains, and minor mold within the grout areas. The Expert notes that while there are complaints about the efficacy of the cleaning solutions, external factors, such as improper application, may be responsible for the issues raised.

During the rating period, MJ received one (1) Inmate Grievance Form regarding cleaning supplies. The grievance indicated the cleaning supplies (equipment) are not sanitized or cleaned, and the cleaning solution is watered down and ineffective at cleaning bacteria.

The Expert notes that having reviewed the expert's analysis and observations, the parties agree that the rating for this provision remains in Substantial Compliance. In the next round, the parties agree that Discontinuation of Monitoring would be appropriate

NBJ

The County produced Module Recaps for NBJ from August 2025 through March 2026. The Expert randomly selected and reviewed five days for each month; the following Recaps do not include documentation that the Module Deputy distributed cleaning supplies:

[1] Bacteria resistant to many common antibiotics, including methicillin.
[2] Infection with bacteria resistant to the antibiotic called vancomycin.

- A – 10/5/25
- B – 12/31/25
- C - All documentation included distribution of cleaning supplies.
- D - All documentation included distribution of cleaning supplies.
- E - All documentation included distribution of cleaning supplies.
- F - All documentation included distribution of cleaning supplies.
- G - All documentation included distribution of cleaning supplies.
- H – 9/1/25, 9/6/25
- J, K, M - 3/24/26

The Expert interviewed fourteen (14) incarcerated persons from all housing units at the NBJ. All incarcerated persons stated cleaning equipment and supplies are provided daily, including weekends and holidays.

Incarcerated persons and staff reported that the cleaning carts are taken out of the cleaning closets daily and available for incarcerated persons to conduct daily cleaning. Incarcerated persons have access to bottles that contain a water-diluted mixture of Waxie 143 Cleaner/Degreaser, Waxie 730 HP Disinfectant Cleaner, Waxie 210 Neutral Cleaner/Floors, and Waxie 543 Glass and Surface Cleaner. The Expert noted that the housing units were clean without any significant issues, including the showers.

During the rating period, NBJ received two (2) Inmate Grievance Forms regarding not having cleaning supplies in housing unit "C." Both grievances claim they had not been provided brooms or "scrubbers" for the past month to clean showers and toilets and that the showers and curtains were starting to grow mold. NBJ Staff indicated they would provide additional cleaning supplies and have workers pressure wash the showers.

Although there were some instances where there was no documentation that cleaning supplies were provided, the Expert finds the County is in Substantial Compliance with provision 6.B.1.a of the *Murray v. Santa Barbara County* Remedial Plan.

Weekly Inspections of Housing Units

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25, Section I-4, includes a standardized weekly inspection process for all housing units, including floors, toilets, sinks, and showers, with steps to promptly address identified cleaning and disinfection needs. The weekly inspections are required to be completed by facility supervising staff during the weekly linen exchange.

The County produced Weekly Housing Unit Inspection Logs for the MJ and NBJ from August 2025 through March 2026. The Expert selected two weeks in each month to review. The Expert's review noted the following weekly inspection sheets were completed for MJ and NBJ ("X" in the box or housing number indicates completed. Blank in box indicates not completed, or "Partial" if a portion of the housing unit was completed):

MJ

August	Northwest	West	East	South	IRC
Week 1					
Week 3		Partial		X	

September	Northwest	West	East	South	IRC
Week 1		Partial			
Week 3		Partial	Partial		100-200-300-400

October	Northwest	West	East	South	IRC
Week 1		Partial	Partial	X	100-200-300-400
Week 3		Partial	Partial	Partial	100-200-300-400

November	Northwest	West	East	South	IRC
Week 1	X	X	X	X	100-200-300-400
Week 3	X	Partial	Partial	Partial	Partial

December	Northwest	West	East	South	IRC
Week 1	X	X	X	Partial	100-200-300-400
Week 3	Partial	X	X	X	100-200-300-400

January	Northwest	West	East	South	IRC
Week 1	Partial	X	X	X	100-200-300-400
Week 3	Partial		Partial	Partial	100-200-300-400

February	Northwest	West	East	South	IRC
Week 1	X	Partial	X	Partial	100, 200, 300, 400
Week 3	X	X	Partial	X	100, 200, 300, 400

March	Northwest	West	East	South	IRC
Week 1	X	X	X	X	100, 200, 300, 400
Week 3	X	Partial	Partial	X	100, 200, 300, 400

NBJ

August	A	B	C	D	E	F	G	H	J	K	M
Week 1	X	X	X	X	X	X	X	X	X	X	
Week 3						X	X	X	X	X	

September	A	B	C	D	E	F	G	H	J	K	M
Week 1											
Week 3	X	X	X	X	X	X	X	X	X	X	

October	A	B	C	D	E	F	G	H	J	K	M
Week 1						X	X	X	X	X	
Week 3						X	X	X	X	X	

November	A	B	C	D	E	F	G	H	J	K	M
Week 1	X	X	X	X	X	X	X	X	X	X	
Week 3	X		X			X	X	X	X	X	

December	A	B	C	D	E	F	G	H	J	K	M
Week 1					X	X	X	X	X	X	
Week 3						X	X	X	X	X	

January	A	B	C	D	E	F	G	H	J	K	M
Week 1						X	X	X	X	X	
Week 3	X	X	X	X	X	X	X	X	X	X	X

February	A	B	C	D	E	F	G	H	J	K	M
Week 1	X	X	X	X	x	X	X	X	X	X	
Week 3	X	X	X	X		X	X	X	X	X	

March	A	B	C	D	E	F	G	H	J	K	M
Week 1	X	X	X	X	X	X	X	X	X	X	
Week 3	X	X	X	X	X	X	X	X	X	X	

During the onsite monitoring tour at MJ, the Expert noted that various showers contained some mold, soap, and/or dirt buildup. Some cell toilets and sinks contained hard water build-up and/or stains. Some baseboards and corners had excess dirt and grime build-up.

During the onsite monitoring tour at NBJ, the Expert noted that almost all housing units toured appeared to be clean with no significant issues or concerns.

The Expert recommends genuine and meaningful inspections be completed weekly. An effective weekly inspection is essential for maintaining appropriate and sustained cleanliness.

To reach Substantial Compliance with provision 6.B.1.b of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Complete genuine and meaningful weekly inspections of housing units, which include:
  - Floors
  - Toilets
  - Sinks
  - Showers
- Identify and document steps taken to address identified cleaning and disinfection needs.
- Provide proof of practice documentation to the Expert.

Daily Cleaning of Clinics, Laundry and Kitchen

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25 includes schedules for the daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways. The tunnel is no longer being used, and therefore, the Expert did not evaluate it.

The Sanitation Plan identifies the following areas that are required to be cleaned daily:

- Intake Trailer (SBJ)
- Cells H-5, H-6, H-7, & H-8 (SBJ) document on module or property recap
- All Treatment Rooms
- SBJ
    - IRC
    - Central
    - East
    - Northwest
    - West
- NBJ
    - All housing units A-K
    - All clinics
- Dental Treatment Room (SBJ and NBJ)
- Hallways and common areas
- Laundry facility
- Kitchen

MJ

The County produced copies of the "SBJ Daily Cleaning Checklists" from August 2025 through March 2026. The checklists include a detailed cleaning schedule and an area for staff to log the day, date, Body number, and Inmate Worker(s) Utilized for the specific locations.

The Expert reviewed logs for the months of August, October, December, and February. The Expert noted that staff are not cleaning or logging the daily cleaning of the locations as listed in the checklist. Below are results for each of the months reviewed.

Dental, Intake Trailer & Treatment Rooms (5)

Month	Documented Dates Cleaned	Percentage
August 2025	19 of 31	61%
October 2025	18 of 31	58%
December 2025	13 of 31	42%
February 2026	19 of 28	68%

Common Areas-All Hallways, Front & Back Central, South Holding

Month	Documented Dates Cleaned	Percentage
August 2025	18 of 31	58%

Month	Documented Dates Cleaned	Percentage
October 2025	5 of 31	16%
December 2025	6 of 31	19%
February 2026	27 of 28	96%

During the onsite review, the Expert noted the MJ common areas and hallways were not all swept or cleaned of stains, debris, or dirt built up on baseboards and corners. One (1) incarcerated person submitted a grievance during the rating period stating the hallways are not cleaned daily and are dirty and stay that way unless they try to clean through the bars. The grievance response stated that the MJ staff follow weekly cleaning schedules to ensure common areas are cleaned during the day and at night, and that staff would ensure the cleaning is completed.

The MJ produced copies of "Inmate Reception Center H-Cell Cleaning Logs" from August 2025 through March 2026. Each log contains a space to document the Deputy and Body number of the staff member who cleaned each cell during the 0600-1800 shift and/or 1800-0600 shift.

Although each cell is required to be cleaned daily, the Expert was informed the staff signature and time noted on the log indicate the staff member completed a visual inspection and may not have cleaned the cell. Therefore, it is unclear if the cells were cleaned on the date staff signed and noted the time. Some dates were left blank or indicated "Occupied" in the space. The Expert provided credit if at least one shift noted a staff member's name and time during the day.

Daily Cleaning of IRC Cells H-1 through H9

Cell	August 2025	October 2025	December 2025	February 2026
H1	30 of 31 - 97%	26 of 31 – 84%	28 of 31 – 90%	31 of 31 – 100%
H2	30 of 31 – 97%	29 of 31 – 94%	27 of 31 – 97%	31 of 31 – 100%
H5	31 of 31 – 100%	31 of 31 – 100%	30 of 31 – 97%	31 of 31 – 100%
H6	31 of 31 – 100%	30 of 31 – 97%	31 of 31 – 100%	31 of 31 – 100%
H7	31 of 31 – 100%	31 of 31 – 100%	31 of 31 – 100%	31 of 31 – 100%
H8	31 of 31 – 100%	31 of 31 – 100%	31 of 31 – 100%	31 of 31 – 100%
H9	30 of 31 – 97%	30 of 31 – 97%	30 of 31 – 97%	31 of 31 – 100%

The Expert recommends that H Cells be properly cleaned daily (if the cell has been occupied). If the cell remains unoccupied after being cleaned, staff should conduct a daily visual inspection and document the cell condition, and clean only when needed. During the onsite review, most H Cells were occupied. The Expert noted some cells appeared to need deep cleaning, and one empty cell emitted a bad odor.

The County produced "SBJ Weekly Laundry Cleaning Checklists" for the months of August 2025 through March 2026. The Expert selected four (4) months (September, November, January, and March) and noted the results below.

Daily Cleaning of MJ Laundry

Month	Days Cleaned - Percentage
September	30 of 30 – 100%

Month	Days Cleaned - Percentage
November	30 of 30 – 100%
January	30 of 30 – 100%
March	29 of 31 – 94%

The County produced copies of "SBJ Kitchen Daily Cleaning / Shift Closing – Checklists" logs from August 2025 through March 2026. The Expert selected four (4) months (August, October, December, and February) and noted the results below.

Daily Cleaning of MJ Kitchen

Month	Days Cleaned - Percentage
August	31 of 31 – 100%
October	31 of 31 – 100%
December	31 of 31 – 100%
February	28 of 28 – 100%

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25 includes a schedule for the daily cleaning of the dental/health care clinics, kitchen areas, laundry facilities, and other common areas, such as hallways. As noted above, staff are completing kitchen and laundry cleaning logs daily. However, staff are not completing daily cleaning logs for dental/health care clinics and other common areas such as hallways. As noted above, the Expert recommends that H Cells are properly cleaned daily, and staff should only document when the cell is cleaned, and not just visually inspected.

The Expert recommends that MJ staff complete the daily cleaning and documentation of such cleaning for all locations as required by the *Murray v. Santa Barbara County* Remedial Plan.

The Experts noted improvements in kitchen cleanliness. Some walls had been recently painted, and most all broken tiles have been replaced. Much of the scullery floors were clear of mold, and the drains contained minor stains/debris.

During the rating period, MJ received one (1) Inmate Grievance Form indicating that the MJ kitchen had a rodent problem. The grievance alleged some food packages had been eaten by rodents and some bread contained rodent feces and urine. The Expert could not confirm this allegation. The Grievance response indicated the County maintains a service contract with a pest control company and conducts inspections of the facility to determine whether treatment is necessary, walkthroughs are performed once per month, and additional visits are scheduled as needed. The response further stated culinary staff are trained to handle potentially contaminated food and any food suspected of contamination is not served. During incarcerated person interviews, two (2) incarcerated persons alleged they had found rodent droppings in their food. During the inspections at the MJ kitchen, the Expert looked for any signs of rodent droppings. The Expert noted and found what appeared to be rodent droppings in a corner near the refrigerator/freezers.



The Expert interviewed the Food Services Supervisor about what is being done to resolve the rodent problem. The Food Services Supervisor stated the County is working with an independent pest and vermin control contractor to resolve the problem.

Post the onsite review, the County provided service slip/invoice documents for rodent and pest control services from O'Conner Pest Control West Coast. The August service slip/invoice dated August 26, 2025, indicated mice and rats as the target pest. Service invoices were provided for October 2025 through July 2026.

On July 3, 2026, Class Counsel indicated that they had received reports about a "widespread issue with rats at the Southern Branch Jail." Class Counsel indicated that based on the Expert's findings during the onsite review, and the information received, the problem persists and may be growing. Class Counsel noted the reports indicated that rats were in a number of housing units, rat droppings were in several locations, and the kitchen had to limit food options due to the rat issue. Class Counsel requested the County provide a report on the status of the rat issue at SBJ, as well as remedial efforts with a timeline for each.

On July 27, 2026, the County provided the following response to Class Counsel's request:

- Prior to the ADA tour, the County's pest control vendor visited the jail monthly to conduct pest abatement services. The County has now increased pest control visits from monthly to weekly due to the ongoing issues.
- For the Northwest modules, each pipe chase contains a glue trap, which is inspected and replaced as needed.
- In the exterior areas around the NW dock, IRC, laundry, MSF [Minimum Support Facility], black rodent bait boxes have been placed throughout these areas. Bait boxes are checked and restocked as needed.
- Rodent traps are placed throughout the facility. Trap and bait stations are regularly checked and replaced as needed.
- Custody staff are now taking a more proactive approach. If there is evidence of rats, custody staff have been directed to submit a work order so necessary remedial actions can be taken in the area where staff observed possible rat presence.

- Food options have not been limited because of any rat issue that may be present in the MJ Kitchen. In addition, MJ does not serve frozen meals; therefore, the assertion that rat issues impacted frozen meal supplies is incorrect. Frozen meals have not been introduced as a substitute in the kitchen operation.
- The County recently identified that rats had chewed into four (4) cases of cups and two (2) boxes of cereal. The County has discarded any inventory where rats may have come into contact with supplies. In addition, the County has moved all cereal inventory into the walk-in coolers, which the County believes will remedy the issue since the cooler doors are sealed. The cups have also been relocated and the back wall cleaned and cleared of any other items rats may feed on.
- The County is in the process of sealing the entryways of the kitchen to further deter rats coming into the kitchen area.

The County indicated they anticipate these efforts will remedy the issues and will adjust its remediation efforts as necessary.

On July 28, 2026, the County provided the following supplemental information regarding the rat remediation efforts it was undertaking.

- The County noted the pest control vender comes out on a weekly basis. This is to update the vendor is contracted to come out monthly; however, the pest control vendor has come out more frequently as deemed necessary.
- As noted (in previous email), there was a work order placed to seal the kitchen entry. This is to confirm that this work order has been completed and the kitchen entry is now sealed.
- In addition to placing traps inside the facility, the County will inspect the area to close any openings. The County has used foam, wooden blocks, or metal to seal openings.
- The County team responsible for pest control is made aware of individual grievances. Once grievances are received, work orders will be put in place so that the appropriate remedial measure is taken place.
- The County, in addition to the pest control vendor, will place traps in and around the facility. When deemed necessary, the County has also supplemented placing traps alongside the traps placed by the pest control vendor.
- For most traps, the County staff will check traps on a regular basis, multiple times per week. There are traps checked monthly only because there have not been historic rat issues in those areas; e.g., plumbing chase.
- Standard traps (including traps in secured boxes), tube traps, sticky traps, and bait stations are used. Bait stations are placed outside the facility as these contain poison and are replenished by the vendor.

The County further stated the ECM has been uploading records into "Box" to be shared with the Expert as confirmation the County has been addressing the rat population at the MJ. The County believes that the actions taken should be sufficient. The Expert was informed that on August 28, 2026, the Jail's ECMs and other Sheriff's Office staff provided class counsel a walk-through tour at MJ to observe remedial

steps being taken to address rodent concerns. The ECMs have also committed to meeting periodically with affected housing units to survey class members regarding recent signs of rodent presence and to communicate about further actions being taken to address the issue.

NBJ

The County produced "Property Officer Recap" reports and "NBJ Lobby Crew Cleaning Logs" (Excel spreadsheet) for each month during the rating period. Each monthly log includes specific locations with a description of the required cleaning. Some of the areas include Staff Restrooms, Intake, Lobby, Corridors, Medical Clinics, Classrooms, Exam Rooms, and Observation Cells. In a review of the Property Officer Recap reports for August, October, December, and February, the required daily cleaning for the "M" Unit Clinic 1-5 provided the following results.

"M" Unit Clinics 1 through 5

Month	Documented Dates Cleaned	Percentage
August 2025	30 of 31	97%
October 2025	31 of 31	100%
December 2025	31 of 31	100%
February 2026	26 of 28	93%

The Expert noted the housing unit exam/treatment rooms (A through H, J, and K) are not cleaned daily, and documentation of cleaning is not completed.

The Property Office Recap reports include the Intake cleaning duties. In review of the Property Officer Recap reports for August, October, December, and February, the required daily cleaning for Intake provided the following results.

Intake Cleaning

Month	Documented Dates Cleaned	Percentage
August 2025	31 of 31	100%
October 2025	30 of 31	97%
December 2025	31 of 31	100%
February 2026	25 of 28	89%

The County produced "NBJ Daily Laundry Cleaning Checklists" from August 2025 through March 2026. The Expert selected the months of September, November, January, and March for review and provided the following results.

NBJ Laundry Daily Cleaning

Month	Documented Dates Cleaned	Percentage
September 2025	30 of 30	100%
November 2025	30 of 30	100%
January 2026	31 of 31	100%
March 2026	31 of 31	100%

The County produced "Kitchen Daily Cleaning / Shift Closing – Checklists" from August 2025 through March 2026. The Expert selected the months of September, November, January, and March for review and provided the following results.

NBJ Kitchen Daily Cleaning

Month	Documented Dates Cleaned	Percentage
September 2025	30 of 30	100%
November 2025	30 of 30	100%
January 2026	31 of 31	100%
March 2026	31 of 31	100%

During the onsite review, the Expert noted the following;

- Housing unit clinics/treatment rooms (A through H, J, and K) needed cleaning, and most trash cans were overflowing.
- Laundry facilities appeared clean with no issues observed.
- The Intake area appeared clean with no issues observed.
- Health Services, medical/mental "M" Unit health housing appeared clean with no issues observed.
- The main kitchen is cleaned by incarcerated persons/kitchen workers after meals are cooked and served. The Expert toured the kitchen while meals were being prepared and after food preparation was complete. No issues were observed.
- Common areas and hallways were swept and clean. No issues were observed.

Although most areas appeared clean without significant issues or concerns, the Expert recommends staff complete daily cleaning and documentation of all locations as required by the *Murray v. Santa Barbara County* Remedial Plan.

To reach substantial compliance with provision 6.B.1.c of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Complete daily cleaning of all health clinics/treatment rooms and common areas, such as hallways.
- Maintain daily cleaning of the kitchen to prevent potential mold, remove stubborn stains, and clean rust and dirt buildup.
- Provide proof of practice documentation to the Expert.

Weekly Cleaning of Visiting Areas and Classrooms

MJ

The County produced "SBJ Daily Cleaning Checklist" logs from August 2025 through March 2026. The logs include a "Main Jail Cleaning Schedule" with a detailed schedule and an area for staff to log the day, date, Body number, and Inmate Worker(s) Utilized for the specific locations. The MJ does not utilize classrooms; therefore, the Expert did not review classroom cleaning. The Expert

selected the months of August, October, December, and February for review and provided the following results for visitation room weekly cleaning.

Visitation Room Weekly Cleaning

Location	August	October	December	February
Main Jail Visit.	75%	100%	100%	25%
Northwest Visit. & Court Video	100%	100%	75%	100%
E & W Visit. & Court Video	75%	100%	75%	100%
South Visitation & Court V.	50%	25%	50%	25%
Downstairs Visit. & Lobby	100%	100%	100%	100%

The Expert noted the MJ Visiting Room appeared clean with no significant issues or concerns. The Northwest Visiting Room appeared clean with no significant issues or concerns. IRC Visitation had minor debris, stains on walls, and dirty vents. It was also noted that the IRC Visitation rooms were not listed on the "SBJ Daily Cleaning Checklist." The Expert was unable to verify if the IRC Visitation rooms were cleaned weekly.

The Expert noted that Professional Visitation (PV) rooms appeared cleaner than in previous visits; however, Northwest PV booths, East PV booths, and West PV booths had dirty windows and contained debris between the windows and iron grills. Some PV rooms had graffiti on the walls and emitted bad odors. After the tour, the Expert was informed that class counsel worked with MJ staff to address temperature and air circulation concerns in the PV rooms and other MJ units. The MJ staff submitted work orders to evaluate and resolve the problems. The Expert will evaluate the temperature and air circulation issues and the resolutions taken by the MJ during the next review.

The Expert recommends MJ conduct cleaning of all visitation locations weekly and more frequently as necessary, and PV rooms and windows are cleaned frequently as needed, as required by the *Murray v. Santa Barbara County* Remedial Plan.

NBJ

NBJ has visiting phones and monitors within each housing unit for incarcerated persons to utilize to conduct visits. Visitors utilize a phone and monitor located in a room at the front entrance of the facility. The housing unit phones and monitors are cleaned daily by incarcerated persons within each housing unit. The Expert reviewed the housing units and noted that all phones and monitors were clean.

The County produced the "NBJ Cleaning Logs" (Excel spreadsheet). Each monthly Log includes specific locations to be cleaned with a description of the required cleaning. The logs include Visitation Rooms (PV1-PV6) and classrooms. The Expert reviewed the cleaning logs for August, October, December, and February and provided the following results.

NBJ Visitation and Classroom Cleaning

Location	August	October	December	February
Visitation Rooms (PV1-PV6)	100%	100%	100%	100%

Classrooms	25%	75%	50%	75%
J & K Classrooms	100%	100%	75%	100%

During the onsite review, the Expert noted no issues or concerns in NBJ visitation rooms or classrooms.

To reach substantial compliance with provision 6.B.1.d of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Complete weekly and/or more frequently cleaning of visiting rooms, PV rooms/booths, and classrooms.
- Provide proof of practice documentation to the Expert.

Biweekly Power Washing

MJ

The County produced a "Biweekly Module Shower Power Washing Log" from August 2025 through March 2026. A review of the "Biweekly Module Shower Power Washing Logs" reflects that in all months, almost all showers listed on the logs were not power washed biweekly. The Expert identified thirty-five (35) housing units that contain one (1) or more showers. The Expert defines "biweekly" power washing as every other week, or every two weeks, not to exceed more than fifteen (15) days.

The logs documented that some showers were power-washed once a week during the month, some were power-washed two (2) times during the month, while some showers were not power-washed during the month. Below are locations with the number of documented locations that were power-washed bi-weekly (Twenty-six [26] power washings required during the six [6]-month period).

MJ Bi-Weekly Shower Power Washing

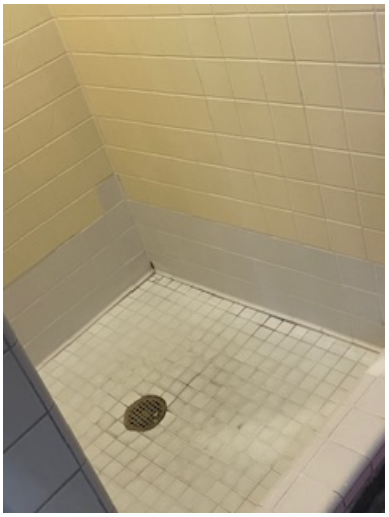
Month	Housing Unit Locations	Bi-Weekly Shower Power Washing Completed	Percentage Results
August	35	4	11%
September	35	2	6%
October	35	10	29%
November	35	4	11%
December	35	7	20%
January	35	8	23%
February	35	18	51%
March	35	12	34%

The County is not meeting the court-ordered bi-weekly power washing requirement at the MJ.

During the onsite review, the Expert was informed that power washing of showers was not conducted on all showers because of staffing shortages, or the power washing is conducted when incarcerated persons are participating in yard and dorms are empty.

The County reported that one Utility Officer position was filled during the rating period; however, it appears the MJ does not have sufficient staffing to complete the required power washing/cleaning.

The Expert toured showers in various housing units and observed an improvement from previous reviews; however, some showers contained what appears to be mold, mildew, and soap or dirt build-up.



Incarcerated persons interviewed by the Expert reported that showers are occasionally power-washed and they have requested better cleaning solutions. Some incarcerated persons stated that the cleaning solutions provided are diluted and do not clean adequately.

The Expert recommends that showers be power-washed, at a minimum, bi-weekly as required by the *Murray v. Santa Barbara County* Remedial Plan. The Expert also recommends that the County hire sufficient staff to conduct required cleaning and ensure necessary equipment is available to conduct the required power washing. The Expert previously recommended that the County consider modifying the process for conducting power-washing by allowing incarcerated persons who reside in the module to conduct the power-washing (provide the hose and nozzle through the module grills). However, the Expert notes it is the County's position that this recommendation poses security concerns, as a power-washing hose and nozzle can be used as a weapon against others or staff. The Expert recognizes the County has discretion in how the power washing is completed. With the hiring of the additional Utility Worker, the Expert is hopeful the County's compliance with this provision will improve.

The 2023 Stipulation requires that "no later than September 1, 2023, Defendants will ensure, including through adequate Jail staffing (sworn or non-sworn) and inmate-worker crew staffing, that all required facility cleaning procedures (Sections VI.B.1[b]-[g]) are completed consistent with the frequencies set forth in the Remedial Plan." This includes the requirement to conduct bi-weekly power washing of all shower areas. The County is not meeting the court-ordered bi-weekly power washing requirement at the MJ.

NBJ

The County produced a "Bi-Weekly Shower Power Washing Checklist" from August 2025 through March 2026. The Expert identified thirty-three (33) housing units that contain one (1) or more showers within the housing unit. The Expert defines "biweekly" power washing as every other week, or every two weeks, not to exceed more than fifteen (15) days.

The logs document that most showers are power washed at least once each month.

NBJ Bi-Weekly Shower Power Washing

Month	Housing Unit Locations	Bi-Weekly Shower Power Washing Completed	Percentage Results
August	33	18	55%
September	33	16	48%
October	33	2	6%
November	33	2	6%
December	33	11	33%
January	33	18	55%
February	33	16	48%
March	25	10	40%

The Expert noted that in March 2026, repairs were conducted in the showers of eight (8) separate housing units at NBJ.

The Expert recommends that the County conduct and document the bi-weekly power washing of showers as required by the *Murray v. Santa Barbara County* Remedial Plan. Additionally, Class Counsel has indicated that they consider the required power-wash cleaning of the shower to be a top priority for Environmental of Care Remedial Plan implementation.

The County is not meeting the court-ordered bi-weekly power washing requirement at the NBJ.

To reach substantial compliance with provision 6.B.1.e of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Complete bi-weekly power washing of all showers.
- Provide proof of practice documentation to the Expert.
- Hire additional Utility Workers to supervise incarcerated person workers and ensure required power washing is completed. The County provided proof of practice that the Utility Worker hire was completed.

Weekly Cleaning of Cell Bars, Windows and Lights

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25 includes a schedule for the weekly cleaning of cell bars, windows, and lights.

MJ

The County produced a "Weekly Cleaning of Cell, Bars, Windows, and Lights" from August 2025 through March 2026. In a review of the logs, the Expert noted that staff do not consistently log the cleaning of cell bars, windows, and lights.

During the onsite review, the Expert noted some cell bars contained food stains, dirt buildup, or were dusty. Incarcerated persons interviewed by the Expert stated that they try to clean bars themselves but never see anyone cleaning bars, windows, or lights.

The Expert recommends the County conduct and document the weekly cleaning of cell bars, windows, and lights as required by the *Murray v. Santa Barbara County* Remedial Plan.

NBJ

The County reports that NBJ does not have cell bars.

The County reports that windows and lights are cleaned by the incarcerated persons when they come out for dayroom.

To reach substantial compliance with provision 6.B.1.f of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Conduct weekly cleaning of cell bars, windows, and lights.
- Provide proof of practice documentation to the Expert.
- Hire additional Utility Workers to ensure the required cell bars, windows, and light cleaning are completed.

Quarterly Cleaning of Fans and Air Vents

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 11.5.25 includes worksheets for the quarterly cleaning of fans and air vents to ensure they are clean and free of mold, mildew, and/or dirt and dust accumulation.

Per the County, all air vents (SBJ and NBJ) are cleaned as part of preventative maintenance. Preventative maintenance work orders are generated quarterly by the Maintenance Connection Software. General Services completes NBJ air vent work orders and cleaning. SBJ work orders are assigned to the Utility Worker to complete the cleaning. The completion of the work order is entered into the Maintenance Connection Software.

The County reports that New East Restrictive Housing Negative Air Flow Cells (SBJ) are cleaned as part of preventative maintenance. Preventative maintenance work orders are generated quarterly by the Maintenance Connection Software. SBJ work orders are assigned to the Utility Worker to complete the cleaning. Work order completion is entered into the Maintenance Connection Software.

The County reports that, when identified by staff or incarcerated persons, more frequent cleaning of air vents and fans will be conducted as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.

Quarterly cleaning is defined as cleaning to be completed every three months and divides the year into four equal parts.

MJ

MJ provided "Santa Barbara County Jail Quarterly Vent Cleaning Logs and Quarterly Fan Cleaning Logs" for the Third and Fourth Quarter of 2025 and the First Quarter of 2026. The logs do not reflect that all air vents and fans were cleaned quarterly. Some vents were cleaned sporadically throughout the three (3) quarters. The Expert randomly selected the Third, Fourth, and First Quarter logs for West, East, Northeast Restrictive Housing, and South modules, which identify thirty-two (32) locations. Eleven (11) locations indicate vent cleaning was completed in all three (3) quarters (34%). The common areas identified in Back Central, Central, East, and IRC include forty-one (41) locations. Twenty-three (23) locations completed only two (2) of the three (3) required quarterly cleanings.

The Expert evaluated the Quarterly Fan Cleaning Logs for the Thirds, Fourth, and First quarters of the rating period. The Quarterly Fan Cleaning Logs identify ten (10) locations with fans. All ten (10) fans indicate they were cleaned during a quarter of the rating period. However, only two (2) locations documented that fans were cleaned quarterly within a three (3)-month period (20%).

During the tour, the Expert noted some air vents were clean, while some vents appeared to be dusty and covered with lint, dust, or paper (see pictures below). Most fans in the housing units were clean, while some contained dust buildup. During the incarcerated person interviews, incarcerated persons complained that some modules have little circulation and vents are not cleaned on a quarterly basis. Some incarcerated persons complained of foul odors emitting from vents.





The Expert recommends the County conduct and document the quarterly cleaning of fans and air vents as required by the *Murray v. Santa Barbara County* Remedial Plan.

All fans and vents should be included in a quarterly (every three [3]-month) written schedule to ensure each vent and fan is cleaned quarterly.

The Expert will work with the County to develop and implement a process to address persistent deficiencies with respect to the cleaning of the fans and air vents. This includes documentation and quality assurance for required quarterly cleaning and timely action when staff or incarcerated persons identify a need for more frequent cleaning to ensure all fans and air vents are clean and free of mold, mildew, and/or accumulation of dirt and dust.

NBJ

The NBJ provided a statement indicating the NBJ does not have fans. The air vents are on a preventive maintenance schedule created by Maintenance Connection for General Services to handle.

The Sanitation Plan states in part, "All vents (SBJ and NBJ) are cleaned as part of preventive maintenance. Preventive maintenance work orders are generated quarterly by the Maintenance Connection Software. NBJ air vent work orders and cleaning are completed by General Services."

Additionally, the Sanitation Plan does not contain a cleaning schedule for the quarterly cleaning of air vents. The NBJ did not provide documentation for the quarterly cleaning of air vents.

During the onsite review, the Expert did not note or identify issues or concerns with air vents. During interviews, incarcerated persons did not report any issues with air ventilation and cleanliness.

Although air vents are maintained by General Services as part of a preventative maintenance program created by Maintenance Connection Software, the Expert is unable to verify if NBJ conducts quarterly cleaning of vents, as no documentation was provided. The Expert recommends NBJ include a schedule in the Sanitation Plan for the quarterly cleaning of all air vents with instructions to document such cleaning. The Expert can only verify quarterly cleaning if documentation of such cleaning exists.

To reach substantial compliance with provision 6.B.1.g of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Create schedules to identify locations and dates for quarterly cleaning of fans and air vents.
- Complete quarterly cleaning of fans and air vents, and more frequently as necessary, to ensure they are clean of mold, mildew, and dust accumulation.
- Provide proof of practice documentation to the Expert.

The County is not in compliance with the August 14, 2023, stipulated order, or the Court-approved interim measures for the implementation of the *Murray v. Santa Barbara County* Remedial Plan.

- There is insufficient Jail staffing (Utility Workers) to ensure the required cleaning, which includes bi-weekly shower power washing, daily cleaning, including hallways and common areas, and weekly cleaning, including cell bars, windows, and visiting rooms/private visiting rooms.
- Required weekly and quarterly cleaning of fans and air vents based on established schedules is not occurring.
- Class members do not have sufficient access to the types of equipment or stronger cleaning solutions to adequately clean and disinfect their living and common areas. The available solutions and cleaning equipment are not sufficient to clean showers and toilets.

As noted above, the Expert will work with the County to develop and implement a process to address persistent deficiencies with respect to cleaning of the fans and air vents, particularly at MJ.

6.B.2. Orientation

6.B.2. Upon intake, the County shall provide prisoners an orientation regarding the jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

The orientation videos have been confirmed to contain information regarding the appropriate use of personal property box and cleanliness of cells.

Analysis/Observations:

As part of document production, the County produced a copy of the "Santa Barbara County Jail Custody Operations Orientation Handbook (Revised August 2023)." The Handbook addresses cleanliness, elimination of clutter, and the proper use of personal property containers. The County also produced a copy of an updated orientation video titled "Final Intake Orientation Video." The new updated video contains the jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.

The County also produced the "Custody Operations Orientation Handbook Distribution Reports" from August 2025 through March 2026. The reports include inmate names, classification date, handout date, length since classified, and housing location for both the MJ and NBJ. The Handbook Distribution Report does not accurately identify which incarcerated persons were provided an Orientation Handbook. Per the ECM, various incarcerated persons on the report were released and or posted bail from custody and, therefore, did not need to be issued an Orientation Handbook. Other incarcerated persons on the report were assigned housing, but the Handbook Distribution Report does not indicate if they were

provided an Orientation Handbook. The MJ ECM informed the Expert that the computer program was recently updated and would accurately reflect the distribution of Orientation Handbooks for the following review.

The County also produced copies of the "Santa Barbara County Jail New Inmate Orientation Form." The New Inmate Orientation Card form contains a checkbox for the incarcerated person to acknowledge receiving a Custody Operations Orientation Handbook. Within the checkbox, the New Inmate Orientation Card form also includes the following statement: "Staff explained the jail's expectations and procedures for cleanliness, elimination of clutter and proper use of personal property containers. I understand the expectations and procedures for cleanliness, elimination of clutter, and proper use of property containers."

MJ

The Expert randomly selected five dates in August, October, December, and February for a total of 20 days. The Expert cross-referenced the Custody Operations Orientation Handbook Distribution Reports with the Santa Barbara County Jail New Inmate Orientation Card forms and provided the following results.

August: Fifty-five (55) incarcerated persons arrived during the selected dates. The Expert located thirty-six (36) New Inmate Orientation Card forms for the fifty-five (55) arrivals. Nineteen (19) New Inmate Orientation Card forms were not located. The Expert also located nine (9) New Inmate Orientation Card forms for incarcerated persons not listed on the Operations Orientation Handbook Distribution Reports.

October: Thirty-three (33) incarcerated persons arrived during the selected dates. The Expert located twenty-one (21) New Inmate Orientation Card forms for the thirty-three (33) arrivals. Twelve (12) New Inmate Orientation Card forms were not located. The Expert also located seven (7) New Inmate Orientation Card forms of incarcerated persons not listed on the Operations Orientation Handbook Distribution Reports.

December: Forty-three (43) incarcerated persons arrived during the selected dates. The Expert located twenty-three (23) New Inmate Orientation Card forms for the forty-three (43) arrivals. Twenty (20) New Inmate Orientation Card forms were not located. The Expert also located four (4) New Inmate Orientation Card forms of incarcerated persons not listed on the Operations Orientation Handbook Distribution Reports.

February: Thirty (30) incarcerated persons arrived during the selected dates. The Expert located twenty-four (24) New Inmate Orientation Card forms for the thirty (30) arrivals. Six (6) New Inmate Orientation Card forms were not located. The Expert also located twelve (12) New Inmate Orientation Card forms of incarcerated persons not listed on the Operations Orientation Handbook Distribution Reports.

The Expert recommends that SBCJ improve the Custody Operations Orientation Handbook Distribution Report process to accurately record and monitor the

distribution of Orientation Handbooks. The Expert will monitor this process during the next monitoring period.

During the onsite review, the Expert noted some incarcerated persons continue to have personal property that they do not store inside their issued property box or are unable to fit in their issued property box. During the onsite interviews, incarcerated persons state that the property containers provided are too small and that it is impossible to store all their personal belongings in them; specifically, consumable commissary. The Expert noted that some of the living area rules and the conditions of cells outlined in the "Custody Operations Orientation Handbook" do not appear to be enforced, such as rules related to excessive property, cleanliness, and obstructing vents, lights, and windows.

During interviews, the Expert was informed by some newly arrived incarcerated persons that they were provided an Orientation Handbook, while others reported they were not provided an Orientation Handbook. Most incarcerated persons stated they did not view a video orientation presentation regarding the expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers. The Expert noted that the orientation video viewing monitors in the IRC are mounted on a wall above reach outside the holding cells. Incarcerated persons must stand by the window to view the orientation video, and it was unclear if the video can be heard from inside the holding cell. The Expert recommends the MJ identify a location that allows incarcerated persons to see and hear the orientation video. If renovations are completed within the IRC, the County should consider locating viewing monitors that are easily visible and heard inside all holding cells.

NBJ

The Expert did not locate copies of the New Inmate Orientation Card forms for NBJ during the rating period.

During interviews, the Expert was informed by many newly arrived incarcerated persons that they were provided an Orientation Handbook with information regarding the expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers. Some incarcerated persons stated they observed an orientation video presentation through a television video loop.

In previous reports, the Expert recommended SBCJ staff review whether issued property containers can adequately store personal and County property issued to incarcerated persons (e.g., clothing, footwear, documents, etc.), including commissary items. This may foster adequate cleanliness and sanitation in the housing units, particular the dorm units that are quite crowded. The Expert again recommends that the County consider shifting to the use of an adequately sized storage container that will allow incarcerated persons to store their personal and County-issued property. This change requires minimal financial or staff resources and would be a cost-effective measure towards the successful implementation of the Remedial Plan provisions on cleanliness and sanitation.

To reach substantial compliance with provision 6.B.2 of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Provide orientation through the Handbook and video presentation regarding expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.
- The County needs to consider purchasing and distributing an adequately sized storage container that would allow incarcerated persons the ability to store both County-issued and personal property. Cortech Master Box | Tamper-Resistant Polypropylene Property Storage for Correctional Facilities stores 3 cubic feet of property. The County notes that while it will consider larger storage containers, the ultimate decision will depend on factors such as cost, storage space, and work-injury concerns. Class counsel has suggested alternative solutions, such as provision of 2 storage containers per class member. The County also notes that it maintains the option to address excessive property by limiting commissary purchases and/or removing property items from the housing units.
- Provide proof of practice documentation to the Expert.

6.B.3. Incarcerated Persons Who are Unable or Unwilling to Adequately Clean

6.B.3. The County shall establish a procedure to maintain cleanliness in housing areas where a prisoner is unable or unwilling to adequately clean. Where prisoners are expected to participate in cleaning, staff shall ensure appropriate assistance to people with mental illness, intellectual and developmental disabilities, or other special needs.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Substantial Compliance

The County is in substantial compliance with this provision and has maintained substantial compliance for a period of at least six (6) months. Based on this, the Expert recommends this provision be designated as discontinuation of monitoring. The parties agree, and this provision will be designated as discontinue of monitoring.

County Response:

Completed. The Expert found the County in substantial compliance with this provision.

Analysis/Observations:

The Custody Operations Policy and Procedures Manual 362 section titled "Incarcerated Persons Clothing and Personal Hygiene," states in part, "Incarcerated persons who refuse or appear unable to maintain cleanliness of their living areas must be referred to mental health for assessment and services. Deputies shall assist incarcerated persons with cleaning of their cells if the incarcerated persons appear unable or unwilling to adequately clean. Deputies shall ensure appropriate

assistance is provided to people with mental illness, intellectual or developmental disabilities or other special needs or who requires accommodations."

Additionally, the SBCJ Sanitation Plan, Section A., General Housekeeping, subsection A-1. Cleaning Responsibilities – Custody Staff states in part, "Where an inmate is expected to clean, staff shall ensure appropriate assistance for those inmates with disabilities. If an inmate refuses or is unwilling and/or unable to clean their cell, and the refusal is believed to be due to a mental health issue, a mental health referral shall be submitted. Staff shall ensure the cell is cleaned and sanitized."

MJ

The County produced twelve (12) Mental Health Evaluation Forms where custody staff referred incarcerated persons to WellPath clinicians based on their unwillingness to adequately clean their person and/or cell. In eleven (11) of the twelve (12) cases, WellPath staff signed the form and noted that an evaluation was completed or noted a mental health follow-up date. One (1) Mental Health Evaluation Form did not indicate if an evaluation was completed or what action was taken by mental health staff.

During the onsite review, WellPath Mental Health clinical staff were not available; thus, the Expert was unable to interview Mental Health clinical staff.

NBJ

The NBJ produced three (3) Mental Health Evaluation Forms where custody staff referred incarcerated persons to WellPath clinicians based on their unwillingness to adequately clean their person and/or cell. All three (3) Mental Health Evaluation Forms indicate WellPath staff signed the form and noted that an evaluation was completed or noted a mental health follow-up date.

Staff Providing Assistance

MJ

During the onsite review, the Expert interviewed six (6) housing unit staff/Deputies to identify what they would do in cases where an incarcerated person was unable to clean their cell or living area due to the incarcerated person's disability (mental illness, developmental disability, or other special needs). All staff interviewed stated they would either complete a mental health referral, remove the incarcerated person from their cell and clean the cell, or have an incarcerated person cleaning crew clean the cell or living area.

During the onsite review, the Expert did not observe significant issues or concerns related to dirty and unclean cells where the condition of the cell may have been related to the incarcerated person's mental health.

NBJ

During the onsite review, the Expert did not observe significant issues or concerns related to dirty and unclean cells.

The Expert interviewed four (4) housing unit staff/Deputies to identify what they would do in cases where an incarcerated person was unable to clean their cell or living area due to the incarcerated person's disability (mental illness, developmental disability, or other special needs). All staff interviewed stated they would either call mental health, complete a mental health referral, remove the incarcerated person from their cell and clean the cell, or have an incarcerated person cleaning crew clean the cell or living area.

6.B.4. Policy and Procedures for Cleaning, Disinfection, Distribution, and Repair of Mattresses

6.B.4. The County shall develop and implement a policy and procedure for effective cleaning, disinfection, distribution, and repair of mattresses. The policy shall provide a process for inspection and replacement of all frayed and cracked mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.B.5. Provision of Clean and Serviceable Mattress

6.B.5. The County shall ensure that newly arrived prisoners receive a clean and serviceable mattress. Mattresses shall be cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.B.6. Procedure to Clean Cell Prior to Placement in Cell

6.B.6. The County shall establish procedures so that a cell is cleaned prior to a prisoner's placement in that cell.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

Completed. The County has established procedures to ensure that a cell is cleaned prior to placement in a cell. The County documents and audits this requirement by use of an Inmate Orientation Card at both facilities.

Analysis/Observations:

The Custody Operations – Policy and Procedures Manual 362, Incarcerated Persons Clothing and Personal Hygiene (draft), states in part, "All individual cells (to include restrictive housing cells, observation cells, safety cells) shall be cleaned prior to placing another inmate into a cell previously occupied by another inmate. Multiple occupancy cells will be cleaned on an as-needed basis as the occupants routinely maintain cell cleanliness with provided cleaning supplies. Cleaning and sanitation schedules and procedures are located in the Sanitation Plan."

The policy also states, "Incarcerated persons that are housed in non-population (two or more persons per cell) housing units will be provided with a new incarcerated person orientation card that they sign upon receiving a cell that is clean. If an incarcerated person advises a deputy that their cell is not clean, the deputy shall ensure that the cell is cleaned by cleaning the cell themselves, by utilizing an incarcerated person worker(s) to clean the cell, or by providing sufficient cleaning supplies to the incarcerated person if the incarcerated person is amenable to that. Following this, the module deputy shall attempt to obtain a signature on the new incarcerated person orientation card acknowledging that their cell was clean."

Cleaning Cell Prior to Incarcerated Person Placement

The County produced Santa Barbara County Jail New Inmate Orientation Cards from August 2025 through March 2026 (more than 100 per month). The Orientation Card contains a checkbox for the incarcerated person to acknowledge the cleanliness of the cell, with the following statement: "I was assigned a clean cell." The Expert randomly selected eighty (80) New Inmate Orientation Cards for review and provided the following results. Eight (8) incarcerated persons refused to sign the New Inmate Orientation Card. Two (2) New Inmate Orientation Cards had no signature; one (1) indicated "unable to sign;" and sixty-nine (69) had signatures.

During the onsite review, the Expert interviewed nineteen (19) incarcerated persons who arrived during the rating period or were recent arrivals assigned to a cell. Of the nineteen (19) incarcerated persons interviewed, twelve (12) reported their cell was not cleaned prior to their placement in the cell. Many reported the cells in IRC were dirty and contained trash. Many incarcerated persons stated they were asked

to sign the New Inmate Orientation Card and check a box indicating "I was assigned a clean cell" prior to being assigned to a cell or reviewing the cell. Some incarcerated persons stated they do not remember signing a New Inmate Orientation Card. The Expert recommends the MJ supervisors, review, and monitor this to ensure staff is cleaning empty cells, and verify that staff allows incarcerated persons the opportunity to view the assigned cell condition prior to requiring them to sign the New Inmate Orientation Card.

During the onsite review, the Expert observed vacant cells that were considered clean and ready for incarcerated person occupancy. The Expert noted some cells were not clean and contained debris.

MJ received one (1) Inmate Grievance Form during the rating period indicating they were moved and assigned to a dirty cell. The Grievance Response stated a log outside the cell indicates if the cell was clean or unclean. The response also states that the custody deputy should have been informed so an effort would have been made to clean he cell.

NBJ

NBJ produced one (1) New Inmate Orientation Card for the month of March 2026.

During the onsite review, the Expert interviewed twelve (12) incarcerated persons who arrived during the rating period or were recent arrivals assigned to a cell. Of the twelve incarcerated persons interviewed, one (1) reported their cell was not cleaned prior to their placement in the cell. Eleven (11) indicated their cell was clean.

The Expert noted there is insufficient documentation (proof of practice) from NBJ.

To reach substantial compliance with provision 6.B.6 of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Clean cells prior to housing an incarcerated person.
- Ensure incarcerated persons assigned to a cell have the opportunity to verify the cell is clean prior to placement and being asked to sign the New Inmate Orientation Card.
- Provide proof-of-practice documentation to the Expert (MJ and NBJ).
- The Expert will need to evaluate during the next onsite review.

6.B.7. Cleaning and Disinfection of Plastic Beds

6.B.7. The County has committed to ensuring that each prisoner is assigned and provided a bed, as set forth in the Custody Operations/Segregation Remedial Plan. Until such remedial provision is fully implemented, where the County uses plastic beds, or "boats," the County shall ensure that they are cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress or boat.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.C. Laundry

6.C.1. Weekly Clothing and Linen Exchange

6.C.1. Clothing and linen exchange shall occur for all prisoners at least weekly and more frequently when circumstances warrant. Kitchen workers shall be provided a clean kitchen uniform daily. Whenever a prisoner presents to jail staff clothing or linen that is soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases, by the end of the shift.

On August 14, 2023, the Court approved interim measures for the implementation of the *Murray v. Santa Barbara County* Remedial Plan. The stipulated order states,

Adequate Clothing/Linen Exchange. No later than September 1, 2023, Defendants will modify their Jail clothing/linen provision and exchange policies and procedures by (1) increasing the amount of clothing (including undergarments) provided to each Class Member at each clothing exchange and (2) ensuring that whenever a Class Member reasonably requests a clothing or linen exchange, such exchange is completed promptly, and in all cases by the end of the shift, consistent with the findings and recommendations of the Remedial Plan Expert. (Sept. 2022 Envt of Care Monitoring Report at 25-27) Further, as of May 15, 2023, sweatshirts have been issued to all class members and may be exchanged based on regular clothing exchange procedures and upon reasonable request.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Substantial Compliance

The MJ has experienced problematic concerns during the rating period with weekly laundry exchange, and requests to exchange clothing or linen that are soiled and/or requests for clothing/linen exchange by Jail staff as noted in this section.

County Response:

Completed. The Environmental Health and Safety Expert found the County in substantial compliance with this provision.

Analysis/Observations:

Clothing and Linen Weekly Exchange

The Custody Operations – Policy and Procedures Manual 362, Inmate Clothing and Personal Hygiene, states in part, "The standard issue of clothing and bedding is as follows:

- Two pairs of pants with outer shirt or a jumpsuit (dependent on Classification);
- Four white t-shirts;
- Four pairs of underwear consistent with their gender identity;
- Four pairs of socks;
- One sweatshirt;
- Two blankets;
- One bed sheet;

The Policy further states in part, "Standard issued bedding linen (excluding mattress and blankets) and clothing shall be exchanged once a week; however, blankets shall be exchanged once per month or more often when necessary. Incarcerated persons on work crews will be permitted more frequent exchanges of clothing as needed."

MJ

The MJ Linen Exchange Schedule does not indicate the items incarcerated persons can exchange. However, based on the linen exchange schedules and interviews with laundry staff, linen exchange is conducted weekly for clothing. Although blankets are required to be exchanged monthly, some incarcerated persons stated blankets are not always exchanged monthly but are exchanged about every six weeks. The Expert determines that a monthly blanket exchange occurs within a thirty (30)-day period.

During the onsite review at MJ, the Expert toured the laundry room. The Expert observed bins of white clothing soaking in water and cleaner to remove stains and whiten undergarments. Washed clothing that had been sorted and folded by incarcerated laundry workers appeared to be clean and in fair condition. Some white undergarments were off-white in color. The Expert unfolded a bundle of clothing that was loaded in a laundry cart to be delivered to a housing unit for linen exchange. Within the bundles, most clothing appeared to be clean and in good to fair condition. Some white clothing appeared to be off-white in color.

The Expert observed some washing machines in the middle of a washing cycle. The washing machines appeared to be about 75 percent of capacity and did not appear overloaded. Overloading washing machines can lead to various problems, including ineffective cleaning.

During the onsite review, the Expert interviewed the assigned Laundry Coordinator. The Laundry Coordinator stated he frequently checks to ensure washing machines are not overloaded and had the washing machines reprogrammed to increase the amount of cleaner the machines disperse during a washing cycle. The Laundry Coordinator further stated the machines are monitored to ensure pumps are properly calibrated to release the proper amount of detergent.

During onsite interviews, incarcerated persons stated they are offered a clothing exchange weekly. Some incarcerated persons reported they don't exchange weekly to avoid receiving unclean, damaged, or stained clothing. Twenty-six (26)

incarcerated persons stated they receive clean clothing; six (6) stated the clothing comes back dirty; fifteen (15) stated the clothing comes back with stains, rips, or smells. Incarcerated female persons stated that much of the undergarment clothing is returned unclean and with stains. The Expert could not confirm these claims.

During the rating period, the MJ received thirteen (13) Inmate Grievance Forms related to Laundry. Eleven (11) of the thirteen (13) grievance forms submitted contained complaints indicating the incarcerated persons were denied weekly laundry exchange. Numerous incarcerated persons stated that because some incarcerated persons refused to come out of the dorm for a dorm search, all incarcerated persons in the dorm were "punished" and denied weekly linen exchange. The incarcerated persons stated that in some cases, they had not had laundry exchange for up to five (5) weeks. The grievance complaints reviewed were submitted during the rating period from August 2025 through January 2026.

During the onsite review, the Expert interviewed incarcerated persons related to this allegation and the incarcerated persons who had submitted grievances related to denied weekly laundry exchange. The incarcerated persons claimed that to receive washed/clean laundry exchange, they are required to come out of their dorms/housing units and be taken into a cramped stairway/hallway with poor ventilation for temporary holding. This allows custody staff the opportunity to conduct dorm searches and are subsequently provided clean laundry. The incarcerated persons stated that all occupants of the entire dorm/housing unit must agree to exit the dorm/housing unit to receive clean laundry. If some incarcerated persons refuse to exit the dorm/housing units, all incarcerated persons are denied weekly laundry exchange. Incarcerated persons stated this practice creates complications within the dorms/housing units, and some incarcerated persons feel pressured by other incarcerated persons not to exit the dorms/housing units. The incarcerated persons claim this practice continues to be enforced.

A review of MJ custody staff responses to various grievances states linen exchange was offered; however, the unit refused. Other grievance responses state the primary reason laundry exchange did not occur was a result of incarcerated persons' refusal to exit their housing units, as it will prevent custody personnel from completing laundry exchange in a normal and orderly manner and, in addition to laundry exchange, custody staff must have access to housing units to conduct searches as part of their regular duties which are essential to the safety and security of the facility.

During the onsite review, the Expert interviewed various staff members at the MJ regarding this issue. The Expert was informed that the issue was resolved and laundry exchange is provided weekly and can also be completed through the bars. Some staff interviewed stated they are required to conduct searches, and to complete searches, incarcerated persons must exit their housing units and subsequently laundry exchange will be completed. The Expert recommends the MJ ensure all custody staff are aware of the policy requiring weekly clothing exchange, including exchanging clothing through the bars. The County reported that to the extent that this was done in the past, custody leadership addressed custody staff last year that exchanges should not be precluded if searches are denied. However, the County will further review this issue to confirm whether it is occurring and address it

accordingly. The expectation is that incarcerated persons are given an opportunity for linen exchange at the bars; however, the incarcerated persons have not always exercised this option. In addition, EOC managers have interviewed incarcerated persons to ask whether linen exchanges have been provided when requested. Based on these interviews, incarcerated persons have consistently indicated that linen exchanges have not been denied. Clean linens are prepped and premade for each incarcerated person; each linen piece is labeled with the incarcerated person's name and housing unit. Deputies will read the name to be handed to the incarcerated person following the search, and if a search is refused, custody staff offers to provide linen at the bars.

The Expert noted multiple concerns regarding this issue and recommends that weekly laundry exchange is conducted/offered weekly as required by the *Murray v. Santa Barbara County* Remedial Plan, and California Code of Regulations (CCR) Title 15 rules and regulations. The requirements for weekly laundry exchange should occur regardless of whether incarcerated persons refuse to exit their dorms/housing unit.

Although cell, property, and body searches are not part of the *Murray v. Santa Barbara County* Remedial Plan, the Expert noted housing unit mandatory searches must also be completed based on CCR Title 15 rules and regulations to ensure the safety and security of staff, incarcerated persons, and the SBCJ facility. Based on current MJ requirements and incarcerated person allegations, if incarcerated persons refused to exit their housing units for laundry exchange and searches, the housing units were not searched for security, safety hazards, and control of contraband for weeks at a time. Additionally, the requirement which requires incarcerated persons to all exit the housing units as a group, or the refusal to exit the housing units as a group, may lead to animosity, peer pressure which could lead to victimization concerns, and ultimately create institutional safety and security concerns.

The Expert notes that on October 6, 2026, the County issued a directive to Main Jail custody staff and memorialized in a memorandum, directing staff to conduct linen exchange as required under the Remedial Plan and further directed to staff that they cannot deny linen exchange should an incarcerated person refuse a safety/security search. The Expert will review this during the next review.

NBJ

NBJ Linen Exchange Schedule offers incarcerated persons the opportunity to exchange the following items:

- One (1) outer uniform per week
- Three (3) t-shirts per week
- Three (3) boxer/underwear per week
- Three (3) pairs of socks per week
- One (1) nightgown per week
- Three (3) bras per week
- One (1) sweatshirt per week
- One (1) blanket per month
- One (1) mattress cover per week

- One (1) towel per week

The Expert toured the NBJ laundry room. NBJ does not store or maintain clothing/linen in the laundry room. All collected clothing is delivered to the laundry room, washed, and returned to the housing units the same day to prevent storage in the laundry room.

During incarcerated person interviews at NBJ, six (6) incarcerated persons stated the clothing comes back from laundry clean, two (2) stated the clothing is unclean and emits an odor, and three (3) stated they wash their own clothing. Two (2) incarcerated persons stated they are not exchanging blankets monthly. The Expert could not confirm these claims.

Kitchen Workers Uniforms

The Custody Operations – Policy and Procedures Manual 362, Inmate Clothing and Personal Hygiene (draft) states, "Inmates assigned to work in the kitchen shall be provided with clean outer clothing daily. If during an inmate's work shift their clothing becomes soiled, it should be replaced promptly." The policy states, "Inmates on work crews will be permitted more frequent exchanges of clothing as needed."

MJ

Kitchen staff and the incarcerated person/kitchen workers interviewed reported that kitchen workers are provided with washed and clean uniforms daily.

The incarcerated person/kitchen workers who were interviewed stated they are provided clean, washed uniforms daily, and upon return from their job assignment, they exchange the soiled uniforms for clean ones.

Incarcerated person/kitchen workers and kitchen staff also reported that if their uniforms become dirty or soiled during work hours, staff will promptly issue them clean uniforms.

The MJ Food Services Supervisor stated that if an incarcerated person/kitchen worker's uniform size is not available in the kitchen, staff would obtain a clean uniform from laundry.

NBJ

Kitchen staff and the incarcerated person/kitchen workers interviewed reported that kitchen workers are provided with washed and clean uniforms daily.

The incarcerated person/kitchen workers who were interviewed stated they are provided two clean, washed kitchen uniforms, and upon return from their job assignment, they exchange the soiled uniforms for clean ones.

Incarcerated person/kitchen workers and kitchen staff also reported that if their uniforms become dirty or soiled during work hours, staff will promptly issue them clean uniforms.

Reasonable Request for Clothing/Linen Exchange

The Custody Operations – Policy and Procedures Manual 362, Inmate Clothing and Personal Hygiene (draft) states, "Whenever a prisoner presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases by the end of the shift."

MJ and NBJ

Incarcerated person interviews conducted at MJ and NBJ provided similar results. Incarcerated persons stated clothing or linen that is soiled, or when an urgent exchange of clothing/linen is needed, certain staff will exchange the items. Incarcerated persons stated that it depends on which staff member you ask, as some Custody Deputies will complete the exchange, while others will not. Incarcerated persons stated that in some cases, the clothing is exchanged on the same day, while in other cases, the exchange may take more than one day.

During staff interviews, all Deputies stated they would exchange clothing or linen under certain conditions, such as when it has been damaged or has become soiled.

To achieve substantial compliance with provision 6.C.1. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Completion of clothing/linen policies/schedules to ensure consistency across the system and to comply with *Murray* requirements.
- Elimination of the policy/practice of laundry exchange denial as collective punishment.
- Further improvement to ensure consistency across all staff with respect to timely clothing/linen exchange *upon reasonable request/need.*
- Adequate response to grievances on this issue to address compliance issues as they occur. (This is essential to demonstrate that the County can self-monitor and maintain a durable remedy)

6.C.2. Chemical Safety Training for Staff and Incarcerated Persons

6.C.2. The County shall provide, document and maintain records of training provided to prisoner workers and staff assigned laundry duties on chemical safety, biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Substantial Compliance

The County is in substantial compliance with this provision and has maintained substantial compliance for a period of at least six (6) months. Based on this, the Expert recommends this provision be designated as discontinuation of monitoring. The parties have agreed that this provision be designated as discontinuation of monitoring.

County Response:

Completed. The Expert found the County in substantial compliance with this provision.

Analysis/Observations:

The County produced the following training materials:

- Santa Barbara County Sheriff's Office Bloodborne Pathogens Training PowerPoint
- Santa Barbara County Sheriff's Office Chemical Safety Training
- Santa Barbara County Sheriff's Office Incarcerated Persons Laundry Dept. Worker Trackers forms from August 2025 through March 2026
- Acknowledgment of training forms for incarcerated persons from August 2025 through March 2026

The training materials provide basic and necessary information on chemical safety, Material Safety Data Sheets, and Bloodborne Pathogen Safety, including the proper use of Personal Protective Equipment.

MJ

The County produced copies of "Santa Barbara County Sheriff's Office Incarcerated Persons Laundry Dept. Worker Tracker" forms, spreadsheets of current and former names of incarcerated persons assigned to the MJ laundry, and copies of acknowledgment of training forms for incarcerated persons. The Expert identified thirty-one (31) currently assigned incarcerated persons and forty-one (41) former incarcerated persons who were assigned to the MJ laundry during the rating period. The Expert cross-referenced all training records with acknowledgment of training forms. Based on the training records provided, all seventy-two (72) laundry workers received both Chemical Safety Training and Bloodborne Pathogens training (100%).

During the onsite review, the Expert interviewed one (1) Laundry Department staff member and three (3) incarcerated person laundry workers.

The three (3) incarcerated person laundry workers interviewed stated they were provided training on chemical safety, biohazardous and bloodborne pathogens, and the proper use of Personal Protective Equipment. The Expert reviewed the training records to confirm that the incarcerated persons had received training. The rosters reflect that all three (3) incarcerated persons received Chemical Safety, Bloodborne Pathogens, and Personal Protective Equipment training.

During the onsite review, the Expert observed a Material Safety Data Sheet binder in the laundry room, which is easily accessible to all staff and incarcerated persons.

NBJ

The County produced copies of "Santa Barbara County Sheriff's Office Incarcerated Persons Laundry Dept. Worker Tracker" forms. Based on the forms provided, a total of five (5) incarcerated persons were assigned to work in the Laundry Department from August 2025 through March 2026. The County also provided copies of training acknowledgment forms for all five (5) incarcerated persons assigned to the NBJ laundry. The Expert cross-referenced the training rosters with the tracker forms and confirmed all five (5) incarcerated persons received both Chemical Safety Training and Bloodborne Pathogens training (100%).

During the onsite review, the Expert interviewed one (1) Laundry Department staff member and two (2) incarcerated person laundry workers. The staff member stated he attended training on chemical safety, biohazardous and bloodborne contaminated clothing, proper use of Personal Protective Equipment, and Material Safety Data Sheets. In previous reviews, the staff member was confirmed to have attended all required training.

Two (2) incarcerated persons stated they had attended training on chemical safety, biohazardous and bloodborne contaminated clothing, proper use of Personal Protective Equipment, and Material Safety Data Sheets. The Expert reviewed the training records and confirmed both incarcerated persons attended training.

During the onsite review, the Expert observed a Material Safety Data Sheet binder in the laundry room, easily accessible to all staff and incarcerated persons.

To continue achieving substantial compliance with provision 6.C.2. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Provide chemical safety, biohazardous and bloodborne pathogens, and Personal Protective Equipment training to staff and incarcerated persons. The training must be provided prior to assignment and working with chemicals or items contaminated with biohazards or bloodborne pathogens.
- Provide proof of practice documentation to the Expert.

6.C.3. Healthcare Referrals for Incarcerated Persons With Possible Mental Health Disability

6.C.3. Staff shall make reasonable efforts to ensure that all prisoners have clean linens at all times. Staff will make a health care referral for any prisoner refusing to exchange linens if there is reason to believe such refusal relates to the person's mental health condition. Mental health staff shall assist in resolving the situation as appropriate.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

Completed. The Expert found the County in substantial compliance with this provision.

Analysis/Observations:

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 4.10.24, Section A-1, states in part, "Where an inmate is expected to clean, staff shall ensure appropriate assistance for those inmates with disabilities. If an inmate refuses to participate in cleaning, or is unwilling or unable, and the refusal is believed to be due to a mental health issue, a mental health referral shall be submitted, and staff shall ensure the cell is cleaned and sanitized."

The County produced a Mental Health Evaluation Request Form for Deputies to make mental health evaluation referrals. The County also provided twenty-one (21) completed Mental Health Evaluation Request Forms submitted by staff for cases where the incarcerated person refused linen exchange, and the refusal was believed to be related to the incarcerated person's mental health condition. Twenty (20) Mental Health Evaluation Request Forms reflect that the incarcerated person was evaluated by Mental Health staff, or noted what action was taken if an evaluation was not completed. One (1) form did not indicate if the incarcerated person was evaluated, and if not evaluated, an explanation was not provided.

No Mental Health Evaluation Request Forms were submitted at the NBJ during the rating period.

MJ

The Expert interviewed six (6) Custody Deputies to evaluate the process for cases where incarcerated persons refuse to exchange linen or clothing, and the reason for the refusal may be related to the incarcerated person's mental health. Five (5) Custody Deputies stated they would refer the cases to mental health and complete a Mental Health Evaluation Request Form. One (1) Custody Deputy stated it was not a common practice.

The Expert was unable to interview a mental health clinician as clinical staff were not available.

During the onsite review, the Expert toured various housing units, including the Restrictive Housing Unit, and did not observe cases where incarcerated persons were not maintaining proper hygiene/or who were wearing undergarments that appeared dirty and needed to be exchanged, or whose linen needed to be exchanged due to being dirty.

NBJ

The Expert interviewed four (4) Custody Deputies to evaluate the process for cases where incarcerated persons refuse to exchange linen or clothing, and the reason for the refusal may be related to the incarcerated person's mental health. All four (4) staff stated they would refer the cases to mental health and/or complete a Mental Health Evaluation Request Form.

During the onsite review, the Expert toured all housing units and did not observe incarcerated persons who were not maintaining proper hygiene and/or who were wearing undergarments that appeared dirty and needed to be exchanged or whose linen needed to be exchanged due to being dirty.

Mental Health Staff Assistance

MJ

MJ provided twenty-one (21) Mental Health Evaluation Request Forms completed during the rating period and submitted by staff for cases where the incarcerated person refused linen exchange, and the refusal was believed to be related to the incarcerated person's mental health condition. Twenty (20) Mental Health Evaluation Request Forms reflect that the incarcerated persons were evaluated by Mental Health staff, or noted what action was taken if no evaluation was completed. One (1) form did not indicate if the incarcerated person was evaluated, and if not evaluated, an explanation was not provided.

NBJ

No Mental Health Evaluation Request Forms were produced for NBJ. Due to time constraints, the Expert was unable to interview NBJ Mental Health staff.

The Expert recommends that WellPath Mental Health staff continue to thoroughly complete evaluations in response to all Mental Health Evaluation Request Forms submitted by staff. If a mental health evaluation is not completed when a request is submitted, an explanation or reason for not completing a mental health evaluation should be documented. Mental Health staff are required to assist in resolving the situation, as appropriate.

To continue with substantial compliance with provision 6.C.3. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Ensure staff makes health care referrals for prisoners refusing to exchange linens if there is reason to believe such refusal relates to the incarcerated person's mental health condition, and mental health staff must assist in resolving the situation as appropriate.
- Mental health staff thoroughly complete evaluations in response to all Mental Health Evaluation Request Forms submitted by staff.
- Provide proof of practice documentation to the Expert.

6.D. Food Service and Kitchen Operations

6.D.1. Clean Clothing for Kitchen Workers

6.D.1. Prisoners assigned to kitchen duties shall be provided with clean outer clothing daily. If during a prisoner's work shift the clothing becomes soiled, it should be replaced promptly.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Substantial Compliance

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.D.2. Weekly Kitchen Operation Inspections

6.D.2. The County shall perform a weekly inspection of kitchen operations, with a report submitted to the Environment of Care Monitor and shall ensure actions are taken to correct any identified issues.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

Completed. The County hired a full-time Kitchen Supervisor who completes weekly inspection of kitchen operations, submits a report to the Environment of Care Monitor, and ensures that identified issues are corrected.

Analysis/Observations:

The Santa Barbara County Sheriff's Office, Santa Barbara Jail, and Northern Branch Jail Sanitation Plan 4.10.24, Section I-2, states in part, "The Kitchen Manager or designee will inspect the kitchen facilities on a daily, weekly, and monthly basis. If issues cannot be remedied at the lowest level, sanitation problems will be immediately reported by use of the Facilities Work Order System."

MJ

The County produced "Main Jail Kitchen Weekly Inspection Checklists" for the rating period. MJ completed the following weekly inspections for the rating period (94% total.

- August 2025 – All completed (100%)
- September 2025 – Missing one week (75%)
- October 2025 - All completed (100%)
- November 2025 - All completed (100%)
- December 2025 - All completed (100%)
- January 2026 - All completed (100%)
- February 2026 – Missing one week (75%)
- March 2026 – All completed (100%)

The "Main Jail Kitchen Weekly Inspection Checklist" includes an area titled "Notes and Work Order Info" for staff to document actions taken to correct identified issues. The checklist consistently includes actions taken to correct identified issues and submission of work orders.

During the onsite review, the Expert noted improvements in kitchen cleanliness. Some walls had been recently painted, and most broken tiles were replaced. Much of the scullery floors were clear of mold, and the drains contained minor stains/debris.

The Expert recommends MJ continue improving cleaning, repairs, and painting in the MJ kitchen to maintain substantial compliance.

NBJ

The County produced "NBJ Kitchen Weekly Inspection Checklist" forms for the rating period. NBJ completed the following weekly inspections during the rating period (94% total.

- August 2025 - All completed (100%)
- September 2025 - Missing one week (75%)
- October 2025 - All completed (100%)
- November 2025 - All completed (100%)
- December 2025 - All completed (100%)
- January 2026 - Missing one week (75%)
- February 2026 – All completed (100%)
- March 2026 - All completed (100%)

The "NBJ Kitchen Weekly Inspection Checklist" includes an area titled "Notes and Work Order Info" for staff to document actions taken to correct the identified issues. The checklist consistently includes actions taken to correct identified issues and submission of work orders.

The Expert was informed that the kitchen inspection reports are being provided to the ECM on a weekly basis.

Actions Taken to Correct Identified Issues

MJ

The County produced "Main Jail Kitchen Weekly Inspection Checklist." Refer to section 6.D.2.a above.

NBJ

The County produced "NBJ Kitchen Weekly Inspection Checklist." Refer to section 6.D.2.a above.

MJ and NBJ checklists are completed consistently and include actions taken to correct the identified issues and submission of work orders. To continue to achieve

substantial compliance, the MJ kitchen must continue to improve cleaning, repairing, and painting. Weekly Inspection Checklists must also be completed timely.

To continue achieving substantial compliance with provision 6.D.2. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Ensure actions are taken to correct the cleaning and repairs at the MJ Kitchen identified in the Weekly Inspection Checklists.
- Perform weekly inspections of kitchen operations.
- Provide proof-of-practice documents to the Expert.

6.D.3. Food Service Policies and Procedures

6.D.3. The County shall develop and implement policies and procedures for food service and kitchen operation as required in Section 1246 of California Code of Regulations Title 15. The policy shall include provisions for tool control, roles and responsibilities of jail staff and the food service Contractor, employee and prisoner-worker training in food safety, and temperature monitoring. The policy shall provide that prisoner-workers are medically screened prior to being assigned to work in the kitchen.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance with this provision.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service. The policy has listed in the section titled "Related Orders," Title 15 § 1246. *California Code of Regulations (CCR), Title 15, § 1246 states, "Food Serving and Supervision. Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made, and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member."*

The Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service states in part, "The purpose of this policy is to provide guidelines for the safe preparation and distribution of staff and incarcerated person meals." The policy includes policies and procedures for the operation of the food services at SBCJ as required by CCR, Title 15, section 1246.

Based on the Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service, SBCJ developed and implemented food services and kitchen operations policies and procedures, as required in section 1246 of CCR Title 15.

During the rating period, a total of fourteen (14) grievances were submitted by incarcerated persons related to the MJ kitchen operations. Three (3) grievances were related to cold food. The MJ kitchen staff response to cold food grievances noted the meal temperatures would be monitored, food temperatures were consistent and within code, and Kosher meals were meeting regulations. Four (4) grievances were related to mold or rotten vegetables. The MJ kitchen staff response noted the vegetables were cleaned, were closely monitored for spoilage and bad vegetables are discarded. Two (2) grievances were regarding undercooked food. The MJ kitchen staff response noted the person who baked on those dates was rotated and the batch was discarded. One (1) grievance complained about rodents in the kitchen. The MJ kitchen staff response noted the MJ maintains a service contract with a pest control company that conducts inspections to determine treatments as needed, and culinary staff are trained on proper handling of potentially contaminated food and would not serve contaminated food. Four (4) grievances indicated incarcerated persons found hair, wood, and a razor in the food. The MJ kitchen staff response to hair in food noted food is monitored to ensure quality and have a strict hairnet policy. Cooks were not allowed to cook without wearing hairnets. The MJ kitchen staff response to wood in food (beans) noted the beans sacks state they were triple washed and after checking the inventory, they noted visible debris and would be changing the brand of beans that are purchased. The kitchen would be washing the beans before cooking. The MJ kitchen response to a razor in the food noted that after talking to the module officer, conflicting details were noted. Kitchen staff would be putting extra attention to the food preppers, and they also rotated workers. The kitchen staff would monitor the workers to ensure quality control and standards are being met.

During the onsite incarcerated person interviews at the MJ, four (4) incarcerated persons stated they found small rocks, twigs, hair, and rat droppings in their food. Some incarcerated persons who are in protective custody claim their food is tampered with by general population incarcerated persons who work in the kitchen. One (1) incarcerated person showed the Expert a small pebble and stated he chipped his tooth on the pebble while eating beans. The Expert could not confirm these claims.

During the onsite review, the Expert interviewed the MJ kitchen Food Services Supervisor (FSS). The FSS stated he monitors food temperatures to ensure food is served hot to the greatest extent practical and conducts food tray temperature checks at housing units during tray distribution twice a month. The FSS stated the County is aware of the rodent problem in the kitchen and is working with a pest control company to resolve the problem. The FSS further stated they are also aware that the bean sacks previously purchased contained small pebbles and twigs. The FSS pointed out the bean sacks indicate they are triple washed; however, the FSS stated they identified five bean sacks that were part of the same lot which contained pebbles and twigs and were being returned to the vendor. The FSS also explained that although general population incarcerated persons work in the kitchen, they are unaware of which trays are delivered to housing units

that house incarcerated persons in protective custody. As such, the incarcerated persons' kitchen workers could not target protective custody incarcerated persons. Additionally, the FSS stated kitchen staff monitor incarcerated persons' workers when trays are being served.

Policy and Procedures Manual 384 Food Services includes sections for tool control, roles and responsibilities of jail staff, food services Contractors, employees, and incarcerated person worker training in food safety and temperature monitoring.

Incarcerated Person Kitchen Workers Medical Screening

Policy and Procedures Manual 384 Food Services states in part, "Incarcerated person workers assigned to work in the kitchen or assigned the responsibility of food handling/delivery shall be medically cleared prior to working in that capacity. Classification staff shall refer all prospective kitchen/food workers to the contracted healthcare provider for medical clearance prior to assigning them. Documentation of medical clearance will be retained in the incarcerated persons jail medical file."

MJ

The County produced a document titled "SBJ Kitchen Inmate Workers During Rating Period." The document contains the names, CID numbers, date of training, start dates (MJ kitchen), and date of medical clearance of incarcerated persons. Based on the list provided, a total of fifty-eight (58) incarcerated persons were assigned to the MJ kitchen during the rating period and received medical clearance.

The County also produced numerous emails transmitted during the rating period between Classification staff and WellPath. The emails reflect staff requesting medical clearances for numerous incarcerated persons and the responses by WellPath staff indicating incarcerated persons' evaluation refusals, pending assessment, and medical clearance.

A review of the fifty-eight (58) incarcerated persons' start dates at the MJ kitchen and medical clearance dates found that one (1) incarcerated person did not receive medical clearance before the start date.

NBJ

The County produced 52 Worker Clearances for the rating period that reflect the medical clearance status of incarcerated person kitchen workers. A review of incarcerated persons' start dates at the NBJ kitchen and medical clearance dates found that one (1) incarcerated person did not receive medical clearance and was assigned to the NBJ kitchen.

6.D.4. Training for Incarcerated Person Kitchen Workers

6.D.4. The County shall provide prisoner-workers with training and education regarding kitchen operations.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

The County is in the process of creating a lesson plan to provide incarcerated person kitchen workers with training and education regarding SBCJ kitchen operations. The County will need to create a lesson plan and provide incarcerated workers with training and education regarding food safety and kitchen operations to obtain substantial compliance. The training must contain information and cover topics related to;

- Personal Hygiene
- Identify Proper Serving Practices (safe food handling), Preventing Cross-Contamination, Time/Temperature Control
- The Importance of Sanitization and Pest Control
- Cleaning and Sanitizing

County Response:

The County is in the process of fully implementing this requirement. The Kitchen Supervisor is in the process of creating a PowerPoint training and education presentation regarding the kitchen operations to provide to prisoner workers who work within the kitchen.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service. The policy states in part, "All incarcerated persons assigned to work in the kitchen are required to complete Serv-Safe training prior to working in the kitchen. This training is offered at both facilities through Incarcerated Person Services or the contracted food services vendor. Once completed, the incarcerated person receives their Serv-Safe food handlers' card."

MJ and NBJ

The County provided copies of a document titled "Santa Barbara County Sherriff's Office Incarcerated Persons Kitchen Worker Tracker" for each month during the rating period. The document contains the names of incarcerated persons, CID number, training dates, start dates, and end dates. In addition, the County provided acknowledgment forms for incarcerated persons indicating they acknowledge reading and agreeing with several bulleted kitchen rules and acknowledging training specific to Chemical Safety, Bloodborne Pathogens, and proper use of Personal Protective Equipment.

During the onsite review, the Expert was informed that the County FSS is in the process of developing a new lesson plan specific to SBCJ kitchen operations to comply with this requirement.

The Expert recommends that the County complete a lesson plan that provides training and education regarding food safety and kitchen operations for MJ and NBJ. Once a lesson plan is completed and approved, the Expert recommends that the training be provided to all assigned kitchen workers prior to assignment of duties and responsibilities.

To reach substantial compliance with provision 6.D.4. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Create a lesson plan/training and education regarding food safety and kitchen operations.
- Provide incarcerated workers with training and education regarding food safety and kitchen operations.
- Update Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service.
- Provide proof of practice documentation to the Expert.

6.D.5. Monitoring of Food Temperature

6.D.5. The County shall conduct periodic temperature monitoring of food and take steps to ensure that food prepared as hot is served hot to the greatest extent practicable.

Serving of Hot Food that Is Prepared Hot. No later than February 1, 2024, Defendants will ensure full implementation Section VI.D.5 of the Remedial Plan, such that "food prepared as hot is served hot to the greatest extent practicable." Remedial measures will include utilization of warming carts and equipment to keep food warm during transport to the housing units and modifications to serving procedures at Main Jail, as consistent with recommendations of the Remedial Plan Expert. (Sept. 2022 Envt of Care Monitoring Report at 38-39)

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Substantial Compliance

The County remains in substantial compliance with this provision; however, Discontinuation of Monitoring is not recommended, as the County will need to demonstrate that all food, including Kosher meals, prepared as hot is served hot to the greatest extent practicable. The Expert recommends completing the MJ Meal Temperature Tracker logs weekly and including Kosher meal temperature checks to verify whether food traying times and tray serving times are improved and adequate, and whether food traying temperatures and tray serving temperatures are improved, including Kosher trays.

The County notes that temperature checks were initially tracked on a monthly basis and then on a bi-monthly basis. For the next reporting period, the County reports that additional measures will be taken to maintain food temperature as hot. The parties have conferred and agree that temperature check frequency may continue on a bi-monthly basis for the next reporting period as the County implements new processes. However, the parties agree that weekly checks will be implemented should the County fall short of maintaining sufficient hot food temperature as required under this

provision in the next round. The Expert will reevaluate this provision in the next review. If this issue is not resolved, this section will revert to partial compliance.

County Response:

Completed. The Expert found the County in Substantial Compliance for this provision.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 384 Food Service. The policy states in part, "Staff cooks will monitor and record temperatures of food prepared hot during the plating process. Food temperature logs shall be maintained in each kitchen. The Food Services Manager shall also ensure that temperatures of food served hot are checked at least once per month in each facility at the time of serving/delivery to each housing unit and shall record these temperatures to ensure that food prepared hot is served as hot to the greatest extent possible. If significant deviations in temperature occur, the Food Services Manager shall meet with the Operations Lieutenants to remedy the problem."

MJ

The County produced a "Hot Meal Temperature Tracker" that includes food temperature checks for the following dates:

Date	Location	Time Trayed	Traying Temperature	Time Served	Serving Temperature
8/20/2025	East	1757	153.2	1812	138.1
8/27/2025	IRC	1738	150.0	1755	129.6
9/29/2025	East	1754	140.2	1810	122.4
10/15/2025	West	1751	143.1	1805	131.2
10/22/2025	South	1810	159.8	1813	142.9
11/11/2025	IRC	1753	154.3	1810	138.3
11/25/2025	East	1801	161.2	1812	142.1
12/11/2025	IRC	1734	147.6	1759	123.1
12/24/2025	West	1748	157.3	1801	141.3
1/9/2026	East	1748	149.8	1812	132.1
1/23/2026	West	1752	156.9	1815	142.3
2/5/2026	East	1751	143.5	1803	132.0
2/26/2026	East	1753	152.1	1807	141.2
3/12/2026	NW	1754	147.2	1813	124.3
3/26/2026	East	1745	171.2	1755	155.4

The longest "trayed time" to "serving time" recorded was on December 11, 2025, from 1734 to 1759 hours, or twenty-five (25) minutes.

The largest temperature loss difference from "traying temperature" to "serving temperature" was 147.6 degrees to 123.1 degrees, a 24.5 degree loss on December 11, 2025.

NBJ

NBJ produced a "Meal Temperature Tracker," which includes food temperature checks for the following dates:

Date	Location	Time Trayed	Traying Temperature	Time Served	Serving Temperature
8/19/2025	H Unit	1643	148.3	1646	141.3
9/22/2025	C Unit	1635	155.1	1638	138.8
9/30/2025	D Unit	1650	164.0	1652	158.5
10/14/2025	B Unit	1634	161.2	1637	157.3
10/21/2025	D Unit	1643	159.1	1645	152.9
11/13/2025	E Unit	1638	154.3	1641	149.3
11/24/2025	F & G Unit	1632	144.4	1636	136.3
12/12/2025	J & K Unit	1634	159.5	1635	150.5
12/26/2025	A Unit	1630	157.3	1634	151.1
1/8/2026	C Unit	1635	142.3	1638	136.8
1/22/2026	J & K Unit	1619	152.6	1626	129.0
2/5/2026	B Unit	1625	156.4	1629	152.2
2/25/2026	D Unit	1639	143.2	1643	138.9
3/13/2026	F Unit	1621	151.9	1624	147.1
3/25/2026	J & K Unit	1629	151.2	1632	140.6

The longest "trayed time" to "serving time" was seven (7) minutes on January 22, 2026.

The largest temperature loss difference from "traying temperature" to "serving temperature" was from 152.6 degrees to 129.0 degrees, a 23.6-degree loss on January 22, 2026.

Food Prepared Hot is Served Hot

MJ

During previous reviews, the County reported that MJ kitchen staff modified the timing of cooking by removing food from the warmers, traying it, and sending it to each housing module, with the modules furthest from the kitchen served first. MJ recognized through regular food temperature checks that two (2) housing modules (Northwest and IRC), due to their location being farthest from the kitchen, have food served to them that does not meet the safe food temperature requirements. The MJ has since purchased and begun using two (2) new electric food warming carts to ensure food is kept warm and meets the required serving temperature in these two (2) housing modules.

Post the onsite review, the Expert was informed that the electric food warming carts were only used for the Northwest housing unit when certain foods are prepared that get cold quickly, such as meat patties. Therefore, the electric food warming carts are not used daily. The County also reported that the carts were originally purchased for

NW and IRC since they were the farthest from the kitchen area. Issues with the warming carts precluded daily use. Primarily, opening the door allowed cold air to enter, thereby lowering the internal temperature. Lowering the temperature caused the warmers to reset themselves recirculating cold air inside to re-achieve the set hot temperature which not only takes time but also cools the meal.

The County is looking into possible and feasible options to mitigate this issue.

On June 11, 2026, during the onsite review, the Expert observed the kitchen staff conduct the temperature checks of the dinner meal to determine if food prepared as hot is served hot to the greatest extent practical. The meal consisted of turkey, rice, beans, and green beans. Based on information provided, kitchen staff commenced serving the Northwest Kosher food trays, which consisted of beans and rice, at about 1709 hours and loaded them into a food cart. The Kosher traying temperatures were 188 degrees for the beans and 144 degrees for the rice.

At approximately 1751 hours, kitchen staff commenced serving the Northwest food trays and loaded the trays onto the food carts. At the time of traying, the temperature of the turkey rice was 173 degrees, the temperature of the beans was 167 degrees, and the temperature of the green beans was 143 degrees.

Once the food carts were loaded, custody staff rolled them to the Northwest housing unit. The Expert proceeded to the Northwest housing unit to monitor tray distribution and serving temperatures. At approximately 1810 hours, staff commenced distributing the food trays in Northwest (about a nineteen [19] minute difference from traying). The Expert selected a random tray for temperature checks and noted the turkey rice temperature was 161 degrees (12-degree drop in temperature), beans were 112 degrees (55-degree drop in temperature), and green beans were 113 degrees (30-degree drop in temperature).

The Expert selected a random Kosher tray from the Northwest housing unit which was handed out about 1820 hours (approximately 71 minutes difference from traying) and noted the bean temperature was at 99 degrees (89 degree drop in temperature), and the rice temperature was at 100 degrees (44 degree drop in temperature).

The Expert then selected Kosher food trays that were being served in the West housing unit and noted the bean temperature was at 91 degrees (97-degree drop in temperature) and the rice temperature was at 88 degrees (56-degree drop in temperature).

The Expert noted Kosher food trays had a significant amount of time from traying to serving of approximately one (1) hour and eleven (11) minutes, which resulted in a significant amount of temperature drop for both the beans (89 and 97 degrees) and rice (56 and 44 degrees).

During the onsite review, the Expert interviewed seven (7) incarcerated persons who were participating in Kosher diets. All seven (7) stated the food is warm to cold, or at room temperature. Nine (9) additional incarcerated persons stated the food is served hot, eighteen (18) stated the food is served warm/lukewarm, and

two (2) stated the food is served cold. Five (5) stated food is sometimes hot or warm.

During the rating period, three (3) Inmate Grievance Forms were submitted by incarcerated persons indicating they received cold dinner trays. The MJ kitchen staff response to cold food grievances noted the meal temperatures would be monitored, food temperatures were consistent and within code, and Kosher meals were meeting regulations.

The Expert recommends the MJ ensure Kosher/special diet meals are served hot to the greatest extent practicable and conduct weekly Meal Temperature Tracker checks for regular trays and Kosher/special diet trays. The MJ must find a solution to ensure all meals, including Kosher meals, are distributed soon after traying or utilize electric food warming carts to ensure meals are served hot to the greatest extent practicable. Additionally, the Expert recommends all housing units distribute hot trays as soon as they are received in each housing unit. If the food tray distribution time is decreased, the food would be served at hotter temperatures.

NBJ

NBJ produced "Meal Temperature Tracker" logs, which include food temperature checks and tray serving times. Based on the information provided, the time food is trayed and trays are served averaged 3.2 minutes on the dates tracked. Food temperatures recorded from the time food is trayed and the time food trays are served averaged a temperature drop of approximately eight (8) degrees on the dates tracked.

During the onsite review, the Expert interviewed fourteen (14) incarcerated persons from various housing units and modules. Ten (10) incarcerated persons stated the food is served hot, one (1) incarcerated person stated food is served hot to warm, and three (3) incarcerated persons stated they receive Kosher/special diet trays and the food is served warm/lukewarm.

To achieve substantial compliance with provision 6.D.5. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Ensure Kosher/special diet meals are served hot to the greatest extent practical.
- Conduct periodic temperature monitoring of food to ensure that food (including special dietary meals) prepared hot is served hot to the greatest extent practical. Random temperature checks should be completed at least weekly.
- Ensure food trays are distributed to incarcerated persons as soon as food carts arrive in the housing unit, including the use of electric hot food carts as previously agreed
- Provide proof of practice documentation to the Expert.

6.E. Work Order System and Preventative Maintenance

6.E.1. Staff Training for Submitting Work Orders

6.E.1. The County shall train staff on the process of submitting work orders.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.E.2. Work Order Reporting System for Preventative Maintenance and Repairs

6.E.2. The County shall utilize the work order reporting system to schedule preventative maintenance and repairs. The system shall provide for any cleaning or maintenance requiring an established schedule, including, at a minimum

a) *Regular maintenance of plumbing;*
b) Quarterly Cleaning of fans and ventilation grills;
c) Quarterly replacement of ventilation filters;
d) Regular external contractor monitoring of negative pressure cells and gauges;
e) Monthly fire extinguisher inspection; and
f) Monthly fire and life safety inspections.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

The County is in the process of implementing this requirement. The County utilizes a preventive maintenance work order system to auto-populate work orders on a routine basis. Presently, the system auto-populates preventive maintenance work orders for all items other than items in (c) and (f) of this provision, and General Services anticipates incorporating those items in the next three months. Per the Expert's recommendation, the County maintains a work order report, which the County will provide to the Expert for his review. The County anticipates completing this requirement in the next four to six months.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 102 Inspections and Operations Review. The policy states, "In order to maintain sanitary conditions within the jail, daily cleaning schedules and routine maintenance procedures have been established with periodic inspections to ensure that sanitary conditions are maintained throughout the jail at all times."

MJ

MJ produced the following documents:

- (a) Preventive Maintenance Work Orders for regular maintenance of plumbing. Maintenance of plumbing work orders were not produced.
- (b) Preventive Maintenance Work Orders for quarterly cleaning of fans and ventilation. Provided Third and Fourth Quarter 2025 and First Quarter 2026 wall fan maintenance.
- (c) Preventive Maintenance Work Orders for quarterly replacement of ventilation filters. Provided Third and Fourth Quarter 2025 and First Quarter 2026 replacement of ventilation filters.
- (d) Preventive Maintenance Work Orders for regular external monitoring of negative pressure cells and gauges. Work Orders for August 2025 and March 2026 provided. (The County completed an inspection by an outside contractor on October 9, 2025). Also provided were copies of Work Order requests for quarterly register cleaning-negative pressure cells for Third and Fourth Quarter 2025 and First Quarter 2026.
- (e) Preventive Maintenance Work Orders for monthly fire extinguisher inspections. Provided August 2025 through March 2026.
- (f) Preventive Maintenance Work Orders for monthly fire and life safety inspections. Provided August 2025 through March 2026.

MJ utilizes the Work Order Reporting System to schedule preventive maintenance and work order repairs for most requirements. However, as noted above, the Preventive Maintenance Work Orders for additional maintenance of plumbing were not available.

NBJ

NBJ produced the following documents:

- NBJ Closed Work Order Reports from August 2025 through March 2026. Within the Closed Work Order Reports, the following work orders were identified.
  (a) Regular plumbing maintenance was completed for all months during the rating period.
  (b) Quarterly cleaning of fans and ventilation grills. Per NBJ staff, ventilation grill cleaning is completed when "Quarterly Exhaust Fans" work orders are released.
  (c) Quarterly replacement of ventilation filters. Per NBJ staff, replacement of ventilation filters is completed under "Quarterly HVAC Controls" work orders.
  (d) Preventive Maintenance Work Orders for regular external monitoring of negative pressure cells and gauges are not included.
  (e) Monthly fire extinguisher inspections are not included in the NBJ Closed Work Order List reports.
  (f) Monthly fire and life safety inspections are not included in the NBJ Closed Work Order List reports.

The NBJ utilizes Maintenance Connection for General Services to schedule preventive maintenance and work order repairs for most requirements. However, as noted above, the following Preventive Maintenance Work Orders were not included:

(d) Bi-annual Preventive Maintenance Work Orders for regular external monitoring of negative pressure cells and gauges
(e) Monthly fire extinguisher inspections
(f) Monthly fire and life safety inspections

The Expert recommends that the County incorporate all scheduled maintenance, cleaning, and inspections within the MJ and NBJ Work Order Reporting System.

Regular Maintenance of Plumbing

MJ

The Preventive Maintenance Work Orders for regular maintenance of plumbing were not available. The County did not provide copies for any preventive maintenance completed during the rating period.

During the rating period, two (2) grievances were received for plumbing-related issues. One grievance stated the shower water was too hot in IRC 100. The MJ indicated a work order was submitted, and the water was checked and found to be compliant. One grievance stated the water coming out of the sink contains particles and caused a sore throat. The MJ indicated a water sample was tested and concluded the water was safe, met State standards, and that a clear glass was used and the water was clear.

During the onsite review, various incarcerated persons complained about miscellaneous plumbing problems such as clogged toilets, sink water valves were not working, and dripping shower heads. Incarcerated persons stated in many cases it was taking a long time for repairs to be completed. Many stated some repairs are not completed until everyone goes out to the yard, which can result in days before repairs are completed.

NBJ

The Work Order Reporting System provides for scheduled cleaning and maintenance of various plumbing items and locations such as water management controls, mixing valve and circulation pump, eye washing/shower stations, clean sewer hooks, and other plumbing maintenance items.

During the rating period, NBJ received three (3) Inmate Grievance Forms related to plumbing. Two grievances indicated the hot water faucet in D Unit caused burns, and they were unable to distinguish between the hot and cold faucets. Both grievances requested the NBJ find a way to distinguish between the hot and cold water faucets.

The first grievance was submitted on December 9, 2025, and the NBJ grievance response stated that maintenance was going to identify the hot and cold-water faucets with an "H" and "C," and the hot water was the button on the right, and the cold water was the button on the left.

The second grievance was submitted on March 16, 2026, and indicated the faucets had not yet been identified to distinguish between the hot and cold water faucets, and incarcerated persons were still getting burned by hot water. The NBJ grievance response stated maintenance had a plan to mark the buttons with corresponding water temperatures and would follow up with maintenance about why it had not been completed.

Post review, the Expert was informed that the NBJ added identification markings on all hot and cold-water faucets. The NBJ could not provide the date the work was completed. The Expert will confirm this during the next review.

One (1) grievance indicated a broken pipe damaged his personal property and was requesting compensation. The NBJ indicated the items were replaced and the incarcerated person had agreed to the replacement.

Fans and Ventilation Grills

MJ

The Work Order Reporting System provides for scheduled cleaning and maintenance of fans, and provides Work Orders for the quarter cleaning of vents;

The quarterly Work Orders provided included Quarterly Fan Cleaning logs for the Third and Fourth Quarter 2025 and First Quarter 2026. However, as previously noted in section 6.B.1.g., the MJ ventilation grills (intake and exhaust) were not cleaned quarterly.

During the rating period, MJ received two (2) Inmate Grievance Forms regarding fans. One (1) grievance requested the MJ install a fan near BC-1 to provide air circulation. The MJ indicated air circulation is provided by a fan located in BC-4 and that it provides adequate airflow. The request was denied. The other grievance requested the MJ replace a fan that was removed in East 24. Per the MJ, incarcerated persons had tampered with the fan and removed screws from it. After a search, several screws were located in E-24, and because the fan was not being used correctly, it was removed.

NBJ

The NBJ provided a document stating, "Here at NBJ, we don't have fans. The air vents are on a preventive maintenance that is created by Maintenance Connection for General Services to handle."

The Expert was unable to locate documentation for the quarterly vent cleaning.

Ventilation Filter Replacement

MJ

Documents provided by MJ indicate that HVAC Preventive Maintenance and replacement of air filters are completed quarterly. The Third and Fourth Quarter Work Orders indicate the date work was completed. The Fourth Quarter Work Order indicates complete but does not provide the completion date.

NBJ

Documents provided by NBJ indicate HVAC Controls are completed quarterly. During previous reviews, the ECM indicated the NBJ completes ventilation filter replacements during the HVAC Controls work order assignment.

Negative Pressure Cells

MJ

The Work Order Reporting System provides for scheduled external contractor monitoring of negative pressure cells and gauges. Per the documents provided, the external contractor monitoring of negative pressure cells is completed bi-annually.

NBJ

The Work Order Reporting System does not provide scheduled external control monitoring of negative pressure cells and gauges. However, per the documents provided, the external control monitoring of negative pressure cells and gauges was completed on June 3, 2025, and December 2, 2025.

Fire Extinguisher Inspections

MJ

The Work Order Reporting System provides for scheduled monthly fire extinguisher inspections. MJ conducts and documents monthly inspections of fire extinguishers.

NBJ

The monthly fire extinguisher inspections are not included in the preventative maintenance schedule. NBJ conducted monthly inspections and provided documentation of monthly fire extinguisher inspections from January through March 2026. The fire extinguisher inspections for August 2025 through December 2025 were not provided.

Fire and Life Safety Inspections

MJ

The Work Order Reporting System provides for scheduled monthly fire and life safety inspections. The MJ conducts and documents monthly fire and life safety inspections and provided documentation for the rating period.

NBJ

The monthly fire and life safety inspections are not included in the preventative maintenance schedule. Based on documentation provided, the NBJ completed one (1) fire and life safety inspection in January 2026.

The Expert recommends that MJ and NBJ implement the Work Order Reporting System to schedule cleaning, maintenance, and inspections as required by the *Murray v. Santa Barbara County* Remedial Plan.

To reach substantial compliance with provision 6.E.2. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Utilize the work order reporting system to schedule preventive maintenance and repairs for;
    a) Regular maintenance and plumbing.
    b) Quarterly cleaning of fans and ventilation grills.
    c) Quarterly replacement of ventilation filters.
    d) Regular external contractor monitoring of negative pressure cells and gauges.
    e) Monthly fire extinguisher inspections
    f) Monthly fire and life safety inspections
- Provide proof of practice documentation to the Expert.

6.E.3. Development and Implementation of Environmental Inspection Policy

6.E.3. The County shall develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Substantial Compliance

The Expert recognizes the County developed and implemented an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit, including plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings. However, discontinuation of monitoring is not recommended due to specific findings of concern and unimplemented recommendations set forth in this report. The Expert will continue to monitor this provision and evaluate the cleanliness and storage of personal belongings. Additionally, the Expert will reevaluate this provision in the next onsite review. If this issue is not resolved; this provision will revert to partial compliance.

County Response:

Completed. The Environmental Health and Safety Expert found the County in substantial compliance with this provision.

Analysis/Observations:

The Custody Operations – Policy and Procedures Manual Section 102, Inspection and Operations Review states in part, "In order to maintain sanitary conditions within the jail, daily cleaning schedules and routine maintenance procedures have been established with periodic inspections to ensure that sanitary conditions are maintained throughout the jail at all times." The policy also states in part, "Cleaning schedules have been set up as to not conflict with other jail activities or mass movements of incarcerated persons. Any unsafe condition or maintenance requirement will be reported to the Lead Supervisor and a work order completed and submitted to General Services. An Environment of Care Monitor (ECM) has been assigned to the Sheriff's Main Jail Maintenance Staff who is responsible for ensuring adequate environmental health and safety conditions in the jail facilities, including as set forth in the remedial plan in the Murray v. County of Santa Barbara case. The job duties are enumerated in a separate document which is maintained by the ECM's supervisor and division Commander. This ECM will be responsible for conducting inspections relative to cleanliness and sanitation and submit written reports with corrective action plans. The ECM's duties include an assessment of every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings and submit written bimonthly reviews with corrective action plans."

The Custody Operations – Policy and Procedures Manual Section 102, Inspection and Operations Review states in part, "The ECM's duties include an assessment of every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings and submit written bimonthly reviews with corrective action plans."

In multiple previous reports, the Expert recommended SBCJ staff review whether the issued property containers could adequately store the personal and County property issued to incarcerated persons (e.g., clothing, footwear, documents, etc.), including commissary items. Such a step is important and even essential to facilitating adequate cleanliness and sanitation in the housing units, particularly in dorm units that are quite crowded. The County has not provided any information on its progress in this area. The deficiencies remain unremedied.

The Expert again recommends that the County consider shifting to the use of an adequately sized storage container that will allow incarcerated persons to store the County and personal property they are allowed to retain. During the onsite review, the Expert noted excessive amounts of personal property, which included food items stored on beds, shelves, or floors. The storage of any food items outside the personal storage containers may attract pests/rodents and may have contributed to the increase of rodent problems within the MJ. The Expert further recommends that MJ

custody staff enforce policy and procedures for incarcerated persons to store all personal belongings in storage containers and remove excessive clutter.

This change requires minimal financial or staff resources and would be a cost-effective measure towards the successful implementation of the Remedial Plan provisions on cleanliness and sanitation.

The Expert will re-evaluate this issue in future onsite reviews.

6.F. Chemical Control and Biohazardous Materials

6.F.1. Development and Implementation of Chemical Control Policies and Procedures

6.F.1. The County shall develop and implement chemical control policies and procedures for safe storage, dilution, and distribution of chemicals used at the jail.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.F.2. Development and Implementation of Chemical Safety Training for Staff and Incarcerated Persons

6.F.2. The County shall develop and implement a chemical safety training for all staff and prisoners assigned the responsibility of cleaning. The County or County's contract provider shall maintain documentation that demonstrates evidence of training for all staff and prisoner-workers involved in cleanup.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

The County is in the process of implementing this requirement. The County has implemented an Inmate Worker Training Tracker to document the Inmates Worker's start date and training date. Per the Expert's recommendation, the County will provide training to new Inmate Workers before they are tasked with conducting any cleaning or handling of chemicals. County will provide to the Expert proof of practice in the form of the Inmate Worker Training Tracker for his review during the next monitoring period.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Chemical Safety Program video slide presentation. The training outlines the basic chemical safety requirements under CAL-OSHA. The County also produced rosters of staff and incarcerated persons assigned cleaning responsibilities who attended the training.

MJ

The MJ produced the Santa Barbara County Sheriff's Custodial Facilities Chemical Safety PowerPoint Training Rosters for staff and incarcerated persons who attended the training.

The MJ produced a roster titled "Current" for incarcerated workers who are currently assigned to work in the Laundry Department and Northwest Doc. The roster contained the name, CID number, location of work assignment (laundry or Northwest Doc), housing, date the incarcerated workers were assigned to the work location, and training completion date. The MJ also provided a roster title "Former" of incarcerated workers who were formerly assigned to work in the Laundry Department and Northwest Doc. The roster contained the name, CID number, location of work assignment (laundry or Northwest Doc), housing, date the incarcerated workers were assigned to the work location, and the stop date (date the incarcerated workers were unassigned from the work location).

The Expert reviewed the "Current" roster provided and identified that MJ had thirty-one (31) incarcerated persons assigned to the Laundry Department and nine (9) Northwest Doc workers during the rating period on the date the report was submitted. Based on the roster, forty (40) incarcerated persons received Chemical Safety training on the date of the assignment, or within days of assignment. One (1) incarcerated person received training eight (8) days after assignment.

The Expert reviewed the "Former" roster provided and identified that MJ had forty-four (44) incarcerated persons formerly assigned to the Laundry Department and Northwest Doc during the rating period. Based on the roster, all forty-four (44) incarcerated persons received Chemical Safety training on the date of assignment, or within seven (7) days of assignment.

The Expert cross-referenced the list of forty-four (44) former Laundry Department and Northwest Doc workers with the Chemical Safety PowerPoint Training Rosters and identified that all forty-four (44) workers received training.

The MJ also provided a roster titled "SBJ Kitchen Inmate Workers During Rating Period." The roster contains the name, CID number, date of training, start date, and date of medical clearance. The roster contains a total of fifty-eight (58) incarcerated workers assigned to the MJ kitchen during the rating period. The County also provided copies of the "Santa Barbara County Sheriff's Office SBJ Kitchen Dept. Inmate Worker Training Trackers" and copies of signed acknowledgment forms.

The Expert cross-referenced the "SBJ Kitchen Inmate Workers During Rating Period" roster with the "Santa Barbara County Sheriff's Office SBJ Kitchen Dept. Inmate

Worker Training Trackers" and copies of signed acknowledgment forms. The Expert noted that all fifty-eight (58) workers received Chemical Safety training. In some cases, the Chemical Safety training was provided on the date of the assignment, or within seven (7) days of assignment. In twenty-three (23) cases, the training was provided between eight (8) to twenty-two (22) days after assignment.

The Expert noted that, in many cases, MJ Kitchen provides Chemical Safety training to incarcerated workers several days or weeks after assignment. The incarcerated workers may be utilizing chemicals to conduct cleaning duties without having attended Chemical Safety training.

The Expert interviewed four (4) staff members assigned as Utility Workers. All four (4) staff stated they conduct cleanup and/or supervise incarcerated persons assigned to perform cleanup. The Expert reviewed the training records produced by the County and noted that these staff attended Chemical Safety training.

The Expert interviewed three (3) incarcerated workers assigned to the Laundry Department who conduct cleanup, and three (3) incarcerated persons assigned to the kitchen who conduct cleanup. All incarcerated persons stated they have received Chemical Safety training. The Expert reviewed the training records for all six (6) workers and noted all had attended Chemical Safety training.

The Expert noted all incarcerated persons assigned to Kitchen, Laundry, and Northwest Doc received Chemical Safety training as required. The Expert recommends that incarcerated workers assigned receive Chemical Safety training on the date of assignment, or that MJ provide documentation verifying the training was provided before incarcerated workers are assigned to perform cleanup duties. The County reported that individuals who have not received training do not use chemicals. Inmate work crews receive chemical safety and bloodborne pathogens training as soon as possible, usually within the first 5 days of being assigned to a work detail. The County requests that it allow incarcerated persons to be assigned in these situations but not allow for chemical use until training is received. The Expert noted that in some cases incarcerated person workers were assigned to work for more than three (3) weeks without being provided the required training.

NBJ

NBJ provided "Santa Barbara County Sheriff's Office Incarcerated Persons Kitchen Workers Tracker" sheets from August 2025 through March 2026. The sheets contain the names, CID number, date of training, start date, and end date. NBJ also provided acknowledgment forms for incarcerated persons who participated in Chemical Safety training during the rating period.

Based on "Santa Barbara County Sheriff's Office Incarcerated Persons Kitchen Workers Tracker" forms, a total of fifty-three (53) incarcerated workers were assigned to the kitchen during the rating period.

The Expert verified the names of incarcerated persons on the "Santa Barbara County Sheriff's Office Incarcerated Persons Kitchen Workers Tracker" with the

acknowledgment forms provided. The Expert noted all fifty-three (53) incarcerated persons received Chemical Safety training. Thirty-six (36) received the training within one (1) to seven (7) days of assignment, and seventeen (17) received training between eight (8) days to five (5) weeks from the date of assignment.

NBJ also provided "Santa Barbara County Sheriff's Office NBJ Laundry Dept. Inmate Worker Training Tracker" forms and copies of acknowledgment forms for February and March 2026. Based on the Tracker forms provided, four (4) incarcerated workers were assigned to the Laundry Department during the rating period, and all received Chemical Safety training.

NBJ provided "Santa Barbara County Sheriff's Office Incarcerated Persons Laundry Dept. Worker Tracker" forms and copies of acknowledgment forms for incarcerated persons who were formerly assigned to the Laundry Department during the rating period. Based on the Tracker forms provided, nine (9) incarcerated persons who were formerly assigned to the Laundry Department received Chemical Safety training.

A review of the "Santa Barbara County Sheriff's Office Incarcerated Persons Kitchen Workers Tracker" sheets from August 2025 through March 2026 indicates many incarcerated workers were not provided training upon assignment, and in many cases received Chemical Safety training weeks after assignment.

The Expert interviewed two (2) incarcerated persons assigned to the Laundry Department. The Expert reviewed the training records produced by the County and noted that both incarcerated persons attended the Chemical Safety training.

The Expert interviewed two (2) incarcerated persons assigned to the kitchen. The Expert reviewed the training records produced by the County and noted that both incarcerated persons attended the Chemical Safety training.

The Expert interviewed one (1) staff member assigned to the kitchen, one (1) staff member assigned as a Utility Worker, and one (1) staff member assigned to the Laundry Department. The Expert reviewed the training records and noted that all staff attended Chemical Safety training.

The Expert recommends that all staff and incarcerated persons assigned to cleaning be provided with Chemical Safety training upon assignment prior to utilizing the chemicals used to conduct cleaning.

To reach substantial compliance with provision 6.F.2. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Ensure all incarcerated person workers assigned to cleaning receive chemical safety training before being assigned cleaning duties.
- Maintain a list of incarcerated person workers and staff assigned to cleaning during the rating period.
- Provide proof of practice documentation to the Expert.

6.F.3. Communicable Disease Policy

6.F.3. The County shall revise and ensure implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray.

Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.F.4. Development and Implementation of Policies and Procedures for Cleaning, Handling, Storing and Disposal of Biohazardous Materials

6.F.4. The County shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, including waste. The County shall ensure that Material Safety Data Sheets are accessible anywhere chemicals are stored, mixed, or diluted.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

4.1) The County is in the process of implementing this requirement. The County has an orientation for inmates to cover handling, storing, and disposing of biohazardous materials. The County has developed the requisite training which has been approved by the Environmental Health and Safety Expert. Training has been provided to Custody staff and inmate workers. The County is in the process of developing policies and procedures in compliance with this requirement, the County will provide to the Expert for his review. The County anticipates completing this requirement in the next month.

4.2) Completed. MSDS sheets have been placed in all areas (SBJ and NBJ) where chemicals are stored, mixed or diluted.

Analysis/Observations:

The County produced the Santa Barbara County Sheriff's Office Custody Operations Policy and Procedures Manual 362, Incarcerated Persons Clothing and Personal Hygiene, revision dated 05/2025. The policy has not been finalized. The draft policy states, "Any clothing item, sandals or linen that has been contaminated with blood or other potentially infectious materials (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any bodily fluid that is visibly contaminated with blood or any human tissue) shall be placed in a plastic red biohazard bag and deposited in biohazard storage located in the IRC Treatment Room closet within the Main Jail and in the soiled linen room near the medical clinic at the Northern Branch Jail. Only staff and/or inmate workers

trained to clean biohazardous materials shall be utilized to clean areas that have been contaminated with biohazardous material."

As noted by the Expert in the previous review, the policy addresses biohazard collections and removal of any clothing item; however, the policy does not address the collection and removal of non-clothing items such as incarcerated persons' personal property and/or other non-clothing County property.

The County previously produced a revision to Santa Barbara County Sheriff's Office Custody Operations Policy and Procedures Manual 362, Incarcerated Persons Clothing and Personal Hygiene. The revisions state, "Any personal items (books, tablets, medical devices, etc.) that are found to be contaminated will be promptly exchanged by Custody Staff. Contaminated personal items will be properly disposed of following the guidelines listed above."

The Expert recommends the County finalize and implement the revised policy.

Material Safety Data Sheet Locations

Analysis/Observations:

MJ

During the onsite review, the Expert was informed that no changes have been made to the locations of Material Safety Data Sheets and where chemicals are stored, mixed, or diluted. As noted in previous reviews, the MJ reports that the locations where chemicals are stored, mixed, or diluted include:

- Northwest Dock Chemical Storage
- Northwest Dock
- Lobby Crew Cleaning Closet
- Laundry Dept.
- IRC Cleaning Closet
- Property Room

The MJ produced photos of the 24" x 36" OSHA Compliant Chemical Safety Training Posters. The County reported the posters are in the following locations:

- Laundry Department
- Nurses Offices
- Property Room
- Northwest Dock
- Lobby Crew Cleaning Closet
- MSF Office
- Kitchen Office

The MJ also produced photos of the location of the Material Safety Data Sheet books. The MJ reported the Material Safety Data Sheet books are in the following areas:

- Central Treatment Room

- IRC Cleaning Closet
- Kitchen Office
- Laundry Department
- Lobby Crew Cleaning Closet
- MSF Office
- Northwest Dock
- Northwest Dock Storeroom
- Northwest Treatment
- Nurses Office
- Property Room

The MJ also produced photos of eyewash stations. The County reported that eyewash stations are in place in the following locations:

- Northwest Treatment Room
- Northwest Dock
- Laundry Department
- Central Treatment Room

During the onsite review, the Expert was able to confirm the Material Safety Data Sheet books in most locations.

NBJ

As noted in previous reviews, the NBJ produced photos of the location of the Material Safety Data Sheet books. The NBJ reported that the Material Safety Data Sheet books are in the following areas:

- Intake
- Jail Administration
- A-Unit and A-Unit #2
- B-Unit and B-Unit #2
- C-Unit and C-Unit #2
- D-Unit and D-Unit #2
- E-Unit and E-Unit #2
- F-Unit and F-Unit #2
- G-Unit and G-Unit #2
- H-Unit and H-Unit #2
- J/K-Unit
- M-Unit
- Main Corridor by Central Control
- Maintenance
- Kitchen
- Transportation Corridor
- Lobby Closet
- M-Unit Soiled Linen Closet
- Janitor Next to M-11

During the onsite review, the Expert confirmed various locations where Material Safety Data Sheet binders are located.

To reach substantial compliance with provision 6.F.4. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Update, finalize, and implement the revisions to the Policy and Procedures Manual 362.
- Provide proof-of-practice documentation to the Expert.

6.F.5. Personal Protective Equipment for Staff and Incarcerated Person-Workers

6.F.5. The County shall ensure that staff and prisoner-workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g., lice or scabies) are outfitted with protective equipment and receive appropriate supervision.

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Substantial Compliance

Based on documents provided, staff and incarcerated workers who were responsible for cleaning biohazardous materials were outfitted with protective equipment and/or received appropriate supervision. However, the Expert noted one staff member at the NBJ participated in a biohazardous cleanup event and the NBJ could not provide documentation of Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training. The Expert will continue to monitor this provision during the next round of monitoring.

County Response:

Completed. The Expert found the County in substantial compliance with this provision.

Analysis/Observations:

MJ

The MJ provided documentation that staff and incarcerated workers, responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests, were provided and outfitted with protective equipment and supervised. The County produced Property Office Recap reports which contain twenty-six (26) events that included biohazardous waste cleanups and documented the Personal Protection Equipment and cleaning solutions used to complete the cleanup.

A total of six (6) staff members were identified as participating in various biohazardous cleanup events. Based on the Property Office Recap reports, all six (6) utilized Personal Protective Equipment gear and equipment.

A total of seven (7) incarcerated workers were utilized and participated in various biohazardous cleanup events. Based on the Property Office Recap reports, all seven (7) utilized Personal Protective Equipment gear and were supervised.

The Expert reviewed training records for staff and incarcerated workers identified on the Property Office Recap. The Expert identified all seven (7) incarcerated workers who were involved in biohazardous waste cleanups received Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training. The Expert identified all six (6) staff members who were involved in biohazardous waste cleanups and received Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training.

The Expert interviewed four (4) staff members assigned as Utility Workers and may be assigned to clean biohazardous materials or areas suspected of being contaminated by pests, and/or supervise incarcerated workers assigned to clean biohazardous materials or contaminated areas. The staff members stated that when cleaning biohazardous materials, they wear or provide Personal Protective Equipment, which may consist of gloves, a suit/gown, goggles, mask, and shoe covers. Two (2) staff members stated they conduct biohazardous cleanups and prefer not to utilize incarcerated workers to perform biohazardous cleanups. Two (2) staff members stated they only utilize incarcerated workers who have received Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training. A review of training records provided indicated both staff members received Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training.

NBJ

The NBJ provided documents that staff and/or incarcerated workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests were provided with and outfitted with protective equipment and supervised. The NBJ produced one (1) Property Office Recap report that included a biohazardous waste cleanup during the rating period and documented the Personal Protective Equipment and cleaning solutions used to complete the cleanup. The NBJ also provided two (2) documents titled "Bi-Weekly Shower Power Washing Checklist" which identify a location, action taken, and Personal Protective Equipment used. The documents include the following biohazardous waste cleanup information:

- 9/10/25 Bi-Weekly Shower Power Washing Checklist report indicates PV-04 was cleaned up and sanitized. "PPE used" and identification (body) number for staff member.
- 11/12/25 Bi-Weekly Shower Power Washing Checklist report indicates K-02 was cleaned and sanitized. "PPE used" and identification (body) number for staff member.
- 1/16/26 Property Office Recap report indicating two (2) incarcerated workers used gloves and bleach disinfectant to clean up C-12.

The Expert reviewed training records for the staff and incarcerated workers identified on all three biohazardous waste cleanup documents. The Expert verified the two (2)

incarcerated workers received Chemical Safety, Personal Protective Equipment, and Biohazardous/Bloodborne Pathogens training.

Based on documentation provided, only one (1) staff member involved in biohazardous waste cleanup received Personal Protective Equipment and Biohazardous /Bloodborne Pathogens training. Training documentation for one (1) staff member involved in biohazardous waste cleanup was not provided.

The Expert interviewed one (1) staff member assigned as a Utility Worker. The staff member is assigned to clean, and to supervise incarcerated workers assigned to clean biohazardous materials or contaminated areas. The staff member stated that when cleaning biohazardous materials, they wear or provide Personal Protective Equipment, which consists of gloves, a suit/gown, goggles, mask, and shoe covers. Based on records previously provided, the staff member has attended Chemical Safety, Personal Protective Equipment and Biohazardous/Bloodborne Pathogens training.

The Expert interviewed two (2) incarcerated persons assigned to the Lobby Cleaning Crew at NBJ. Both incarcerated persons stated they are provided Personal Protective Equipment when cleaning biohazardous materials, or areas and articles contaminated with pests. Both incarcerated persons stated they are supervised by staff when conducting biohazardous cleanups. Both incarcerated persons received Chemical Safety, Personal Protective Equipment, and Biohazardous/Bloodborne Pathogens training.

6.G. Negative Pressure Monitoring and Recording

6.G.1. Magnehelic gauge checks

6.G.1. The magnehelic gauges located outside the housing area to any negative airflow cell shall be checked once per shift to ensure the cells remain in a negative airflow state. When non-conformities are identified, the cell shall not be used for people with circumstances requiring a negative airflow cell, and a work order shall be submitted for prompt repair.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has trained Module Deputies to complete work orders when negative airflow gauges are out of range and the Deputy is unable to correct the issues. Over the next six (6) months, the County will be monitoring the documentation and will initiate corrective action for process deviations. Proof of practice will be submitted to the Environment of Health and Safety Expert for review.

Analysis/Observations:

The Policy and Procedures Manual 244 titled "Santa Barbara County Sheriff's Office Custody Operations, Communicable Diseases," states in part, "The gauges located at any negative airflow cell will be checked once each shift by a deputy to ensure these cells remain in a negative airflow state. These checks will be documented on the Daily Module Recap. If a deputy observes any cells that are outside of the ranges provided above or that display red, they shall follow the following procedures:

a. The staff member shall confirm that any incarcerated person housed in that cell is not under airborne precautions for a confirmed or suspected communicable disease. If the incarcerated person is under airborne precautions, the staff member shall immediately contact medical staff and the Lead Supervisor to ensure that the incarcerated person is moved to another appropriate negative airflow cell as soon as possible.
b. The staff member shall visually inspect the intake and exhaust ducts within the cell which is not in a negative airflow state. If either air duct appears to be blocked, staff shall have the item(s) removed from the duct(s);
c. The staff member shall confirm that the door(s) are secured, including any ante rooms;
d. The staff member shall recheck the negative airflow gauge ten minutes after completing the previous steps to determine if it became compliant;
e. If not in compliance following these measures, the issue will be reported immediately to Maintenance by submitting a work order."

MJ

The Santa Barbara County Sheriff's Office Custody Operations 244, Communicable Diseases, reflects that negative pressure cells in MJ are located on the New East Restrictive Housing Addition (NERH 25 - 38). The policy states, "These gauges should read between 0.25 and 0.070."

The County provided 24-hour Post Recap reports from the MJ East Module from August 2025 through March 2026. The Post Recap reports reflect that the Negative Airflow Cell gauge checks are conducted at 0600 and 1800 hours. The Post Recap reports include a checkbox indicating the gauge checks were completed, and staff also note the condition of the gauges. The report also includes the cell number and the gauge check reading for each cell/gauge.

The Expert randomly selected five (5) Post Recap reports for each month of the rating period and identified the following discrepancies.

- 8/4/25, 8/16/25, 8/20/25, 8/27/25, 8/31/25, 9/5/25, 9/9/25 and 9/14/25 - All gauges within range.
- 9/24/25 - 0600 hours, (10) gauges were below .25. 1800 hours, (9) gauges were below .25. No indication that staff attempted to clear the ventilation screens or that a work order was submitted to restore negative airflow in cells.
- 9/30/25 - 0600 hours, (10) gauges were below .25. 1800 hours, (10) gauges were below .25. No indication that staff attempted to clear the ventilation screens or that a work order was submitted to restore negative airflow in cells.

- 10/4/25 - 0600 hours, (9) gauges were below .25. 1800 hours, (9) gauges were below .25. No indication that staff attempted to clear the ventilation screens or that a work order was submitted to restore negative airflow in cells.
- 10/9/25 - 0600 hours, (9) gauges were below .25. 1800 hours, (9) gauges were below .25. No indication that staff attempted to clear the ventilation screens or that a work order was submitted to restore negative airflow in cells.
- 10/14/25 - 0600 hours, (7) gauges were below .25. 1800 hours, (7) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 10/19/25 - 0600 hours, (7) gauges were below .25. 1800 hours, (6) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 10/30/25 - 0600 hours, (7) gauges were below .25. 1800 hours, (7) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 11/2/25 - 0600 hours, (7) gauges were below .25. 1800 hours, (6) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 11/12/25 - 0600 hours, (6) gauges were below .25. 1800 hours, (7) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 11/21/25 - 0600 hours, (5) gauges were below .25, (3) above .70. 1800 hours, (5) gauges were below .25, (3) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 11/24/25 - 0600 hours, (4) gauges were below .25, (3) above .70. 1800 hours, (2) gauges were below .25, (4) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 11/30/25 - 0600 hours, (5) gauges were below .25, (1) above .70. 1800 hours, (5) gauges were below .25, (1) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 12/3/25 – 0600 no readings recorded. 1800 hours, (4) gauges were below .25, (3) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 12/13/25 - 0600 hours, (3) gauges were below .25, (4) above .70. 1800 hours, (4) gauges were above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 12/15/25 – 0600 hours, (4) gauges were above .70. 1800 hours, (4) gauges above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 12/26/25 - 0600 hours, (3) gauges were below .25, (3) above .70. 1800 hours, (4) gauges were below .25, (2) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.

- 12/28/25 - 0600 hours, (4) gauges were below .25, (2) above .70. 1800 hours, (4) gauges were below .25, (1) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 1/1/26 - 0600 hours, (4) gauges were below .25. 1800 hours, (4) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 1/7/26 - 0600 hours, (6) gauges were below .25, (1) above .70. 1800 hours, (3) gauges were below .25, (1) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 1/17/26 - 0600 hours, (4) gauges were below .25, (3) above .70. 1800 hours, (1) gauge was below .25, (2) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 1/19/26 - 0600 hours, (3) gauges were below .25, (3) above .70. 1800 hours, (1) gauge was below .25, (3) above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 1/29/26 - 0600 hours, (3) gauges above .70. 1800 hours, (3) gauges above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 2/6/26 - 0600 hours, (3) gauges were above .70. 1800 hours, (3) gauges were above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 2/2/26 - 0600 hours, (3) gauges were above .70. 1800 hours, (3) gauges were above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 2/11/26 - 0600 hours, (3) gauges were above .70. 1800 hours, (3) gauges were above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 2/27/26 - 0600 hours no readings recorded. 1800 hours, (4) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 2/18/26 - 0600 hours, (3) gauges were above .70. 1800 hours, (3) gauges were above .70. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 3/13/26 - 0600 hours, (4) gauges were below .25. 1800 hours, (5) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 3/7/26 - 0600 hours, (3) gauges were below .25. 1800 hours, (3) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 3/31/26 - 0600 hours, (4) gauges were below .25. 1800 hours, (4) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.

- 3/14/26 - 0600 hours, (3) gauges were below .25. 1800 hours, (4) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.
- 3/1/26 - 0600 hours, (4) gauges were below .25. 1800 hours, (4) gauges were below .25. No indication that staff attempted to clear the ventilation screens or if a work order was submitted to restore negative airflow in cells.

During the onsite review, the Expert was informed that Northeast Restrictive Housing was temporarily taken offline, and no incarcerated persons were housed there.

NBJ

The Santa Barbara County Sheriff's Office Custody Operations 244, Communicable Diseases, reflects that negative pressure cells in NBJ are in the Medical Clinic; Cells M-01 through M-05. The policy states in part, "These gauges should display green when cells are in negative airflow state and display red when cells are not in negative airflow state." The Custody Operations Negative Airflow Cells PowerPoint presentation training produced by the County reflects that NBJ Clinic gauges should read between 0.050 and 0.001, and any other readings will require staff to act. Staff from each shift (0600 and 1800 hours) are required to review the light, ensure the screen is green and reads "Normal," and document the numerical range reading on the daily recap report. If the color code is red and does not read normal, staff are required to check the intake and exhaust ducts within the cell for blockage. If blocked, clear the blockage and recheck the gauge in 10 minutes. If the gauge still reads above the limits, then submit a work order to General Services. If a gauge reads below -0.05, submit a work order to General Services.

The County provided J/K/M - Unit Recaps reports from August 2025 through March 2026.

The Expert randomly selected five (5) Post Recap reports for each month of the rating period. The Expert noted thirty-eight (38) days with no discrepancies or actions needed. The Expert identified one (1) discrepancy during the rating period.

- 11/24/25 – Cell M1 indicated "Bad" condition reading at -0.001. No documentation was noted indicating whether staff attempted to clear the reading or submitted a work order to General Services. Additionally, the Post Recap report does not indicate if any incarcerated persons needed to be relocated because of a malfunctioning negative airflow cell.

The Expert noted one (1) Post Recap report indicated negative pressure cell discrepancies and properly documented the action taken to correct the discrepancy. However, the Post Recap report does not indicate if any incarcerated persons needed to be relocated because of malfunctioning negative airflow cells.

- 11/30/25 – Cells M1 through M5 indicate "Bad" condition and indicated 0 to -0.001 readings. Staff noted "Negative airflows have been fluctuating all day between red and green. General Services is aware that there are significant fluctuations and has scheduled a evaluation of the system."

The Expert recommends SBCJ retrain MJ staff assigned to monitor negative air pressure cells on the requirements to follow when the magnehelic gauges are outside the required reading range. The Expert also recommends supervisors monitor staff to ensure all magnehelic gauge checks are completed and properly documented on the Post Recap reports daily, and that all actions taken to correct discrepancies are documented.

Cells Identified as Non-Conforming

The County produced the Santa Barbara County Sheriff's Office Custody Operations 244, Communicable Diseases, which states in part, "The gauges located at any negative airflow cell will be checked once each shift by a deputy to ensure these cells remain in a negative airflow state. These checks will be documented on the Daily Module Recap. If a deputy observes any cells that are outside of the ranges provided above or that display red, they shall follow the following procedures:

a. The staff member shall confirm that any incarcerated person housed in that cell is not under airborne precautions for a confirmed or suspected communicable disease. If the incarcerated person is under airborne precautions, the staff member shall immediately contact medical staff and the Lead Supervisor to ensure that the incarcerated person is moved to another appropriate negative airflow cell as soon as possible."

MJ

Based on staff not documenting what actions were taken when non-conformities were noted on the Post Recap reports, the Expert was unable to evaluate if staff performed the mandated steps to clear abnormal gauge readings, and if the issues identified required the submission of a work order and/or the relocation of incarcerated persons.

The Expert recommends that Post Recap reports, or other forms of documentation, be used to document when non-conformities are identified and cells are not used for people requiring negative airflow cells, and actions taken by staff to relocate the incarcerated person to a suitable housing location as required by policy and the *Murray v. Santa Barbara County* Remedial Plan.

NBJ

As noted in section 6.G.1.b., the NBJ documented two (2) incidents where non-conformities were identified. The Post Recap reports do not indicate what actions staff took to relocate any incarcerated person to a suitable housing location, as required by the policy and the *Murray v. Santa Barbara County* Remedial Plan.

Submitting Work Orders for Non-Conformities

MJ

MJ did not produce copies of work orders submitted for non-conformities.

The Expert recommends that MJ staff promptly submit work orders when non-conformities are identified. Copies of such work orders should be routed to the ECM for tracking and proof of practice. Based on the review of Post Recap reports, as noted in section 6.G.1.a, numerous work orders should have been submitted.

NBJ

NBJ documented two (2) incidents where non-conformities were identified; however, NBJ did not produce copies of work orders submitted for non-conformities.

To reach substantial compliance with the provision 6.G.1. of the *Murray v. Santa Barbara County* Remedial Plan, the County must:

- Check magnehelic gauges for any negative airflow cell daily, once per shift, to ensure the cells remain in a negative airflow state.
- When non-conformities are identified, staff must conduct the air vent clearing process as mandated by policy and procedures.
- When non-conformities are identified, and the air vent clearing process does not correct the non-conformities, staff must submit a work order and document the problem on the 24-hour Recap Report.
- Provide proof of practice documentation to the Expert.

6.G.2. Staff Training for Magnehelic Gauge Readings

6.G.2. The County shall provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Substantial Compliance

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.G.3. Testing of Negative Pressure Cells and Gauges by External Contractor

6.G.3. Negative pressure cells and gauges shall be tested by an external contractor on a regular schedule as part of the jail's preventive maintenance schedule.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is

no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.H. Emergency Response and Fire/Life Safety

6.H.1. Monthly Inspection of Fire Extinguishers and Drills

6.H.1. The County shall inspect fire extinguishers monthly and hold drills to ensure all jail staff are trained consistent with NCCHC (National Commission on Correctional Health Care) standards on emergency response. Drill documentation shall include start and stop times, the number and location of any prisoners moved as part of the drill, and noted deficiencies, and any corrective actions taken.

Compliance Rating: Discontinuation of Monitoring

Prior Compliance Rating: Discontinuation of Monitoring

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026, order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

6.I. Environment of Care Monitor Inspections, Corrective Action, and Process for Incarcerated Persons to Raise Concerns

6.I.1. Bimonthly Housing Unit Environment of Care Monitor Inspections

6.I.1. The Environment of Care Monitor shall conduct bimonthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit. The inspections shall include a documented assessment of and (as needed) corrective action plans for:

a) Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayrooms surfaces;
b) Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks, and personal property containers.
c) Cleanliness of fans, exhaust, and return ventilation grills, and the need for any maintenance repairs, such as painting, broken tiles, blocked lighting, and plumbing.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

Completed. At the Expert's recommendation, the NBJ has implemented a Corrective Action Plan and will be able to provide proof of practice documentation to the Expert during next monitoring session.

Analysis/Observations:

The Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual 102 Inspections and Operations Review states in part, "An Environment of Care Monitor (ECM) has been assigned to the Sheriff's Main Jail Maintenance Staff who is responsible for ensuring adequate environmental health and safety conditions in the jail facilities, including as set forth in the remedial plan in the Murray v. County of Santa Barbara case. The job duties are enumerated in a separate document which is maintained by the ECM's supervisor and division Commander. This ECM will be responsible for conducting inspections relative to cleanliness and sanitation and submit written reports with corrective action plans. The ECM's duties include an assessment of every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings and submit written bimonthly reviews with corrective action plans."

The Santa Barbara County Sheriff's Office, Santa Barbara Jail and Northern Branch Jail Sanitation Plan 11.5.25, states in part, "An Environment of Care Monitor is assigned to each facility and will perform a walk-through inspection of the jail facilities, minimum of twice per week, noting any cleanliness issues. Upon performing an inspection of all housing modules and common areas, any deficiencies found will be brought to the attention of the Continual Quality Assurance ("CQA") Sergeant, Lieutenant, or designee, and noted in the bimonthly inspection report. The CQA Sergeant, Lieutenant, or designee will notify shift supervisors. A Facilities Work Order will be completed for any deficiencies found that cannot be immediately corrected."

MJ

MJ provided five (5) Environment of Care Inspection reports conducted by the ECM for the periods July-August 2025, September-October 2025, November-December 2025, January-February 2026, and March-April 2026.

The cover page of each Environment of Care Inspection report states, "This environment of care inspection was conducted over the two months of (e.g., July and August of 2025). My inspections encompass all locations inmates may reside, work, and/or have access to during their incarceration here at the Santa Barbara County Jail.

ITEMS INSPECTED FOR CLEANLINESS

Floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayroom surfaces, common areas and furnishings (including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks, and personal property containers), fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing."

The MJ ECM conducted bimonthly Environmental Health and Safety inspections of every housing unit, and the inspections included all areas required by the *Murray V. Santa Barbara County* Remedial Plan.

NBJ

NBJ provided five (5) Excel documents for the Environment of Care Inspections conducted by the ECM for the periods July-August 2025, September-October 2025, November-December 2025, January-February 2026, and March-April 2026.

The County also produced a document titled, "Items Inspected for Cleanliness," that states, "Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayroom surfaces, common areas and furnishings (including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks, and personal property containers), fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing." The inspections include inspections of every housing unit and all areas required by the *Murray v. Santa Barbara County* Remedial Plan.

The NBJ ECM conducted bimonthly Environmental Health and Safety inspections of every housing unit, and the inspections included all areas required by the *Murray v. Santa Barbara County* Remedial Plan.

Corrective Action Plans

MJ

MJ provided six (6) Corrective Action Plans in Excel spreadsheets titled "2025 (2026) Bimonthly Inspection Corrective Action Plan for Plumbing & Lighting," "2025 (2026) Bimonthly Inspection Corrective Action Plan for Painting," and 2025 (2026) Bimonthly Inspection Corrective Action Plan for Cleaning." Each report contains a tab for each bimonthly inspection conducted during the rating period. Each report identifies the date the work order was submitted, the location where the problem was identified, a brief description of the issue, the work order number, the status of the work order (pending or completed), the date the work order was completed, a description of the action taken, and a column for notations.

The bottom of each Corrective Plan states, "Work orders will remain active until completion. All Work Orders will have an expiration date of 60 days from the date of issuance if not completed. At the end of 60 days, incomplete work orders will be reevaluated."

The Expert reviewed the bimonthly inspection Corrective Action Plans for 2025 and noted "Pending" work orders, or work orders that were not completed during the bimonthly inspection, did not carry over into the following bimonthly inspection Corrective Action Plan. Therefore, the Expert was unable to evaluate if the work order request was fully completed.

Effective with the January and February 2026 bimonthly inspection Corrective Action Plan, the ECM incorporated all "Pending" or work orders not completed in the January/February bimonthly inspection into the next March/April bimonthly inspection Corrective Action Plan. By incorporating pending work orders into the next CAP this will allow the County to track all work orders that have not been completed.

Based on the 2026 Bimonthly inspection Corrective Action Plans, the Expert is able to identify all work orders submitted during a bimonthly inspection and determine which work orders were completed, which work orders were pending or resubmitted, and when the pending or resubmitted work orders were completed.

NBJ

NBJ did not provide Corrective Action Plans for 2025. NBJ provided three Corrective Action Plans for 2026 in Excel spreadsheets titled "2026 Bimonthly Inspection Corrective Action Plan for Plumbing & Lighting," "2026 Bimonthly Inspection Corrective Action Plan for Painting," and "2026 Bimonthly Inspection Corrective Action Plan for Cleaning." Each report contains a tab for each bimonthly inspection conducted during the rating period. Each report identifies the date the work order was submitted, the location where the issue was identified, a brief description of the issue, the status of the work order (pending or completed), the date the work order was completed, a description of the action taken, and a column for notations. However, the Expert noted the Corrective Action Plans did not contain work order numbers associated with the issue identified.

The Expert recommends that pending work orders be tracked on the Corrective Action Plan until the issue is resolved, and the Corrective Action Plan include all relevant information, such as work order numbers.

To reach substantial compliance with the provision 6.I.1. of the *Murray V. Santa Barbara County* Remedial Plan, the County must:

- Maintain a Corrective Action Plan for the bimonthly inspection, and any work orders that remain pending should continue to be tracked within the Corrective Action Plan until the issue is resolved.
- Include all relevant information, including work order numbers.
- Provide proof of practice documentation to the Expert.

6.I.2. System for Class Members to Raise Sanitation Matters of Concern

6.I.2. The County shall provide a system through which class members are able to raise sanitation matters of concern. The grievances shall be reviewed by the housing unit supervisors before each shift change. Where a maintenance issue identified, a work order shall be submitted before the end of the following shift.

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County is currently in the process of re-training shift supervisors to carefully review grievances, and where a maintenance issue is identified, to submit a work order before the end

of the following shift as required by this provision. The County anticipates completing this requirement in the next four months.

Analysis/Observations:

The Santa Barbara County Sheriff's Office Custody Operations – Policy and Procedures Manual Section 361 Grievance Procedures, states in part, "Custody Operations shall provide incarcerated persons a procedure through which they can appeal, and have resolved, grievances relating to any conditions of confinement, included but not limited to: medical/mental health care; classification actions; disciplinary actions; program participation; telephone, mail, and visiting procedures; sanitation, facility defects, food, clothing, bedding and any ADA related accommodations, denial of accommodations or to report any disability-based discrimination or violation of the ADA, the Murray v. County of Santa Barbara Remedial Plan, or Jail ADA-related policy. This policy will apply to any grievances submitted electronically should such a system become available."

Policy and Procedures Manual Section 361 is pending and has not been released. The County reported that there is a system for classifying and tracking grievances. The grievance tracker is sent to the E.C.M.'s every night at midnight for review the next day. The ECMs review the tracker for grievances related to Environment of Care; if any are found to be Environment of Care related, they are uploaded to "BOX" for review by the monitors. However, the Expert notes that the current process is not capturing all Environmental of Care related grievances. As noted in the report a total of 23 grievances related to sanitation matters of concern were not identified and produced.

Incarcerated persons use the Santa Barbara County Sheriff's Office Custody Operations–Inmate Grievance Form to file grievances and/or raise sanitation matters of concern.

MJ

MJ provided twenty-six (26) Inmate Grievance Forms for the rating period. The Expert reviewed the August 2025 through March 2026 documents within "Grievance Trackers" and "Grievance Copies" and identified an additional twenty-three (23) grievances related to sanitation matters of concern that were not produced by the County. A total of forty-nine (49) grievances were reviewed for sanitation matters of concern.

The Expert reviewed the grievances and noted the following.

A total of thirteen (13) grievances were submitted for laundry-related issues. Eleven (11) grievances specifically complained about not having weekly laundry exchange. Two (2) grievances indicated their laundry was taken and requested replacements.

A total of fifteen (15) grievances were submitted for kitchen and food-related issues. Incarcerated persons grieved objects such as razors, rocks, wood, hair, and strings in their food; unclean, moldy, or rotten food; uncooked or cold food; cold Kosher meals; and rodent problems in the kitchen.

A total of five (5) grievances were submitted for cold housing-related issues. Incarcerated persons submitted individual and group grievances indicating the housing units were cold and requested additional blankets and/or the heat turned up.

Three (3) grievances were submitted for cleanliness-related issues. Two (2) incarcerated persons complained they were housed in dirty cells. One (1) incarcerated person grieved that the hallways were dirty and are not being cleaned.

Three (3) grievances were submitted for cleaning supply related issues. One (1) incarcerated person complained the cleaning supplies were not sanitized and the cleaning solutions were watered down. Two (2) incarcerated persons complained soap/hand soap was not provided.

Two (2) grievances were submitted for plumbing related issues. One (1) incarcerated person complained the shower water was too hot. One (1) incarcerated person stated the faucet water was not safe for drinking and found items floating in his water.

Two (2) grievances were submitted for incarcerated persons being placed in holding cells or stairwells with no water or toilet. One (1) incarcerated person stated a group of incarcerated persons was temporarily placed in a stairway with no ventilation, toilets, or water under extremely hot conditions, causing one (1) incarcerated person to pass out, and another to have an asthmatic reaction.

Two (2) grievances were submitted for air fan-related issues. One (1) incarcerated person requested a fan be re-installed near E-24. One (1) incarcerated person indicated there was no air circulation in BC-1 and requested a fan be installed.

Two (2) grievances were submitted by incarcerated persons requesting mirrors be replaced with new mirrors or lowered.

One (1) incarcerated person submitted a grievance stating the extra property box that was approved was taken and requested an extra property box.

One (1) incarcerated person submitted a grievance requesting the MJ respond to the initial grievance he submitted concerning violations of the *Murray v. Santa Barbara County* case requirements.

NBJ

The County provided three (3) Inmate Grievance Forms for the rating period. The Expert reviewed the August 2025 through March 2026 documents within "Grievance Trackers" and "Grievance Copies" and identified an additional eight (8) grievances related to sanitation matters of concern that were not produced by the County.

Three (3) grievances were submitted for kitchen-related issues. One (1) incarcerated person stated a piece of metal was found in the food, causing a broken tooth and gum injury. Two (2) incarcerated persons stated they found a "black security tie" and toilet

paper in their food. Both claimed the general population incarcerated persons working in the kitchen are sabotaging their food.

Five (5) grievances were submitted for plumbing/water related issues. Two (2) grievances indicate the hot water faucet sprays hot water and caused burns and requested the faucets get a hot and cold label identification. One (1) incarcerated person indicated a broken pipe caused damage to his personal property and requested his personal property be replaced. Two (2) grievances indicate male staff turned the showers off and would not allow female incarcerated persons to shower during the day.

Two (2) grievances were submitted for cleaning supplies and mold in showers. Both incarcerated persons stated they were not provided brooms or scrubbers for the month, and the showers and curtains were starting to grow mold.

One (1) grievance was submitted regarding linen exchange because the incarcerated person stated he has not been able to get his linen exchanged in three (3) weeks.

MJ and NBJ - During incarcerated person interviews, almost all incarcerated persons stated they are aware of how to use the grievance process and raise sanitation matters of concern; however, they also stated that many issues are not completely resolved, or many times staff do not respond to their grievances. Some incarcerated persons stated they submit "kites" to report sanitation matters of concern.

Based on the grievances reviewed and incarcerated person interviews, the SBCJ provides a system through which incarcerated persons can raise sanitation matters of concern. However, the Expert recommends that the SBCJ develop a method to track and categorize all grievances related to sanitation matters of concern to ensure issues are resolved as soon as possible. It is further recommended that SBCJ identify whether the current system can track and provide reports of sanitation-related grievances from the time of submission to resolution.

Housing Unit Supervisors Review Before Shift Change

MJ

Of the forty-nine (49) grievances reviewed, one (1) grievance could not be evaluated as no received date was noted. However, thirty-three (33) grievances were reviewed by a supervisor before shift change (69%).

NBJ

Of the eleven (11) grievances reviewed, six (6) grievances were reviewed by a supervisor before shift change (55%).

The Expert recommends that grievances containing issues related to sanitation matters be reviewed by the housing unit supervisors before each shift change.

Submitting Work Orders Before End of Following Shift

MJ

Of the forty-nine (49) grievances reviewed and based on the issue grieved, eight (8) may have required staff to submit a work order. Three (3) of these cases did not indicate if a work order was submitted; five (5) referenced that staff submitted a work order.

MJ provided four (4) work orders for the five (5) cases that referenced that staff submitted a work order. One (1) work order was submitted to resolve the same concern reported in two separate grievances. Of the four (4) work orders submitted, two (2) were submitted before the end of the following shift when a maintenance issue was identified (50%).

In three (3) of the cases that did not indicate if a work order was submitted, the MJ did not submit a work order. The Expert believes the MJ should have submitted work orders to address each of these grievances.

NBJ

Of the eleven (11) grievances reviewed, one (1) required staff to submit a work order. NBJ did not provide verification that a work order was submitted.

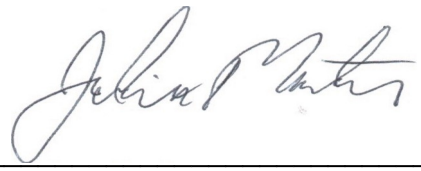
The Expert recommends that SBCJ provide copies of all work orders submitted when a grievance is received with a maintenance issue identified, with documentation that includes if and when the work order was completed and if the issue was resolved. It is further recommended that staff submit all work orders before the end of the following shift when a maintenance issue is identified. All grievances that lead to a work order should have the work order number documented as part of the response.

To reach substantial compliance with the provision 6.I.2. of the *Murray V. Santa Barbara County* Remedial Plan, the County must:

- Ensure grievances are reviewed by the housing unit supervisor before each shift change.
- When a maintenance issue is identified, a work order shall be submitted before the end of the following shift.
- SBCJ develop a method to track and categorize all grievances related to sanitation matters of concern.
- Provide proof of practice documentation to the Expert.

Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the County of Santa Barbara, and Santa Barbara County Sheriff's Office



October 13, 2026

Julian Martinez
Director
Sabot Consulting

Date