

**LOS ANGELES COUNTY PROBATION DEPARTMENT  
LOS PADRINOS JUVENILE HALL  
CORRECTIVE ACTION PLAN – OCTOBER 16, 2023**

**FINAL**

Title 15. Section	Regulation	BSCC Preliminary Finding	Probation's Corrective Action Plan	Assigned To	Completion Date
§ 1321. Staffing.	<p>Each juvenile facility shall: (a) have an adequate number of personnel sufficient to carry out the overall facility operation and its programming, to provide for safety and security of youth and staff, and meet established standards and regulations;</p> <p>(b) ensure that no required services shall be denied because of insufficient numbers of staff on duty absent exigent circumstances;</p>	<p>Facility shift staffing forms were provided for the week of July 20-July 27, 2023. While on paper, staffing schedules appear to be adequate, we observed lack of staffing and staff who appear non-engaged with the youth. When asked, some line staff appear to be unaware of who is in charge of the shift or have clear direction during their shift. Staffing documents are unclear regarding supervisors present and onsite in the building and their hours.</p> <p>Staff are routinely held over without notice to cover shifts or to cover call outs; some report this occurs multiple times a week. Staff report that they are exhausted as a result. Most staff believe the unscheduled, mandatory holdovers negatively impact good attendance. Additionally, there is a significant number of 1:1's that impact staffing.</p> <p>Some youth also reported not feeling safe due to the lack of staff or more specifically due to the lack of "their staff." Those we spoke to spoke highly of most staff but noted "we need more staff" and we want "this staff" or "that staff." It was clear through our conversations that youth were more at ease on certain shifts. Most rooms are wet rooms at Los Padrinos; however, there were some youth who reported urinating in their room at night.</p>	<p>Los Padrinos Juvenile Hall (LPJH) staffing numbers are slowly increasing as more full-time staff are reporting to work with more frequency. Youth are regularly attending school, programming, exercise and recreation, however consistency in documentation needs to be improved.</p> <p>Since September 2023, staffing levels have increased significantly with the deployment of field staff to cover shifts. Since that date, staffing ratios have remained regularly within minimum ratios. Educational services, recreation, visitation, religious services, and programming have not been negatively impacted as a result of staffing shortages at LPJH, but timely attendance and proper documentation is still lacking.</p> <p>As a measure to ensure that programming, education, and other essential functions take place, some field officers were temporarily reassigned to the facility. In addition, the Chief Probation Officer reimplemented field officer deployment with the mandate to work 1-2 days a week at LPJH.</p> <p>Facility management monitors staffing each shift and ensures that ample staffing are present to provide opportunities to recreation, education and other programs, if not, a call for deployment to assist with staffing ratios is requested.</p> <p>Further, to address the highlighted issue of staff holdovers, the Department has created and will soon pilot test a scheduling application to ensure deployed staff see their deployment schedule for a month in advance with the intent to have the staff be assigned to the same unit.</p> <p>The Department will do a staffing analysis to determine the minimum number of staff needed at LPJH since the move of the pre-disposition youth. This analysis will include physical plant considerations and the relief factor.</p> <p>The County recognizes the need for additional staff and not rely on deployment of field staff long term. ATTACHMENT 1 is the Department's strategic staffing plan that addresses the recruitment of staff, retention of staff and overall staff wellness. Whereas, this is a long-term, multiple year approach, staff are being</p>	Banuelos / Director on Duty / Dominguez / Williams / HR / LPJH Quality Assurance Team (QA) / Compliance Team	January 10, 2024

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			<p>hired at increasing numbers. Probation recently contracted with a recruitment consulting firm that specializes in law enforcement recruitment.</p> <p>Department and facility management regularly monitor staffing numbers and continue to readjust strategies for staffing when necessary.</p> <p>The Compliance Team in the Office of the Chief monitor educational minutes, recreation, programming and exercise to ensure any staffing issue does not interfere with the requirements of Title 15.</p> <p>The completion of this corrective action is January 10, 2024.</p>		

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§ 1322. Youth Supervision Staff Orientation and Training.	(b) Prior to assuming any responsibility for the supervision of youth, each youth supervision staff member shall receive a minimum of 40 hours of facility-specific orientation, including: (1) individual and group supervision techniques; (2) regulations and policies relating to discipline and rights of youth pursuant to law and the provisions of this chapter; (3) basic health, sanitation and safety measures; (4) suicide prevention and response to suicide attempts (5) policies regarding use of force, deescalation techniques, chemical agents, mechanical and physical restraints; (6) review of policies and procedures referencing trauma and trauma-informed approaches; (7) procedures to follow in the event of emergencies; (8) routine security measures, including facility perimeter and grounds; (9) crisis intervention and	<p>Training documentation provided for all new staff who have recently been assigned to the facility and are new to the agency.</p> <p>No training records were provided for staff who are currently assigned or who may be assigned to the facility; we are unable to confirm that they have been trained accordingly. Any staff member regardless of assignment or rank, if tasked with child supervision, must be trained accordingly.</p>	<p>ATTACHMENT 2 staffing records for assigned staff at LPJH. The Department is taking a multiple-step approach to training staff on "facility-specific" requirements. LPJH has identified the staff that have received the Juvenile Corrections Officer Core Course (JCOCC), but not the "facility-specific". A training schedule will be created to ensure the facility-specific training will occur and completed prior to January 10, 2024. The training schedule will be provided to the BSCC.</p> <p>Second, the Department will identify staff deployed to LPJH who have not received the JCOCC nor the facility-specific training. The Department will prioritize the 40-hour facility specific training and develop a training schedule for the facility specific, then develop a training schedule for these individuals in the JCOCC.</p> <p>Third, the Department will ensure all newly-assigned staff received the 40-hour course. As the Department trains all newly hired juvenile institutions staff on the § 1322 topics in the academy, the Department will ensure all requirements of § 1322 are met in the academy, and ensure all facility-specific information is included, or taught onsite at the facility.</p> <p>The Department, under separate cover, will provide the detailed training plans and data to the BSCC for review.</p> <p>The completion date for this corrective action is January 10, 2024.</p>	Training Unit / Falcon / Williams	January 10, 2024

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	<p>mental health referrals to mental health services; (10) documentation; and (11) fire/life safety training.</p> <p>(c) Prior to assuming sole supervision of youth, each youth supervision staff member shall successfully complete the requirements of the Juvenile Corrections Officer Core Course pursuant to Penal Code Section 6035. (d) Prior to exercising the powers of a peace officer youth supervision staff shall successfully complete training pursuant to Section 830 et seq. of the Penal Code.</p>				

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§ 1324. Policy and Procedures Manual.	All facility administrators shall develop, publish, and implement a manual of written policies and procedures that address, at a minimum, all regulations that are applicable to the facility. Such a manual shall be made available to all employees, reviewed by all employees, and shall be administratively reviewed at a minimum every two years, and updated, as necessary. Those records relating to the standards and requirements set forth in these regulations shall be accessible to the Board on request.	<p>The policy has not been updated to reflect policy or procedural changes or operations specific to Los Padrinos (LP). Forms have also not been updated.</p> <p>Multiple directives and full DSB policy sections have been approved and released to facility staff as recently as July 25, 2023; however, there is no consistency between these documents and actual practice, nor are staff required to sign-off when a new policy update or directive is released to be sure it has been received, read, and understood by facility staff, or that they have been trained on the new policy or directive.</p> <p>This section will remain out of compliance until the current policy and procedure manual is updated and available to all employees and the manual is specific to Los Padrinos Juvenile Hall. We will continue to provide Technical Assistance as requested and assist with reviewing the individual sections as they become available and upon request.</p>	<p>The Department is re-organizing and re-drafting policies department-wide, which will include the creation of an "institutional policy manual" for use at the juvenile hall, camps and SYTF, and the different facilities will have their own procedure manual.</p> <p>In the interim, the Department will continue to utilize the Detention Services Bureau (DSB) Manual at LPJH and the Department will develop an LPJH-specific procedure guide. Additionally, the DSB manual references only Barry J. Nidorf (BJN) and Central Juvenile Hall. The DSB manual will be updated to include references to LPJH; any policy in the DSB manual that is non-applicable to LPJH, or conflicts with an LPJH procedure will be taken out of the manual. The procedure guide for LPJH will be effective be effective January 10, 2024. Finally, the Department will create a training plan and schedule to training LPJH on the procedures.</p> <p>The completion date for this corrective action is January 10, 2024.</p>	Banuelos / Falcon / Harabid	January 10, 2024
§ 1325. Fire Safety Plan.	The facility administrator shall consult with the local fire department having jurisdiction over the facility, or with the State Fire Marshal, in developing a plan for fire safety which shall include, but not be limited to: (f) a written plan for the emergency housing of youth in the case of fire;	Current fire safety plan is not complete; facility managers are working on finalizing their fire safety plan, including manual updates, evacuation plans, emergency housing, and final fire suppression with Downey Fire.	<p>ATTACHMENT 3 is the Fire Suppression Plan approved by Probation and Downey Fire on June 22, 2023.</p> <p>The Department will update its emergency evacuation policy – that addresses the evacuation procedures for BJN-SYTF and Central Juvenile Hall to now address the emergency evacuation of LPJH. In drafting the policy, the Department will consider rated capacity of the facilities in which youth will be evacuated, necessary bed and mattress availability at those facilities, and other logistical issues.</p> <p>The completion date for this corrective action is January 10, 2024.</p>	Banuelos / Harabid	January 10, 2024

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§ 1328. Safety Checks.	<p>The facility administrator shall develop and implement policy and procedures that provide for direct visual observation of youth at a minimum of every 15 minutes, at random or varied intervals during hours when youth are asleep or when youth are in their rooms, confined in holding cells or confined to their bed in a dormitory.</p> <p>Supervision is not replaced, but may be supplemented by, an audio/visual electronic surveillance system designed to detect overt, aggressive or assaultive behavior and to summon aid in emergencies. All safety checks shall be documented with the actual time the check is completed.</p>	<p>A review of the Guard 1 system report indicates that safety checks regularly exceed 15 minutes.</p> <p>DSB Manual Section 209: Duty Statement-Senior Detention Services Officer</p> <p>DSB Manual Section 210: Duty Statement-Detention Services Officer</p> <p>DSB Manual Section 211: Group Supervisor Nights</p> <p>DSB Manual Section 630: Safety Checks</p> <p>Safety checks were reviewed for July 23, 2023 - July 26, 2023, for Units L/M, MOU, N/O, T/U, R/S and X/Y. This review consisted of reviewing electronic records of the Guard 1 System.</p> <p>Our review indicates that safety checks exceed 15 minutes.</p> <p>We noted that staff rarely record late checks in the system, as required by policy, nor are there any audits or reviews being completed by seniors or supervisors as required by Directive 1490.</p>	<p>Measures will be implemented as a solution to the Safety Check deficiencies identified by BSCC during the inspection. Effective September 18, 2023, dedicated Guard 1 devices have been programmed to monitor the safety checks in all units where young adults are housed. The LPJH Quality Assurance (QA) team will remotely monitor the dedicated Guard 1 devices.</p> <p>The dedicated Guard 1 devices now ping five (5) minutes before a safety check is due and when the safety check is late. The QA team will contact the unit when a ping is received to ensure the safety check is completed as required or justification is entered in the device when late. The current Security Check Accountability Log will remain in place and track deficiencies with late or missing safety checks. If the late or missing safety check results from a policy violation, corrective action must be taken with the staff(s) involved (i.e., training, Supervisor Conference, etc.).</p> <p>Further, the Department has created a new Compliance Team in the Office of the Chief. ATTACHMENT 4 is the compliance unit directive detailing everyone persons role in the safety check system. This corrective action aims to ensure compliance with the safety checks policy and preserve the safety and security of the young adults in our care, and hold accountable staff who do not follow policy.</p> <p>The completion date for this corrective action is January 10, 2024.</p>	Banuelos / QA Team / Compliance Team	January 10, 2024
§ 1354.5. Room Confinement	(a) The facility administrator shall develop and implement written policies and procedures addressing the confinement of youth in their room that are	At inspection, no documentation was provided as we were informed that room confinement was not occurring. Throughout the process of inspection, including during conversations with youth and staff, we became aware that room	An instructional email was sent to all staff and supervisors reminding staff on the room confinement procedures and policy. The email is attached as ATTACHMENT 5.	Banuelos / Unit Directors / Compliance Team	January 10, 2024

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	consistent with Welfare and Institutions Code Section 208.3.	confinement is indeed occurring. We have no documentation to determine compliance with this section.	<p>Further, the unit directors will ensure that any youth on room confinement inside their unit has appropriate documentation, and to educate staff in real time when appropriate documentation is not created for a youth on room confinement.</p> <p>The Department will create an updated instructional memo to include examples of room confinement, and ensure staff, supervisors, directors, and facility management are aware of room confinement and the procedures.</p> <p>Further, the Department will utilize – either by the Compliance Team, light duty DSB staff, or facility staff – audits of the CCTV system in real time to ensure if any youth is on room confinement the staff are preparing the necessary documentation and following procedures.</p> <p>Facility leadership will review room confinement paperwork to ensure all staff are compliant in properly completing the necessary paperwork and are following the policy.</p> <p>The Compliance Team will review confinement paperwork to ensure all staff and directors are completing necessary paperwork.</p> <p>A training will be considered if the above steps do not address room confinement procedures and process.</p> <p>The completion date for this corrective action is January 10, 2024.</p>		
§ 1357. Use of Force.	The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	<p>Directive 1477: Detention and Residential Treatment Services Bureaus Manual-Physical Intervention Policy (DSB Manual Section DSB-1000/RTSB-1700) Issued 06/22/2022. Policy 1000 was issued July 25, 2023, and approved by DSB Bureau Chief Kevin Woods. Policy Section 1000 was reapproved from previous Directive 1477.</p> <p>All staff, including those deployed or reassigned to the facility, have not been</p>	<p>The Department has developed a training plan to comply with this section. A Train for Trainers course on the use of force policy will be scheduled shortly to train necessary staff at LPJH to train the remaining staff.</p> <p>The updated training will conform to policy requiring a 24 hour training – 8 hours on the policy and 16 hours of hands-on techniques. The Department will determine that all staff have had appropriate training on use of force either the initial or refresher that conforms to the policy and § 1357.</p> <p>The Department will also implement a 2-hour training on the appropriate use of OC Spray for all staff that have previously not had the training.</p>	Banuelos / Falcon / Compliance Team	January 10, 2024



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	<p>(a) At a minimum, each facility shall develop policies and procedures which:</p> <p>(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and /or the youth involved.</p> <p>(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that:</p> <p>(1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.</p> <p>(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.</p>	<p>trained as required in Use of Force, including the use of OC, despite the original directive being approved in June 2022. Training requires initial training and an annual refresher. We understand that training has been developed and scheduling is in progress.</p> <p>The agency has yet to meet certain areas identified in their policy due to lack of staffing or other resources. The policy lacks clarity and does not provide clear procedural direction in some areas; for example, policy identifies secluding the situation/youth from the rest of the group utilizing the youth's room for a cool-down period where officers provide continued direct observation after a use of force. Policy is not specific to whether the door remains open or is closed. If the door is closed, this becomes room confinement. Since policy is not specific, we are unsure what the actual procedure is.</p> <p>The policy notes the availability of resource teams comprised of mental health, nursing, and probation staff to respond to situations to defuse and de-escalate crisis. There were no such teams at the facility at the time of inspection. We noted debriefs are being conducted by supervisors; however, there were packets with several debriefs completed that only addressed whether or not there were injuries and/or trauma and lacked information regarding any training needs or issues.</p>	<p>In the interim, an instructional memo was issued to all Supervisors on September 29, 2023, as it relates to debriefs and parent contact per policy. See ATTACHMENT 6. The Department will ensure that supervisors are using the moments to train staff in real time after a use of force to ensure compliance with policy and highlight appropriate techniques as well.</p> <p>The Department has also obtained portable showers and wipes to utilize until permanent cold water showers can be installed in all units.</p> <p>The Department, with assistance from the California Department of Justice monitor, has developed a CARE team model that will assist in lowering the need for use of force. The DRAFT directive for the CARE team approach is attached as ATTACHMENT 7. Further, as discussed under Discipline, LPJH has trained staff on a new Behavior Management Program that will also assist in lower use of force.</p> <p>The completion date for this correction action will be January 10, 2024.</p>		



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	<p>(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.</p> <p>(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.</p> <p>(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.</p> <p>(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address: (1) known medical and behavioral health conditions that would contraindicate certain types of force; (2) acceptable chemical agents and the methods of application. (3) signs or symptoms that should result in</p>	<p>The First Team reports that they are not receiving timely reports.</p> <p>At the time of opening, staff at the facility were prohibited from using OC; however, OC was reauthorized for use after a large-scale emergency event occurred. Two OC incident reports were provided for review.</p> <p>Agency policy requires that any youth be immediately decontaminated after being sprayed with a chemical agent. Policy also notes that youth should not be confined to a room without running water and should not be left unsupervised until the effects are no longer felt. In both incidents, youth were held in their rooms for approximately 7 minutes before decontamination. It is unknown if the youth had running water or if they were supervised as it was not noted in the incident report.</p> <p>The facility also does not have cold water showers in each unit as identified in the policy. Youth use the sinks to rinse their eyes or body parts affected by the spray. We discussed purchasing Sudecon wipes to provide to the youth to assist in the decontamination process. As of the writing of this report, facility management is working on getting the Sudecon Wipes and we will be reviewing the current unit showers for installation of a cold-water shower.</p>			

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	immediate referral to medical or behavioral health. (4) instruction on the Constitutional Limitations of Use of Force. (5) physical training force options that may require the use of perishable skills. (6) timelines the facility uses to define regular training.				
§ 1358.5. Use of Restraint Devices for Movement and Transportati on Within the Facility.	(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	Several reports were reviewed that did not have required assessments prior to the utilization of restraints for movement within the facility.	An instructional memorandum or email will be sent to all staff outlining the requirements of section 1358.5 and Department policy. Additionally, the form utilized by staff will be reviewed to determine if it can be updated to better reflect the requirements of the section.  The Unit Directors will review reports to ensure it includes discussion of all required topics. The Compliance Team will audit to ensure reports are in compliance.	Banuelos / Sheilds / Unit Directors / QA Team / Compliance Team	January 10, 2024
§ 1360. Searches.	The facility administrator shall develop and implement written policies and procedures governing the search of youth, the facility, and visitors. Policies and procedures shall provide that: (a) Searches shall be conducted to ensure the safety and security of the facility, public, visitors, youth, and staff.  (b) Searches shall be conducted in a manner that preserves the privacy and dignity of the person being searched and shall not be conducted for harassment or as a form of discipline or punishment.	DSB Manual Section 701: Introduction  By policy, room searches and unit area searches are required daily, and two thorough contraband searches are required weekly. Room and facility searches are not being completed as required. Documentation was requested and provided for July 20 - 27, 2023. Four buildings did not provide documentation of any searches. We have provided technical assistance on several occasions regarding the searches and how they are conducted. We will continue to follow up with facility managers and seek to be present during unit searches in the future. This section is left blank as we did not observe a search.	An informational memo will be provided to all staff instructing the need to comply with the policy and completing the necessary forms. The Unit Directors shall instruct staff in accordance to policy to ensure compliance. The QA team will compile the search logs and upload to a Teams folder for the Compliance Team to further review to ensure the facility is meeting the policy.  The completion date for this correction action will be January 10, 2024.	Banuelos / Unit Directors / QA Team / Compliance Team	January 10, 2024

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§ 1370. Education Program.	(b)(6) The minimum school day shall be consistent with State Education Code Requirements for juvenile court schools. The facility administrator, in conjunction with education staff, must ensure that operational procedures do not interfere with the time afforded for the minimum instructional day. Absences, time out of class or educational instruction, both excused and unexcused, shall be documented.	<p>This section was reviewed for attendance only. All other sections in 1370 have been deleted as they were not reviewed during this targeted inspection.</p> <p>Daily attendance reports have been received directly from LACOE. While attendance has improved since past inspections, and youth are attending class in the classrooms, these reports continue to indicate that youth are arriving late to school. Probation must focus on getting youth to school on time.</p> <p>Youth enrolled in college courses are also reporting having daily access to their courses. Documentation of sign-in sheets was provided for review along with a schedule of courses.</p>	<p>Measures have been put in place where daily attendance and timely arrivals to school are monitored. The arrival times and number of youth attending school is documented on a school attendance log at the morning and afternoon school drop times. The Facility Superintendent is to ensure that the Director on Duty monitors the attendance and drop off times for quality assurance. Probation and Los Angeles County Office of Education (LACOE) will reconcile the attendance log daily, to ensure that youth are in attendance and in school on time and that information is accurately reported. Probation has created its independent tracker for school attendance and start times to ensure any issues are immediately addressed by management, staff, and LACOE.</p> <p>The Department will provide the school attendance logs, including arrival times, for BSCC review to establish the youth are arriving to school on time. The Department continues to meet with the LACOE regularly to reconcile school attendance data.</p> <p>The Compliance Team will be onsite all weekdays to track the arrival times of each unit to independently track times. The Compliance Team will work with the Department executives and the facility if youth are not arriving to school, or not arriving on time in developing a corrective action plan if needed. The regular meetings with LACOE will also include any corrective action plans to ensure teachers are present on time and Probation may need to stagger arrival times of youth requiring LACOE to provide Probation access to classrooms prior to 8:30 am.</p> <p>If any issues are spotted in school attendance, drop off times, or anything else that may interfere in school minutes for youth, the Department will immediately address the issue and create any necessary corrective action plan – with appropriate monitoring and accountability – to ensure school attendance is a priority.</p> <p>Further, the Department recognizes youth in its care have missed school hours. The Department has contracted with an agency that provides tutoring services for youth at LPJH who have missed instructional minutes. The services began in September 2023. The Department will complete a monthly check of the roster of youth at LPJH and refer any youth that has missed one hour of instructional minutes. The agency will then connect with youth onsite at LPJH and conduct</p>	Banuelos / Unit Directors / Compliance Team / Education Team	January 10, 2024

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			<p>an educational assessment and plan for their tutoring hours. This is not a substitute for instructional minutes going forward, but a step to assist the youth in the Department's care who have missed minutes.</p> <p>The Department recognizes that it needs to continue to closely monitor school attendance and will continue to audit the attendance daily to ensure on-going compliance.</p> <p>The completion date for this correction action is January 10, 2024.</p>		
<p>§ 1371. Programs, Recreation, and Exercise.</p>	<p>The facility administrator shall develop and implement written policies and procedures for programs, recreation, and exercise for all youth. The intent is to minimize the amount of time youth are in their rooms or their bed area.</p> <p>Juvenile facilities shall provide the opportunity for programs, recreation, and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday or other non-school days, of which one hour shall be an outdoor activity, weather permitting.</p> <p>(a) Programs. All youth shall be provided with the opportunity for at least one hour of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro-</p>	<p><b>Programs:</b> Programs are not consistently being provided or in some cases at all. Staff are not provided with resources to provide programming.</p> <p>DSB Manual Section 622: Programs</p> <p>DSB Manual Section 623: Recreation and Exercise</p> <p>Based upon a review of documentation and conversations with youth, it is apparent that youth do not receive their full complement of Title 15 requirements for programs, recreation, and exercise consistently.</p> <p>The documentation we reviewed indicates that programs are not consistently being provided. In some cases, the program provider keeps sign-in sheets of youth attendance, but facility documentation does not consistently match sign-ins. We suggest that staff be retrained in how the BSCC Section 1371</p>	<p>The Department is compliant in this section in ensuring youth are provided the requirements of exercise and programming, however, the Department must ensure participation is accurately tracked. Further, the Department must better document appropriate recreation for the youth and ensure recreation is provided in alignment with Departmental policies.</p> <p>A review of programming was conducted on September 27, 2023, which indicated most youth were attending programming services. See ATTACHMENT 8. The Department recognizes it must ensure tracking of the youth's recreation times, exercise time, and programming times separately and not mix an activity into the wrong category and has developed a form – currently called the "programming log" but will be renamed the "activity log" to not confuse programming, recreation and exercise. The Department will work with the BSCC field representative to ensure activities are appropriately classified.</p> <p>Further, the Department is exploring adding cable television into the units and gaming systems as recommended by the BSCC field representative. The QA team will compile the activity logs and update to Teams for the Compliance Team to review to ensure adherence to policy.</p> <p>The completion date for this corrective action is January 10, 2024.</p>	<p>Banuelos / Unit Directors / Roman / Compliance Team</p>	<p>January 10, 2024</p>

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Title 15. Section	Regulation	BSCC Preliminary Finding	Probation's Corrective Action Plan	Assigned To	Completion Date
	<p>social interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff.</p> <p>Programs may include but are not limited to: (1) Cognitive Behavior Interventions; (2) Management of Stress and Trauma; (3) Anger Management; (4) Conflict Resolution; (5) Juvenile Justice System; (6) Trauma-related interventions; (7) Victim Awareness; (8) Self-Improvement; (9) Parenting Skills and support; (10) Tolerance and Diversity; (11) Healing Informed Approaches; (12) Interventions by Credible Messengers; (13) Gender Specific Programming; (14) Art, creative writing, or self-expression; (15) CPR and First Aid training; (16) Restorative Justice or Civic Engagement; (17) Career and leadership opportunities; and, (18) Other</p>	<p>activity form should be completed to ensure compliance going forward.</p> <p><b>Recreation:</b> The facility does not provide youth with age-appropriate, stimulating recreational activities to engage in during recreation. Youth do not have access to television or age-appropriate movies or entertainment.</p> <p>DSB Manual Section 623: Recreation and Exercise</p> <p>Youth are not provided with age-appropriate, stimulating recreational activities to engage in during their recreational period. Youth do not have access to other entertaining or recreational activities such as television with sports and age-appropriate programs.</p> <p>Staff provide youth with game consoles in some units as they are not provided by the agency. It has been repeatedly noted that, "they (the youth) break them or take them apart", which is why they are not provided by the agency. This is a supervision issue.</p> <p>It was also noted there is no consistency between units in what types of recreation is offered. We understand there are different units and different phases to the facility; however, recreation and related activities should be provided to all youth consistently. Moreover, Probation</p>			

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	<p>topics suitable to the youth population.</p> <p>(b) Recreation. All youth shall be provided the opportunity for at least one hour of daily access to unscheduled activities such as leisure reading, letter writing, and entertainment. Activities shall be supervised and include orientation and may include coaching of youth.</p> <p>(c) Exercise. All youth shall be provided with the opportunity for at least one hour of large muscle activity each day.</p>	<p>Managers should have access to replacement items. Youth must have age-appropriate, suitable, engaging recreation and recreational activities.</p> <p>DSB Manual Section 623: Recreation and Exercise</p> <p>Documentation reviewed and interviews with youth and staff indicated that youth are receiving outdoor exercise except for during inclement weather (too hot) or if a youth or a group of youth refuse to participate. If the youth refuses exercise, it is documented and captured by the youth's signature.</p>			

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§ 1390. Discipline.	The facility administrator shall develop and implement written policies and procedures for the discipline of youth that shall promote acceptable behavior; including the use of positive behavior interventions and supports. Discipline shall be imposed at the least restrictive level which promotes the desired behavior and shall not include corporal punishment, group punishment, physical or psychological degradation. Deprivation of the following is not permitted:	<p>DSB Manual Section 1103: Discipline Guidelines</p> <p>DSB Manual Section 1104: Corporal Punishment</p> <p>The facility continues to operate with no contemporary behavior management process or disciplinary process for negative behavior including assaultive behavior.</p> <p>A suitable, age-appropriate incentive-based program to encourage positive and proactive behavior and includes disciplinary actions as appropriate must be developed and implemented.</p> <p>This section also impacts 1391 and Due Process forms. We strongly suggest reviewing both for implementation purposes and to ensure consistency between the two regulations.</p>	<p>A mandatory LA Model, Development Stage System (DSS) training for staff occurred in August and September with make up dates in October. Sign in sheets for all the sessions are available for review for the BSCC field representative. The training will cover BSCC Title 15 regulations as it relates to incentive-based programs that will encourage positive behavior. The DSS provides a new framework to enhance the traditional compliance-based behavior management approach by creating a strength-based developmental system that supports skill building and positive behavioral change. Through a tri-responsive approach and a brand-new stage system, the DSS serves as a roadmap to the young person's program with benchmarks, goals to keep themselves accountable, and incentives as they advance through the stages.</p> <p>The treatment component of the DSS drives this process forward with an evidence-based program that is in alignment with the risk and needs assessment. Through cognitive behavioral interventions (CBI), specifically Interactive Journaling and Dialectical Behavior Therapy (DBT), and the appropriate level of CBI dosage, young people are guided through a treatment process where they can self-reflect and elicit positive changes to their thoughts, feelings, and behaviors, helping to drive transformation.</p> <p>ATTACHMENT 9 is the DSB BMP Manual that details the entirety of the program.</p> <p>Further, the Department will ensure the sanctions and appeals rights of youth under section 1391 are reviewed with the new BMP program. If any changes are necessary, the Department will update policy and procedures to reflect the youths rights.</p> <p>Whereas staff will be trained in October, proof of practice of the new BMP model is vital to its success, and there must be a youth buy in period, therefore, the completion date considers this buy in period.</p> <p>The completion date for this correction action is January 10, 2024.</p>	Banuelos / Unit Directors / Roman	January 10, 2024