



April 10, 2024

Guillermo Viera Rosa, Chief Probation Officer
Los Angeles County Probation Department
1601 Eastlake Avenue
Los Angeles CA 90033

REINSPECTION FOR DETERMINATION OF SUITABILITY – LOS PADRINOS JUVENILE HALL

Dear Chief Viera Rosa:

At the February 15, 2024 Board meeting, the Board of State and Community Corrections (BSCC) determined that the Los Padrinos Juvenile Hall (LPJH) was unsuitable for the confinement of juveniles pursuant to Welfare and Institutions Code section 209, subdivisions (a)(4) & (d) due to noncompliance with the following sections of Title 15, Minimum Standards for Juvenile Facilities:

1. § 1321, Staffing
2. § 1325, Fire Safety Plan
3. § 1328, Safety Checks
4. § 1354.5, Room Confinement
5. § 1357, Use of Force
6. § 1360, Searches
7. § 1370, Education Program
8. § 1371, Programs, Recreation, and Exercise
9. § 1390, Discipline

On April 5 and 7, 2024, BSCC staff conducted a reinspection of the LPJH to determine if the conditions that rendered the facility unsuitable had been remedied. (Welf. & Inst. Code, § 209, subd. (a)(4).) During our inspection, and in the days following the inspection, we reviewed proof of practice documentation from March 29 through April 8, 2024. We also talked with youth at the facility to confirm practice.

Our review of policy, processes, and documentation indicates that the LPJH is now in **compliance** with the following sections of Title 15:

§ 1321, Staffing

2/7/24 Findings: A staffing analysis was provided to BSCC staff; this analysis indicated the minimum staffing required 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.

Our review of documentation indicates that these minimum staffing numbers were not consistently met. Additionally, we observed that the reassigned field staff who were assigned to the facility to bolster staffing were removed from the facility. The facility's CAP, correction of the noncompliance, and continued compliance is dependent on these staff to meet minimum staffing requirements; without this complement, we are unsure how compliance will be achieved and be maintained.

April 5 & 7, 2024, Inspection Findings: BSCC staff were provided with a staffing plan for the facility with an effective date of April 2, 2024. We reviewed the Daily Schedule, Shift Report, the Shift Staffing Schedule and the Daily Facility Report, comparing those numbers with the mandatory minimum numbers in the staffing plan. Our review indicates that, despite the ongoing staffing issues at the facility, we found that almost all shifts met the minimum staffing numbers.

There was confusion and conflicting information related to staffing during our recent inspection and we encourage Department leadership to ensure that facility management is aware of the Department approved minimum staffing numbers to ensure continued compliance.

In past inspections, other required services and programs were impacted due to lack of staffing, such as room confinement, education, and programs, recreation, and exercise. Our review of documentation and discussions with youth indicate that required services and programs are occurring at levels in compliance with Title 15 and are not being denied due to staffing. Youth are not routinely placed in their rooms due to lack of staffing.

We are aware that field staff continue to be deployed each day to complement assigned facility staff. The Department is continuing to concentrate on recruitment efforts to bolster staff. It is imperative that the Department continue to focus on reasonable and durable solutions to the many issues affecting staffing levels at the facility to maintain delivery of services and programs and ensure safety and security.

§ 1324, Policy and Procedures Manual

2/7/24 Findings: The facility provided an updated policy and procedure manual for review; however, we did not receive a facility-specific procedure guide as identified in the CAP. We received no information on a formalized training for the updated manual as noted in the CAP, nor were we provided with documentation of staff review or acknowledgement of this document as required by regulation.

Update: On February 27, 2024, we received proof of practice that staff have reviewed and signed off that they have reviewed the updated facility-specific manual.

§ 1325, Fire Safety Plan

2/7/24 Findings: The facility has provided a fire safety plan that includes the Department's three (3) East Region Camps as the sites for emergency evacuation. These camps, Camp Rockey, Camp Paige and Camp Afflerbaugh have a combined current bed capacity that is less than the total population of Los Padrinos, rendering this plan insufficient. We have provided technical assistance noting that there must be

enough emergency beds at evacuation sites to house the entire population. A plan that includes emergency housing for the entire population of Los Padrinos must be in place.

Update: On March 13, 2024, BSCC staff was able to verify that the East Region camps have enough beds (both permanent and emergency beds and mattresses on site) for use in the event of emergency to house the current population of Los Padrinos.

§ 1328, Safety Checks

2/7/24 Findings: A review of safety check documentation between January 11 and January 18, 2024 indicates that many safety checks were not completed in compliance with regulation or policy. Specifically, safety checks are not being conducted within 15 minutes of one another and are not random and varied. We found no evidence that the Quality Assurance Team actions outlined in the CAP are occurring. Documentation of safety check audits were provided; however, they do not provide notice of policy violations or Special Incident Report documentation of the late checks or documentation of corrective action as indicated in the CAP and in policy.

April 5 & 7, 2024, Inspection Findings: We reviewed Guard One reports, along with documentation that is produced when safety checks are missing and can confirm that that the safety checks we reviewed are in compliance with Title 15. Documentation of safety checks and the processes in place to support compliance have improved significantly since the facility was found unsuitable. We have provided technical assistance to ensure continued compliance with this section.

§ 1354.5, Room Confinement

2/7/24 Findings: There was no room confinement documentation available for our review for the dates between January 11 and 18, 2024. Through observations and interviews with youth and staff, we found that room confinement continues to occur, although it is not documented and remains out of compliance.

Interviews with youth indicate that youth continue to be placed in their rooms for various periods of time for a “cool down” after an incident; however, this room confinement is not documented, and we are unable to determine compliance. This practice, as described, is noncompliant with regulation.

Staff and youth report that youth are also routinely placed in their rooms following an incident while waiting to be transported to medical. This practice is documented; however, a review of available documentation indicates that the time that youth are in their rooms is not compliant with regulation and often exceeds the brief period of time necessary for “institutional operations.”

Finally, during our walk-through of the facility, we observed in Units C and D (Intake) that several youth were in their rooms while only one youth was present in the dayroom. We were informed that the youth in the dayroom was 20 years old and could not be out with other youth on the unit. The youth in intake are routinely placed on these modified programs and are placed in room confinement while other youth are allowed out on the dayroom. This practice constitutes room confinement and is noncompliant with regulation.

Staff responded to this observation by noting that they struggle with the physical plant and classification issues and in getting youth cleared to the housing units, so the youth are placed in their rooms on modified program.

We requested to review documentation of the audits of the CCTV that were required by the CAP to determine if room confinement was occurring but not being documented; this audit documentation was not provided to us.

It is significant to note that the facility's CAP included that the Department would send an updated instructional memo to include examples of room confinement and ensure that staff, supervisors, directors, and facility management were aware of room confinement and the procedures. We were provided with a memo that was distributed to staff on January 10, 2024, the final day of the corrective action period, that simply reiterates the room confinement policy but does not include in detail examples of noncompliant room confinement that continues to occur at the facility.

April 5 & 7, 2024, Inspection Findings: Following the finding of unsuitability, the Department issued training memorandums and provided refresher training to facility staff. Facility staff are also spending time reviewing the video feeds to ensure compliance with this section.

During our inspection, we were able to review several room confinement documentation packets. We found in our review that room confinement was being used in accordance with the requirements of this section; the documentation that we reviewed contained information that indicates all requirements of this section are being followed. The documentation indicated that no youth were held in room confinement for over four hours.

To ensure that room confinement wasn't occurring when youth are placed in their rooms in Units C and D, we discussed facility staff's ongoing video review, reviewed safety check documentation, and spoke with youth in the units. Youth report that they are not being placed in their rooms outside of required institutional operations as they had been in the past. When we observed what appeared to be youth placed in room confinement, we were able to determine that the youth had been in self-separation or had been placed for a routine institutional operation such as preparation for transportation, showers, or shift change.

We encourage the Department to continue to require facility staff to take proactive measures to maintain compliance with this section, especially maintaining video review and review of documentation related to room confinement placements.

§ 1357, Use of Force

2/7/24 Findings: A review of documentation indicates that not all staff assigned to the facility have received the required training.

Policy Section 1002 States "All sworn officers that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved training (initial training and annual refresher training) on de-escalation,

physical intervention, and chemical intervention/decontamination techniques prior to being authorized to utilize force.”

The approved CAP indicated that updated training would conform to policy requiring 24-hour training: eight (8) hours on policy and 16 hours on hands-on techniques, further noting “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.” The CAP also stated the Department will implement a two (2) hour training on the appropriate use of OC Spray for all staff that have previously not had the training.

We reviewed use of force reports for the purpose of determining compliance for incident debriefs, parent contacts and for decontamination expectations; while parent contacts are routinely being made, supervisor review for the purposes of training is not occurring. Incident reports lack consistency and in some cases, clarity, regarding whether all required elements are being met.

April 5 & 7, 2024, Inspection Findings: To be compliant and consistent with their policy, the Department’s plan is to complete all required training by June 30, 2024. The Department is conducting ongoing Physical Intervention Training (PIT) Day 1 (8 hours) to cover staff who have not taken the refresher since April 1, 2023. The Department intends to have the remaining staff scheduled and trained by April 15, 2024. Day 2 (second 8 hours) of the annual refresher of the PIT Course will begin on or about April 22, 2024 and all appropriate staff will be trained by June 30, 2024.

BSCC staff reviewed records indicating the progress toward completion of training; updated Department policy requires annual training to be complete by the end of each fiscal year (June 30th). The facility is on track to being compliant. Please inform BSCC staff and provide proof of practice when all staff have completed the full 16 hours of training by June 30, 2024.

We also reviewed available Physical Intervention Reports and confirmed that staff are conducting debriefs following use of force and notifying parents or guardians as required. Parent notifications are documented in Special Incident Reports and Probation Case Management System.

§ 1360, Searches

2/7/24 Findings: Special Incident Reports (SIRs) and the Facility Search Log for January 11 through 19, 2024, were provided for our review.

Facility policy requires that youth rooms and units are searched each shift. Two facility searches are to be conducted weekly, which should include the youths’ rooms and property. Policy also requires that facility perimeters (inside and outside), the school, and other areas of the facility shall be routinely searched for any contraband, including weapons, as directed by the Assistant Superintendent. The documentation we reviewed indicates that K9, general facility, school, and perimeter searches are occurring; however, room and unit searches are not consistently being conducted each shift.

April 5 & 7, 2024, Inspection Findings: Department policy has been updated to require searches of two rooms a shift on both the AM and PM shifts. We reviewed Juvenile Institution Search Forms for each unit and the Daily/Random Search Log during our inspection; our review indicates that searches are happening according to policy and are compliant with this section.

§ 1370, Education Program

2/7/24 Findings: Documentation of current attendance records from both Probation and Los Angeles County Office of Education (LACOE) was reviewed for the period of January 11 through 18, 2024. Attendance records were received from Probation and LACOE has been providing weekly attendance records by email for our review.

The documentation we reviewed indicated that youth are still routinely late to class and missing instruction time. Youth were "On Time" 51% of the time during the period reviewed and noted as "Late" 49% of the time. Late arrival was due to facility staff 76% of the time and due to school personnel 24% of the time.

Assistant Principal Wang confirmed that attendance has improved; however, the facility remains out of compliance with this regulation.

April 5 & 7, 2024, Inspection Findings: Following the finding of unsuitability, the Department developed a staggered school movement schedule with LACOE to ensure youth are getting to school on time. The Department worked with LACOE to develop an instructional memorandum for Probation and LACOE staff.

We reviewed available documentation from LACOE and from the Probation Department and find that youth have been getting to school on time; youth's arrival and attendance at school is not being impacted by lack of staffing.

§ 1371 Programs, Recreation and Exercise

2/2/24 Findings: We reviewed the facility program calendar, activity logs for the units, and sign in sheets. While the facility is compliant with the exercise component of this regulation, programs and recreation continue to be noncompliant. Some improvements have been made, and documentation and interviews indicate that Credible Messengers are regularly in the units providing both mentorship and some programming for the youth. Units N and O have been re-designed into a treatment unit and has regular programming from the Tarzana Treatment Center that also provides programming to other units as well.

Activity logs and sign in sheets lack consistent detail for all units/buildings to discern whether programming that occurs is rehabilitative or pro-social. Unit staff rely on the programming calendar, which does not appear to be consistent with the actual unit activity documented on the logs and sign in sheets. The scheduled dates, time, and length of the program indicated on the programming calendar do not align with documentation of actual programming that occurs. Because of this, it is not possible to determine compliance with this regulation; this is an ongoing issue and remains noncompliant.

There continues to be a lack of availability of recreational activities. While a few activities have been added, the activities offered at the facility appear to be the same as those that were previously offered. We understand that the facility is actively working on this issue; however, as of the inspection date, youth do not have access to live or recorded television programming, they cannot watch live sports events or other pro-social television programming. We were told that youth can watch YouTube for educational or other appropriate entertainment material; however, we did not observe this activity occurring while onsite. The agency has implemented game consoles in all units and is in the process of implementing virtual headsets on each unit for youth education and recreation.

We provided technical assistance on the recently implemented activity log; the log does not accurately document compliance with the regulation or align with the programs that are actually occurring. Updating this form will help meet and maintain compliance.

April 5 & 7, 2024, Inspection Findings: The Department has implemented a new Activity Log to document youths' activities throughout the day. We reviewed Activity Logs, Program/Service Sign In Sheets, and Large Muscle Exercise Refusal Forms and were able to verify that youth are receiving their appropriate programs, recreation, and exercise hours. The Department has updated all related forms and documentation has improved significantly since the August 2023 inspection.

Probation-led programs are more robust and relevant to the program than in past inspections. The youth we spoke with indicated that they are indeed being offered and receiving programming as indicated in the documentation. When asked for their opinion on the value of the programs, all youth we spoke with noted that they would like to see more exciting, relevant, and fun programs. They also expressed a desire to have ongoing programming that will help them upon release, such as vocational skills. The Department should continue to review programs for youth interest, participation, and relevance to youths' goals.

§ 1390, Discipline

2/2/24 Findings: On January 5, 2024, the Los Angeles County Probation Department provided written verification that the corrective action had not been completed for section 1390, Discipline due to the delay of the requirement that the California Department of Justice approve the training for the soon-to-be implemented disciplinary process in the detention facilities.

April 5 & 7, 2024, Inspection Findings: The new behavior modification process (BMP) has been implemented at LPJH. Youth tally sheets have been reviewed against incident reports and Sanctions and Appeal documentation, and staff utilize the point system to encourage appropriate behavior. Point information was posted in the units for youth to view. All youth are now shopping at the BMP store by unit and are able to select their own items as opposed to having items delivered. MP3 players have been implemented on a small scale with a plan in place to implement them more widely across the facility. All the youth we spoke with indicated that they are receiving their canteen incentives.

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As you are aware, because LPJH is currently unsuitable for the confinement of youth pursuant to Welfare and Institutions Code section 209, subdivisions (a)(4) & (d), the BSCC Board will review the findings of this reinspection to determine if the conditions that rendered the facility unsuitable have been corrected at the April 11, 2024, meeting. (Welf. & Inst. Code, § 209, subd. (a)(4).)

Please email me at lisa.southwell@bscc.ca.gov or call (916) 322-1638 if you have any questions.

Sincerely,



LISA SOUTHWELL
Field Representative
Facilities Standards and Operations Division

Cc: Lindsay Horvath, Chair, Board of Supervisors, Los Angeles County
Fesia Davenport, Los Angeles Chief Executive Officer
The Honorable Samantha P. Jessner, Presiding Judge Los Angeles County Superior Court
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