**ATTACHMENT G-14** 



ALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS



#### Initial Inspection Report 2023-2024 Biennial Inspection Cycle

Date of Exit Briefing/Notice of Noncompliance: 10/23/2024

Inspection Type: Comprehensive

County: Los Angeles

Facility Name: Los Padrinos Juvenile Hall

**BSCC #:** 7201

BSCC Type: Juvenile Hall

**Facility Representatives:** Kim Binion, Superintendent, Shawn Arrington, Superintendent, Rudy Sanchez, Compliance Director

BSCC Field Representative: Lisa Southwell

#### CAP Day 60 – Maximum Statutory CAP Due/Approval Date: 12/22/2024

Maximum Statutory Resolution Date: 03/22/2025

#### **Current Items of Noncompliance**

Title 15. Section	Description
§ 1354.5. Room Confinement.	We observed multiple occurrences of youth being placed in their rooms for periods of time without documentation or adequate justification as to the circumstances. Several examples are as follows:
	<ol> <li>Uninvolved youth remain in their rooms after an incident such as a fight or an assault on staff for an extended period of time with no documentation of the time they were placed in their rooms or let back out. We also noted incidents which lacked documentation to reasonably justify the amount of time youth spent in their rooms.</li> <li>Youth routinely are held in their rooms for more than an hour at shift change (i.e., in excess for what is required for normal institutional operations).</li> <li>Youth are routinely sent to their room before 8pm for showers and are not brought back out for programming.</li> </ol>
	We also noted that when there is a lack of staffing, there is an increase in room confinement. For instance, we found some instances where youth dined in their rooms or unit operations were delayed due to lack of unit staff in the building. Additionally,

Title 15. Section	Description
Title 15. Section         § 1355. Institutional Assessment and Plan.	<ul> <li>we found youth were kept in their rooms and were delayed being brought to medical.</li> <li>(a) Assessment:</li> <li>The assessment is based on information collected during the admission process with periodic review, which includes the youth's risk factors, needs and strengths including, but not limited to, identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of known history of trauma, and family strengths and needs.</li> <li>Assessments are being conducted between five and 13 days after admission.</li> </ul>
	<ul> <li>(1) A case plan shall be developed for each youth held for at least 30 days or more and created within 40 days of admission. (2) The institutional plan shall include, but not be limited to, written documentation that provides:</li> <li>(A) objectives and time frame for the resolution of problems identified in the assessment.</li> <li>(B) a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented.</li> <li>Case plans are being completed before the</li> </ul>
	<ul> <li>Case plans are being completed before the assessment and do not consistently outline objectives and timeframes.</li> <li>(3) periodic evaluation of progress towards meeting the objectives, including periodic review and discussion of the plan with the youth.</li> <li>Periodic reviews are being completed the same day that case plans are developed; policy requires that they are completed one week after the plan is completed and 30 days thereafter.</li> </ul>

Title 15. Section	Description
§ 1357. Use of Force.	<ul> <li>5)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.</li> <li>(6) Include an administrative review and a system for investigating unreasonable use of force.</li> <li>The agency's comprehensive quality assurance and review process including the Facility Compliance Team and the Force Intervention Response Support Team (FIRST) was disrupted in July 2024. The FIRST team, despite being required by policy, has been disbanded. The debriefs documented by supervisors at the time of the incident are being "corrected" several weeks after the initial reports had been written; we are unable to determine if debriefs are being conducted at the time of the incident due to the inconsistency in documentation.</li> <li>(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.</li> <li>Youth were left unattended prior to being fully decontaminated or prior to the one hour of constant visual as required by policy. Additionally, the facility routinely fails to follow departmental decontamination policy.</li> </ul>

Title 15. Section	Description
§ 1358.5. Use of Restraint Devices for Movement and Transportation Within the Facility.	<ul> <li>(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.</li> <li>Individual assessments are not being completed consistently; of the seven (7) uses of restraints for movement and transportation within the facility only two (2) had a completed assessment specific to this section.</li> </ul>
§ 1361. Grievance Procedure.	<ul> <li>(e) provision for a written response to the grievance which includes the reasons for the decisions.</li> <li>Documentation of initial grievance response while timely, was not completed on the grievance form or attached to the provided grievance documentation. Youth are not receiving written responses.</li> </ul>
§ 1374. Visiting.	Opportunity for visitation shall be a minimum of two hours per week. Youth have not received the opportunity for a minimum of two hours of visitation per week.
§ 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. The facility lacks a fair, accessible, age appropriate, behavior management program that is tangible with meaningful rewards to encourage and promote acceptable behavior and that includes positive behavior interventions and supports.

Title 15. Section	Description
§ 1391. Discipline Process.	The majority of the disciplinary documents reviewed are not being completed per agency policy or were not completed or provided for our review We noted that all but a few youth refuse to sign the document.
§ 1480. Standard Facility Clothing Issue.	<ul> <li>(3) New non-disposable underwear which shall remain with the youth throughout their stay</li> <li>Youth are provided new underwear at intake however, there is no process in place for them to receive their own underwear back daily.</li> </ul>

Title 24. Section	Description
1230.1.11 Physical activity and recreation	Both gymnasiums are currently unusable.
areas	