

Board Report - Juvenile Items of Noncompliance

County	Facility Name	Item of Noncompliance	Inspection Findings	CAP Due Date - 60 Days	
1	Los Angeles	BJN JH	§ 1313. County Inspection and Evaluation of Building and Grounds.	No documentation provided. The facility has no current fire clearance.	
2	Los Angeles	BJN JH	§ 1321. Staffing.	<p>Staffing documents reviewed included facility reports and staffing sheets from October 23–November 6, 2025, and December 4–10, 2025. Additional materials included medical appointment records, school movement logs, November 2025 staffing analyses, and BJJ SYTF and BJJ JH staffing assessments outlining minimum mandatory levels.</p> <p>Documentation showed improved youth transportation to medical appointments and school; however, discussions with the medical director and school principal indicated that daily staffing shortages continue to impact these responsibilities.</p> <p>Video review also showed youth arriving to class before teachers and still eating breakfast, suggesting staffing levels remain insufficient to support timely movement while preserving required in-unit breakfast time.</p> <p>June 7, 2025 staffing assessments showed the facility consistently failed to meet its own mandatory minimum staffing levels. Staffing shortages can be linked to operational delays such as late medical escorts and delays during use-of-force incidents although difficult to fully assess due to incomplete incident reports.</p> <p>Staff are pooled between the two campus's rather than assigned separately to the SYTF or to the JH. Juvenile Hall opened one additional unit not included in the June staffing plan, followed by a second unplanned unit. With no updated staffing plan or staff accounting for these added units, staffing resources were further strained, contributing to ongoing failure to meet minimum requirements.</p> <p>A full review of programming, recreation, and exercise could not be completed because written documentation did not consistently match video evidence. This was discussed with Director Newble on site, and examples will be included in the procedures checklist.</p>	03/15/26
3	Los Angeles	BJN JH	§ 1325. Fire Safety Plan.	The facility has not provided a written plan for emergency housing of youth in the case of fire or a fire suppression pre-plan in cooperation with local fire. The facility's Building Emergency Plan has not been completed and was not provided for review.	03/15/26
4	Los Angeles	BJN JH	§ 1327. Emergency Procedures.	No documentation provided of an annual review of emergency procedures due to the Building Emergency Plan pending approval by the fire department.	03/15/26
5	Los Angeles	BJN JH	§ 1353. Orientation.	The facility has no current orientation manual that is specific to the Juvenile Hall facility program. The document provided was the SYTF orientation manual with attempted updates noted and in tracked changes but not yet complete or implemented. No other document was noted to be current or implemented despite pre-dispo youth being in the facility for several months.	03/15/26
6	Los Angeles	BJN JH	§ 1354. Separation.	<p>Documentation provided for youth self separation shows continued issues with accuracy and compliance. Four youth were housed in Y3 for several days before a Specialized Supervision Plan (SSP) was initiated.</p> <p>This should have occurred immediately when separated. No documentation of a daily review was completed. Documentation of reclassification was noted but it did not detail what occurred or who participated.</p> <p>Self Separations were reviewed for October 2025 and were separated into high school and college students which is helpful for the pre-dispo population. We noted some of the same issues have occurred such as the pre-filled comments. Instances of mental health referrals were noted as being conducted days later for long periods of time for self separation in violation of facility policy.</p>	03/15/26

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7	Los Angeles	BJN JH	§ 1371. Programs, Recreation, and Exercise. Annual program letters, programming calendars and daily activity logs were reviewed along with unit video, which showed several concerns with the delivery and quality of youth programming. Video review confirmed multiple instances where activities were documented as completed but did not occur. We also found incidents where outdoor recreation was modified to indoor due to a lack of field space or due to it being dark because of daylight savings time and no alternative exercise opportunities were provided. Units appear to lack equipment to support indoor exercise, an issue previously identified. When exercise was cancelled for reasons other than weather, youth did not receive their required hour outdoors. Youth spent much of the day in passive recreation such as television and video games, and many units lacked books, games, or other meaningful activities.	03/15/26
8	Los Angeles	BJN JH	§ 1354.5 Room Confinement. Facility managers and administrators improperly authorized suspensions of standards, resulting in inappropriate room confinement for post-dispositional youth in JH. A review of 10 room-confinement packets showed that in 6 cases, Supervisors documented that operational time, such as shift change, did not count toward confinement duration, effectively extending confinement by an extra hour. We also found that youth are placed in their rooms immediately after an incident for safety, then taken to the medical unit, and returned to their rooms to await supervisory review. In several cases, this waiting period was lengthy. All 10 packets documented that room confinement officially began at least 45 minutes after the incident.	03/15/26
9	Los Angeles	BJN JH	§ 1355. Institutional Assessment and Plan. Documentation provided did not provide proof of practice for required areas. Documentation provided was dated in November and December despite the youth and their files being transferred to the facility beginning in August. Documentation provided was not compliant with required regulations, specifically timeframes, person responsible for assuring that the plan is implemented and ongoing, or that monthly periodic review was conducted. As youth are transferred to the facility, procedures will need to be modified and properly documented to show compliance with all areas of regulation.	03/15/26
10	Los Angeles	BJN JH	§ 1372. Religious Program. Documentation provided does not show compliance with religious program, specifically access to religious services or counseling once a week.	03/15/26
11	Los Angeles	BJN JH	§ 1373. Work Program. There are no work programs provided to the youth in the JH.	03/15/26
12	Los Angeles	BJN JH	§ 1390. Discipline. Documentation reviewed consisted of the Daily Merit Ladder, Canteen Sheets or Market Place Slips, and the weekly update tally sheets. The facility does not have a current, active discipline and behavior management process for the pre dispso youth but are currently utilizing the SYTF Daily Merit Ladder point sheet to record and manage behavior. Administrators noted the utilization of the BJJN SYTF format pending the impementation of a process better suited for the JH population; however, it is not in use as of the date of inspection. The Daily Merit Ladder is not specific to the programming and needs of the Pre Dispositional population, points and programs.	03/15/26
13	Los Angeles	BJN SYTF	§ 1313. County Inspection and Evaluation of Building and Grounds. No documentation provided. The facility has no current fire clearance.	03/15/26

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14	Los Angeles	BJN SYTF	<p>§ 1321. Staffing.</p> <p>Staffing documents reviewed included facility reports and staffing sheets from October 23–November 6, 2025, and materials from December 4–10, 2025. Additional records included medical appointment logs, school movement logs, and November 2025 staffing analyses and assessments noting minimum mandatory staffing levels.</p> <p>Documentation showed improved youth transportation to medical appointments and school; however, the medical director and school principal reported that daily staffing shortages continue to impact these responsibilities. Video review also showed youth arriving to class before teachers and still eating breakfast, indicating staffing levels remain insufficient to support timely movement while preserving required in-unit breakfast time.</p> <p>June 7, 2025 staffing assessments showed the facility consistently failed to meet its own mandatory minimum staffing levels.</p> <p>Although this was a targeted inspection, staffing shortages can be linked to operational delays. Review of room confinement and use-of-force records showed delayed decontamination, access to clean clothing, and medical assessments, though no additional confinement time resulted.</p> <p>Because staff are pooled across facilities, staffing shortages were intensified when Juvenile Hall opened one additional unit not included in the June assessment, followed by a second unplanned unit. These expansions further strained staffing and contributed to ongoing failure to meet minimum requirements.</p> <p>A full review of programming, recreation, and exercise could not be completed because written documentation did not consistently match video evidence. Additional detail is available in the procedure checklist</p>	03/15/26	
15	Los Angeles	BJN SYTF	§ 1325. Fire Safety Plan.	The facility did not provide a written plan for emergency housing of youth in the event of a fire, nor a fire-suppression pre-plan developed with local fire authorities. The Building Emergency Plan remains incomplete and was not available for review.	03/15/26
16	Los Angeles	BJN SYTF	§ 1327. Emergency Procedures.	No documentation provided of an annual review of emergency procedures due to the Building Emergency Plan pending approval by the fire department.	03/15/26
17	Los Angeles	BJN SYTF	<p>§ 1354. Separation.</p> <p>Documentation for youth self-separations in October 2025 shows continued issues with accuracy and compliance. Although records were separated by high-school and non-high-school youth as recommended, some entries, especially in Unit Z, still contained pre-filled or duplicated comments.</p> <p>One record noted a youth rejoining dayroom recreation, yet logs show he separated only briefly before bedtime and never returned, indicating inaccurate documentation.</p> <p>Another case involved a Unit Z3 youth who spent nearly a week mostly confined to his room with minimal notes describing “voluntary” self-separation.</p> <p>Due to missing documentation and the absence of a required plan of action, it is unclear whether this period constituted room confinement. There was also no evidence of the that required daily review had occurred.</p>		

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18	Los Angeles	BJN SYTF	<p>§ 1354.5 Room Confinement.</p> <p>It was noted during the JH comprehensive inspection, there were problems with room confinement. Additionally, we noted facility managers and administrators improperly authorized suspensions of standards in the juvenile hall, resulting in full-unit room confinement.</p> <p>Documentation for SYTF youth was reviewed. Youth are placed in their rooms immediately after an incident, but supervisors often approve room confinement only later, after the youth has been taken to medical, returned to the unit, and placed back in their room to await a supervisory decision.</p> <p>Of the nine cases reviewed, three youth were not formally placed on room confinement until long after the incident. Documentation did not accurately reflect actual time spent in the room or provide sufficient explanation for the duration.</p> <p>Supervisors routinely approved confinement based solely on a youth stating they "might fight again," rather than documenting de-escalation efforts attempted before confinement. Once youth were removed for medical evaluation, the immediacy of the incident had already ended. Supervisors also documented that operational time, such as shift change, did not count toward confinement duration, effectively extending confinement by an extra hour.</p>	03/15/26
19	Los Angeles	BJN SYTF	<p>§ 1355. Institutional Assessment and Plan.</p> <p>Documents reviewed included Multidisciplinary Team documents, Individual Rehabilitation Plans, court records, and a small number of assessments.</p> <p>Among the youth files examined, only a few contained the assessments that were previously completed and remain documented in policy, while the remaining assessments were either incomplete or not provided.</p> <p>Only a limited number of Transition Plans were available for review. Overall, documentation was inconsistent across youth, with objectives and timelines for completing those objectives often unclear, and with noticeable variation in the level and quality of documentation from file to file.</p>	03/15/26
20	Los Angeles	BJN SYTF	<p>§ 1371. Programs, Recreation, and Exercise.</p> <p>Annual program letters, calendars, and daily activity logs were reviewed, along with unit video, which showed several concerns with the delivery and quality of youth programming.</p> <p>Video review confirmed multiple instances where activities were documented as completed but did not occur. Outdoor recreation was often cancelled due to lack of field space, and no alternative exercise opportunities were provided. Units appear to lack equipment to support indoor exercise, an issue previously identified. When exercise was cancelled for reasons other than weather, youth did not receive their required hour outdoors.</p> <p>Youth spent much of the day in passive recreation such as television and video games, and many units lacked books, games, or other meaningful activities.</p>	03/15/26
21	Los Angeles	Dorothy Kirby Center- SYTF	<p>§ 1355. Institutional Assessment and Plan.</p> <p>We reviewed six case files for both current and recently released youth. Documentation included the following: the LA County Risk and Resiliency Assessment, education and personal records, court documents, the RTSB 27-point assessment, classification and vulnerability assessments, case notes, and the Individual Rehabilitation Plan. We found assessments and transitional plans were generally incomplete and documentation was inconsistent across all files.</p>	03/15/26
22	Orange	Orange County Juvenile Hall	<p>§ 1324. Policy and Procedures Manual.</p> <p>Certain sections of policy required are missing. We cannot verify that all staff members have reviewed the policy manual, as no documentation of review was available. Additionally, several individual policy sections are incomplete and must contain all requirements of the regulation.</p>	11/11/25
23	Orange	Orange County Juvenile Hall	<p>§ 1325. Fire Safety Plan.</p> <p>The facility has an independent Fire Safety Plan that is not included in the agency policy manual as required nor was there any evidence provided of consultation with the local fire department or the State Fire Marshal. There was no documentation provided regarding a written plan for the emergency housing of JH youth in the event of a fire.</p>	11/11/25

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24 Orange	Orange County Juvenile Hall	§ 1353. Orientation.	The agency policy manual currently permits an orientation to be conducted within 24 hours of a young person entering the juvenile facility. This is contrary to the requirements of Title 15, youth orientations must take place before placement in a living area. The Orientation handbook and related documents needs to be updated to reflect all required elements.	11/11/25
25 Orange	Orange County Juvenile Hall	§ 1354. Separation.	The facility does not have a clear or well-defined Separation Policy that defines the required types of separation or the implementation in accordance with current regulatory requirements. Self Separations are not being fully documented as required by policy.	11/11/25
26 Orange	Orange County Juvenile Hall	§ 1354.5 Room Confinement.	Documentation is insufficient as currently provided, and the reasons for initial or continued room confinement, integration plans, and approvals for extensions were not consistently recorded or submitted.	11/11/25
27 Orange	Orange County Juvenile Hall	§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.	Documentation is insufficient regarding the completion and documentation of an individual assessment for the need to apply restraints for movement or transportation within the facility that includes consideration of a youth's known medical or mental health conditions and trauma informed approaches.	11/11/25
28 Orange	Orange County Juvenile Hall	§ 1361. Grievance Procedure.	Several grievances reviewed were not responded to as required. Grievances require a written response which include the reasons for the decisions made. Several were lacking this response.	11/11/25
29 Orange	Orange County Juvenile Hall	§ 1390. Discipline.	The facility's policy does not provide clearly defined and consistent guidelines for disciplinary actions imposed on youth. Additionally, the policy does not clearly articulate discipline expectations, leading to subjective implementation.	11/11/25
30 Orange	Orange County Youth Guidance Center	§ 1324. Policy and Procedures Manual.	Certain sections of policy required are missing. We cannot verify that all staff members have reviewed the policy manual, as no documentation of review was available. Additionally, several individual policy sections are incomplete and must contain all requirements of the regulation.	11/11/25
31 Orange	Orange County Youth Guidance Center	§ 1325. Fire Safety Plan.	The facility has an independent Fire Safety Plan that is not included in the agency policy manual as required nor was there any evidence provided of consultation with the local fire department or the State Fire Marshal.	11/11/25
32 Orange	Orange County Youth Guidance Center	§ 1353. Orientation.	The agency policy does not specify a timeline for providing the youth orientation; however, we have identified documentation that permits up to 24 hours for the completion of orientation. This is contrary to the requirements of Title 15, youth orientations must take place before placement in a living area.	11/11/25
33 Orange	Orange County Youth Guidance Center	§ 1354. Separation.	The facility does not have a clear or well-defined Separation Policy that defines the required types of separation or the implementation in accordance with current regulatory requirements. Self Separations are not being fully documented as required by policy.	11/11/25
34 Orange	Orange County Youth Guidance Center	§ 1355. Institutional Assessment and Plan.	Documentation is insufficient for transition plans. Timeframes and persons responsible are not consistently documented.	11/11/25
35 Orange	Orange County Youth Guidance Center	§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.	Documentation is insufficient regarding the completion and documentation of an individual assessment for the need to apply restraints for movement or transportation within the facility that includes consideration of a youth's known medical or mental health conditions and trauma informed approaches.	11/11/25
36 Orange	Orange County Youth Guidance Center	§ 1361. Grievance Procedure.	Several grievances reviewed were not responded to as required. Grievances require a written response which include the reasons for the decisions made. Several were lacking this response.	11/11/25
37 Orange	Orange County Youth Guidance Center	§ 1390. Discipline.	The facility's policy does not provide clearly defined and consistent guidelines for disciplinary actions imposed on youth. Additionally, the policy does not clearly articulate discipline expectations, leading to subjective implementation.	11/11/25

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38	Orange	Orange County Youth Leadership Academy	§ 1324. Policy and Procedures Manual.	Certain sections of policy required are missing. We cannot verify that all staff members have reviewed the policy manual, as no documentation of review was available. Additionally, several individual policy sections are incomplete and must contain all requirements of the regulation.
39	Orange	Orange County Youth Leadership Academy	§ 1325. Fire Safety Plan.	The facility has an independent Fire Safety Plan that is not included in the agency policy manual as required nor was there any evidence provided of consultation with the local fire department or the State Fire Marshal. There was no documentation provided regarding a written plan for the emergency housing of YLA youth in the event of a fire.
40	Orange	Orange County Youth Leadership Academy	§ 1353. Orientation.	The agency policy does not specify a timeline for providing the youth orientation; however, we have identified documentation that permits up to 24 hours for the completion of orientation. This is contrary to the requirements of Title 15, youth orientations must take place before placement in a living area. The orientation handbook and related documents needs to be updated to reflect all required elements.
41	Orange	Orange County Youth Leadership Academy	§ 1354. Separation.	The facility does not have a clear or well-defined Separation Policy that defines the required types of separation or the implementation in accordance with current regulatory requirements. Self-separations are not being fully documented as required by policy.
42	Orange	Orange County Youth Leadership Academy	§ 1354.5 Room Confinement.	Documentation is insufficient as currently provided, and the reasons for initial or continued room confinement, integration plans, and approvals for extensions were not consistently recorded or submitted. We also found youth without visitors were held in their room during visiting due to lack of adequate visiting space.
43	Orange	Orange County Youth Leadership Academy	§ 1355. Institutional Assessment and Plan.	Documentation is insufficient for transition plans. Timeframes and persons responsible are not consistently documented.
44	Orange	Orange County Youth Leadership Academy	§ 1358.5 Use of Restraint Devices for Movement and Transportation within the Facility.	Documentation is insufficient regarding the completion and documentation of an individual assessment for the need to apply restraints for movement or transportation within the facility that includes consideration of a youth's known medical or mental health conditions and trauma informed approaches.
45	Orange	Orange County Youth Leadership Academy	§ 1361. Grievance Procedure.	Several grievances reviewed were not responded to as required. Grievances require a written response which include the reasons for the decisions made. Several were lacking this response.
46	Orange	Orange County Youth Leadership Academy	§ 1390. Discipline.	The facility's policy does not provide clearly defined and consistent guidelines for disciplinary actions imposed on youth. Additionally, the policy does not clearly articulate discipline expectations, leading to subjective implementation.
47	Riverside	Detention at Southwest Juvenile Hall	§ 1313. County Inspection and Evaluation of Building and Grounds.	The facility has not had an inspection, including a fire clearance as required by Health and Safety Code Section, 13146.1 (a) and (b) completed by the fire authority having jurisdiction since April 20, 2023.
48	Riverside	Riverside Secure Youth Treatment Facility at PTS-SWJH	§ 1313. County Inspection and Evaluation of Building and Grounds.	The facility has not had an inspection, including a fire clearance as required by Health and Safety Code Section, 13146.1 (a) and (b) completed by the fire authority having jurisdiction since April 20, 2023.
49	Riverside	Youth Treatment and Education Center at SWJH (YTEC-SWJH)	§ 1313. County Inspection and Evaluation of Building and Grounds.	The facility has not had an inspection, including a fire clearance as required by Health and Safety Code Section, 13146.1 (a) and (b) completed by the fire authority having jurisdiction since April 20, 2023.

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50	Yuba	Maxine Singer Youth Guidance Center	§ 1324. Policy and Procedures Manual.	The current policy and procedure manual was last reviewed in June 2024 which is consistent with Title 15 regulations. We noted through the course of our review there were some areas that were inconsistent with regulatory requirements or missing; however, we noted these areas did not negatively impact the operational implementation of the regulation and found no non-compliance of individual regulations based on documentation reviewed. The agency will need to address their manuals and correct any areas inconsistent with Title 15 regulations. Specific information will be provided in the Procedures checklist.	03/30/26
51	Yuba	Maxine Singer Youth Guidance Center	§ 1355. Institutional Assessment and Plan.	The documentation provided included eleven Institutional Assessment and Case Plan records for various youth between all facilities. Policy and procedures are the same for all youth in all facilities. We were unable to determine the timeframes established for each case plan based on documentation provided, and the periodic review notes did not clearly describe the youth's progress toward meeting their identified goals as written. Although most samples included a transition plan, we provided technical assistance on strengthening the documentation to ensure alignment with regulatory requirements. We also noted that for future compliance, all documents must be properly dated and signed.	03/30/26
52	Yuba	Maxine Singer Youth Guidance Center	§ 1371. Programs, Recreation, and Exercise.	Required rehabilitative programming was found to be missing for several of the days reviewed. Actual activities conducted were found to be inconsistent with the planned unit or facility programming calendars.	03/30/26
53	Yuba	Tri County Secure Youth Treatment Facility	§ 1324. Policy and Procedures Manual.	The current policy and procedure manual was last reviewed in June 2024 which is consistent with Title 15 regulations. We noted through the course of our review there were some areas that were inconsistent with regulatory requirements or missing; however, we noted these areas did not negatively impact the operational implementation of the regulation and found no non-compliance of individual regulations based on documentation reviewed. The agency will need to address their manuals and correct any areas found to not be consistent with or meet with Title 15 regulations. Specific information will be provided in the Procedures checklist.	03/30/26

County	Facility Name	Item of Noncompliance	Inspection Findings	CAP Due Date - 60 Days	
54	Yuba	Tri County Secure Youth Treatment Facility	§ 1355. Institutional Assessment and Plan.	The documentation provided included eleven Institutional Assessment and Case Plan records for various youth between all facilities. Policy and procedures are the same for all youth in all facilities. We were unable to determine the timeframes established for each case plan based on documentation provided, and the periodic review notes did not clearly describe the youth's progress toward meeting their identified goals as written. Although most samples included a transition plan, we provided technical assistance on strengthening the Yuba County documentation to ensure alignment with regulatory requirements. We also noted that, for future compliance, all documents must be properly dated and signed.	03/30/26
55	Yuba	Tri County Secure Youth Treatment Facility	§ 1371. Programs, Recreation, and Exercise.	Required rehabilitative programming was found to be missing for several of the days reviewed. Actual activities conducted were found to be inconsistent with the planned unit or facility programming calendars.	03/30/26
56	Yuba	Tri County Youth Development Center	§ 1324. Policy and Procedures Manual.	The current policy and procedure manual was last reviewed in June 2024 which is consistent with Title 15 regulations. We noted through the course of our review there were some areas, that were inconsistent with regulatory requirements or missing; however, we noted these areas did not negatively impact the operational implementation of the regulation and found no non-compliance of individual regulations based on documentation reviewed. The agency will need to address their manuals and correct any areas found to not be consistent with or meet with Title 15 regulations. Specific information will be provided in the Procedures checklist.	03/30/26
57	Yuba	Tri County YOUTH Development Center	§ 1355. Institutional Assessment and Plan.	The documentation provided included eleven Institutional Assessment and Case Plan records for various youth between all facilities. Policy and procedures are the same for all youth in all facilities. We were unable to determine the timeframes established for each case plan based on documentation provided, and the periodic review notes did not clearly describe the youth's progress toward meeting their identified goals as written. Although most samples included a transition plan, we provided technical assistance on strengthening the documentation to ensure alignment with regulatory requirements. We also noted that, for future compliance, all documents must be properly dated and signed.	03/30/26
58	Yuba	Tri County Youth Development Center	§ 1371. Programs, Recreation, and Exercise.	Required rehabilitative programming was found to be missing for several of the days reviewed. Actual activities conducted were found to be inconsistent with the planned unit or facility programming calendars.	03/30/26