

March 16, 2025

Guillermo Viera Rosa, Chief Probation Officer
Los Angeles County Probation
9150 E. Imperial Hwy.
Downey, CA 90242

**APPROVAL OF CORRECTIVE ACTION PLAN PURSUANT TO WELFARE AND INSTITUTIONS
CODE SECTION 209 (d) -- BARRY J. NIDORF SECURE YOUTH TREATMENT FACILITY (SYTF)**

Dear Chief Viera Rosa:

A Targeted Inspection of the Los Angeles County Barry J. Nidorf (BJN) SYTF was conducted between December 11, 2025, and December 15, 2025. A notice was provided to the agency on January 14, 2026, of all Title 15 areas found to be non-compliant and that an approved corrective action plan (CAP) was due no later than March 15, 2026. On March 14, 2026, the BSCC received your final CAP addressing those areas.

Please note that while I have reviewed and approved your agency's corrective action plans for the BJN SYTF, final approval will be determined by the BSCC Board during its April 2026 meeting. In your CAP, you indicate various resolution dates for the outstanding items of noncompliance, noting that all items of noncompliance will be corrected by June 13, 2026.

Please provide notification to the BSCC by June 13, 2026, when the department has completed all corrective actions and is in full compliance with all related sections of Title 15 for the noncompliant areas referenced in the January 14, 2026, notice. BSCC staff will verify all corrective actions on or after that date. If you have any questions or concerns, please contact Field Representative Lisa Southwell by email at lisa.southwell@bscc.ca.gov.

Please let us know if you have any questions.
Sincerely,

A handwritten signature in blue ink, appearing to read "Steven Wicklander".

STEVEN WICKLANDER
Deputy Director
Facilities Standards and Operations Division

cc:

Presiding Judge, Los Angeles County Juvenile Court*
Chair, Probation Oversight Commission, Los Angeles County*
Chair, Board of Supervisors, Los Angeles County*
County Administrator, Los Angeles County*
Jocelyn Roman, Deputy Director, Los Angeles County
Shawn Arrington, Senior Director, Los Angeles County
Aaron Broom, Executive Manager, Los Angeles County

Barry J. Nidorf - SYTF BSCC Corrective Action Plan (January 2026)

Action Item Status:

- Pending-Potential Barrier
- Pending
- Completed-Pending Proof of Practice Review
- Closed/Completed

Standard in Violation	BSCC Finding(s)	Action Item #	Corrective Action(s)	Proof of Practice	Completion Date	Resolution Date	Project Lead
§ 1313. County Inspection and Evaluation of Building and Grounds.	No documentation provided. The facility has no current fire clearance.	1.01	Obtain a signed Fire Inspection report from the Local Fire Authority Inspector.	A signed letter or notice from the Local Fire Authority Inspector.	TBD	6/13/2026	Lori Vidal
		1.02	Fire Watch process will remain in effect until fire clearance is granted.	Fire Watch Documentation.	Ongoing	6/13/2026	Lori Vidal
§ 1321. Staffing.	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. 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. June 7, 2025 staffing assessments showed the facility consistently failed to meet its own mandatory minimum staffing levels. 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. Because staff are pooled across facilities, staffing shortages were intensified when Juvenile Hall opened	2.01	The Daily Facility Report will be updated to reflect the population increase resulting from the addition of juvenile hall operations and related staffing needs. The revised form will also highlight and help ensure operational minimums are met.	Revised Daily Facility Report.	3/1/2026	4/1/2026	Shawn Arrington
		2.02	Train Supervisors on revised Daily Facility Report.	Obtain staff sign-offs acknowledging receipt and understanding of the revised Daily Facility Report..	3/1/2026	4/1/2026	Lucas Martinez
		2.03	Director on Duty is responsible for reviewing and addressing reporting issues regarding Daily Facility Report.	Daily Facility Report shift emails distributed by Director on Duty.	3/1/2026	4/1/2026	Lucas Martinez
		2.04	Equip each lead office in every building with a decontamination kit containing towels, water bottles, and Sudecon decontamination wipes to expedite the decontamination process.	Place decontamination kits in each lead office.	3/15/2026	4/1/2026	Shawn Arrington
		2.05	Work instructions will be developed and distributed to the facility outlining Decontamination Kits availability, inventory, usage instructions, and restocking process.	Unit meeting attendance records regarding availability and usage protocols of decontamination kits.	4/1/2026	4/20/2026	Shawn Arrington

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	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. 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.	2.06	Work instructions will be developed and distributed to the facility outlining requirements for youth to consume meals during designated mealtimes and prohibiting food from leaving the unit.	Work instructions will be generated, distributed, and acknowledged by all staff with signed confirmation.	2/4/2026	2/26/2026	Shawn Arrington
		2.07	QC team will conduct random CCTV reviews of programming and programming documentation.	Completed Programming Review Audit.	2/15/2026	3/31/2026	Lizet Barboza
		2.08	Supervisors and Directors will receive all non-compliant Programming report for review prior to the weekly Directors and Supervisors meeting. They will be responsible for addressing identified concerns, documenting deficiencies, and presenting recommended or implemented corrective actions during the meeting. Supervisors and Directors will be accountable for ensuring that corrective actions are completed, documented, and tracked, with follow-up reports provided at subsequent meetings to verify resolution.	Copy of the Weekly Meetings Agenda.	3/12/2026	4/9/2026	Lucas Martinez
§ 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.	3.01	Obtain a completed and signed Building Emergency Plan (BEP) and Fire Suppression Pre-Plan.	The BEP and fire suppression pre-plan signed off by the Facility Superintendent and local fire authority.	4/1/2026	4/1/2026	Shawn Arrington
		3.02	Communicate the Building Emergency Plan (BEP) and Fire Suppression Pre-Plan to Probation staff and partner agencies.	Disseminate the Building Emergency Plan (BEP) and Fire Suppression Pre-Plan to Probation staff and partner agencies, and obtain acknowledgements through collected sign-offs.	5/1/2026	6/13/2026	Nathan Martinez

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		3.03	Ensure the Building Emergency Plan (BEP) is completed and includes directions for the emergency housing of youth in the event of a fire.	Disseminate the Building Emergency Plan (BEP) and Fire Suppression Pre-Plan to Probation staff and partner agencies, and obtain acknowledgements through collected sign-offs.	5/1/2026	6/13/2026	Nathan Martinez
§ 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.	4.01	Obtain a completed and signed Building Emergency Plan (BEP) and Fire Suppression Pre-Plan.	Disseminate the Building Emergency Plan (BEP) and Fire Suppression Pre-Plan to Probation staff and partner agencies, and obtain acknowledgements through collected sign-offs.	5/1/2026	6/13/2026	Nathan Martinez
§ 1354. Separation.	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. One record noted a youth rejoining dayroom recreation, yet logs show he separated only briefly before bedtime and never returned, indicating inaccurate documentation. Another case involved a Unit Z3 youth who spent nearly a week mostly confined to his room with minimal notes describing "voluntary" self-separation. 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.	5.01	The facility will provide staff training and implement a standardized Self-Separation Log to document incidents of youth self-separation. Shift leads are responsible for ensuring logbooks are completed accurately and in a timely manner. Supervisors and managers will ensure prompt and accurate data entry. The Self-Separation Log will be reviewed daily and signed off by a supervisor to ensure compliance and oversight.	The Self-Separation Log with time entries and signature lines for the youth, lead staff and supervisors.	TBD	6/13/2026	Lizet Barboza
		5.02	The department will revise policies to support the newly developed Self-Separation Log and associated protocols.	Issue a new directive and/or revise department policies regarding separation.	TBD	6/13/2026	Megan Harabid

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		5.03	For youth separated into Units W, Y, and Z, a Specialized Supervision Plan (SSP) will be completed to document the reason for separation and outline a reintegration plan into the general population. Identified deficiencies will be addressed promptly through additional staff training, policy reinforcement, or corrective measures as appropriate. All action steps and resolutions will be documented to ensure accountability, oversight, and continuous improvement.	Completed SSP packets compliant with regulatory standards for separated youth.	2/15/2026	3/31/2026	Lizet Barboza
§ 1354.5. Room Confinement.	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. 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. 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. Supervisors routinely approved confinement based solely on a youth stating they "might fight again."	6.01	Review and revise the Room Confinement Policy and Procedures to reflect new supervisorial operational practices to ensure alignment with regulatory standards.	Updated Room Confinement policy and procedures.	TBD	6/13/2026	Megan Harabid
		6.02	Disseminate the updated policy to all facility staff.	Obtain staff sign-offs acknowledging receipt and understanding of the updated policies.	TBD	6/13/2026	Nathan Martinez
		6.03	Facility Supervisors will be trained on the revised Room Confinement Policy and Procedures.	Training rosters documenting facility supervisors' completion of the revised Room Confinement training.	TBD	6/13/2026	Lizet Barboza
		6.04	Facility Room Confinement subject matter experts (SMEs) will review all room confinement packets daily to ensure compliance with regulatory standards.	Completed Room Confinement packets.	2/15/2026	6/13/2026	Lizet Barboza

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	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.	6.05	Supervisors and Directors will receive all non-compliant Room Confinement packets for review prior to the weekly Directors and Supervisors meeting. They will be responsible for addressing identified concerns, documenting deficiencies, and presenting recommended or implemented corrective actions during the meeting. Supervisors and Directors will be held accountable for ensuring that corrective actions are completed, documented, and tracked, with follow-up reports provided at subsequent meetings to verify resolution.	Copy of the Weekly Meetings Agenda.	3/12/2026	4/9/2026	Nathan Martinez
§ 1355 Institutional Assessment and Plan	Documents reviewed included Multidisciplinary Team documents, Individual Rehabilitation Plans, court records, and a small number of assessments. 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. 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.	7.01	Train admissions officers to conduct interviews and complete the Institutional Assessment form.	Training rosters documenting completion of admissions officer training on interviews and the Institutional Assessment Form.	4/1/2026	4/1/2026	Lizet Barboza
		7.02	Complete Institutional Assessment documentation during the intake and admissions process.	Completed Institutional Assessment Forms.	4/2/2026	4/2/2026	Lizet Barboza
		7.03	Revise the department SYTF policy to incorporate the Individual Rehabilitation Plan (IRP), Comprehensive Assessment, and Initial Multi-Disciplinary Team (MDT) Plan.	Revised Department policy	TBD	3/31/2026	Megan Harabid
		7.04	Revise the Individual Rehabilitation Plan (IRP) to incorporate all regulatory requirements of the Institutional Assessment.	Revised IRP form.	2/11/2026	3/31/2026	Lizet Barboza

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		7.05	Train caseworkers to complete periodic reviews and update the revised Individual Rehabilitation Plan (IRP).	Training rosters documenting caseworker completion of periodic review and revised IRP training.	4/1/2026	4/1/2026	Lizet Barboza
		7.06	Complete Individual Rehabilitation Plan (IRP)/Comprehensive Assessment documentation within the identified timelines.	Revised IRP form	5/15/2026	6/13/2026	Kurtis Miller
		7.07	Caseworkers Supervisor will be required to conduct random audits of institutional assessments, plans, and periodic reviews to ensure compliance with regulations and department policy.	Completed Supervisor audit review sheets.	6/13/2026	6/13/2026	Kurtis Miller
§ 1371. Programs, Recreation, and Exercise.	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. 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. 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.	8.01	QC team will conduct random CCTV reviews of programming and programming documentation.	Completed Programming Review Audit.	2/15/2026	3/31/2026	Lizet Barboza
		8.02	Train supervisors (in-person) on programming compliance and the proper completion of activity logs.	Training rosters documenting supervisor completion of programming compliance and activity log training.	3/26/2026	3/26/2026	Lizet Barboza
		8.03	Supervisors will train unit staff on programming compliance and proper completion of activity logs. Daily living unit activity schedules will include designated outdoor recreation times and locations for each living unit to ensure equitable access to available field space. Schedules will be posted in staff work areas and living unit dayrooms, and supervisors will be responsible for monitoring adherence, addressing any discrepancies, and documenting compliance.	Unit meeting attendance records will be maintained to document staff participation in training and compliance discussions. A copy of the Daily Outdoor Recreation Schedule will be provided and posted in staff work areas and living unit dayrooms. Supervisors will ensure attendance records are complete, accurate, and retained for accountability and review.	4/23/2026	4/23/2026	Lizet Barboza
		8.04	Review and/or revise programming and programming schedules as necessary.	Programming and recreation schedules.	Ongoing	6/13/2026	Nathan Martinez

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		8.05	Order recreational equipment for all units, including indoor fitness games, reading materials, and activities, structured movement programs, and approved alternative recreation areas for inclement weather or safety concerns.	Confirm delivery of requested recreational equipment within the facility.	Ongoing	4/1/2026	Nathan Martinez
		8.06	Supervisors will conduct random reviews of activity logs and be responsible for monitoring adherence, addressing any discrepancies, and documenting compliance.	Supervior signature of activity log	4/23/2026	4/26/2026	Lizet Barboza
		8.07	The QC team will verify outdoor exercise activities through a CCTV audit to ensure compliance with facility standards.	Completed Rec Review Audit.	3/1/2026	3/31/2026	Lizet Barboza
		8.08	Recreation schedules and compliance trends will be reviewed weekly during Supervisors/Managers meetings. Supervisors and Directors will be held accountable for ensuring that corrective actions are completed, documented, and tracked, with follow-up reports provided at subsequent meetings to verify resolution.	Copy of meeting Agenda.	3/12/2026	3/31/2026	Nathan Martinez