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Board of State and Community Corrections
Attention: FSO Deputy Director Steven Wicklander
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LOS ANGELES COUNTY PROBATION DEPARTMENT – BARRY J. NIDORF SECURE YOUTH TREATMENT FACILITY CORRECTIVE ACTION PLAN

Deputy Director Wicklander:

On 01/14/2026, an Initial Inspection Report (IIR) for the Los Angeles County Probation Department Barry J. Nidorf Secure Youth Treatment Facility (SYTF) was provided by Field Representative Lisa Southwell. The IIR identified non-compliance with Title 15 of the California Code of Regulations (CCR). The areas of non-compliance are as follows:

- 1. Noncompliance Finding: Title 15 § 1313. County Inspection and Evaluation of Building and Grounds**
 - a. Issue Identified: No documentation provided. The facility has no current fire clearance.
- 2. Noncompliance Finding: Title 15 § 1321. Staffing**
 - a. Issue Identified: 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 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 details are available in the procedure checklist.

3. Noncompliance Finding: Title 15 § 1325. Fire Safety Plan

- a. Issue Identified: 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.

4. Noncompliance Finding: Title 15 § 1327. Emergency Procedures

- a. Issue Identified: No documentation provided of an annual review of emergency procedures due to the Building Emergency Plan pending approval by the fire department.

5. Noncompliance Finding: Title 15 § 1354. Separation

- a. Issue Identified: 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.

6. Noncompliance Finding: Title 15 § 1354.5. Room Confinement

- a. Issue Identified: 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,” 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.

7. Noncompliance Finding: Title 15 § 1355. Institutional Assessment and Plan

- a. Issue Identified: 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.

8. Noncompliance Finding: Title 15 § 1371. Programs, Recreation, and Exercise

- a. Issue Identified: 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.

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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.

On 03/15/2026, a CAP was filed with the BSCC which was subsequently approved. The CAP indicated that our facilities would resolve the area of non-compliance by 06/13/2026.

The purpose of this letter is to advise you that our facility has resolved the area of non-compliance that was identified in the IIR effective 06/12/2026.

Sincerely,



Guillermo Viera Rosa

Chief Probation Officer

Los Angeles County Probation Department