



**Office of Inspector General
County of Los Angeles**

**Second Report on the Probation
Department's Compliance with the
Department of Justice Settlement
Agreement on Juvenile Halls**

December 30, 2022

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INTRODUCTION

On January 21, 2021, the Los Angeles County Superior Court approved a stipulated judgment between the County of Los Angeles and the California Department of Justice (DOJ).¹ This stipulated judgment (hereafter referred to as Settlement Agreement) appoints the Office of Inspector General as the monitor on various provisions of the Settlement Agreement relating to conditions at Los Angeles County Juvenile Halls. The Los Angeles County Detailed Plan (Detailed Plan) for monitoring compliance with the Settlement Agreement designated the Office of Inspector General as the monitor for certain provisions of the Detailed Plan.² As the monitor for the delineated provisions, the Office of Inspector General was tasked to report on its findings regarding the Los Angeles County Probation Department's (Probation Department) compliance with the Settlement Agreement twice per year in a report to the Board of Supervisors (Board).³ This report is the Office of Inspector General's Second Report on the Probation Department's Compliance with the Department of Justice Settlement Agreement on Juvenile Halls.

Much of this report relies upon documentation from the Probation Department. As explained in more detail later in this report, the lack of effective systems to document and track uses of force, room confinements, grievances, and incidents in the juvenile halls and camps raises concerns about the accuracy of the documentation provided to the Office of Inspector General. Two incidents over the past year have highlighted the lack of an effective system to ensure the reporting, proper supervision and transparency necessary to keep youth and staff safe.

In March of 2022, Probation management abruptly ordered the transfer of all youth from Central Juvenile Hall to Barry J. Nidorf Juvenile Hall in order to prevent an inspection by the state which it would fail.⁴ The Office of Inspector General was not notified prior to the transfer, thus preventing any real-time monitoring. There is no indication that

¹ *People of the State of California, ex rel. Xavier Becerra, Attorney General of the State of California v. County of Los Angeles.*

² The County of Los Angeles Confidential Detailed Plan is incorporated by reference into the stipulated judgment at paragraph 7.

³ The provisions in the Detailed Plan that are not assigned to the Office of Inspector General are assigned to Michael Dempsey, as the "Monitor" defined in the Settlement Agreement and Detailed Plan. Some provisions of the Detailed Plan require quarterly reporting to the Monitor, with a formal report to the Board copied to the Monitor, required twice annually. The information provided on a quarterly basis to the Monitor is incorporated into the Office of Inspector General reports to the Board.

⁴ See the Office of Inspector General's report dated December 30, 2022, titled, [Transfer of Youth from Central Juvenile Hall to Barry J. Nidorf Juvenile Hall](#).

Probation management has learned from the error or put in place procedures to avoid similar future conduct.

A recent incident at Barry J. Nidorf Juvenile Hall on November 30th demonstrated that procedures to comply with legal standards are still absent. On December 2nd, Executive Director Wendelyn Julien advised Probation management of concerns regarding bathroom access in the lockdown after a disturbance and use of force and OC spray. She suggested that the Board be informed. Had probation management responded, they would have immediately learned that reporting requirements for the incident had not been met (note the five day time limit discussed in the section *titled Timely Intervention to the Force Intervention Support Team* seems to be completely disregarded by Probation). Instead, **eight days** after the incident, one of the Chief Deputies appeared before the POC to answer questions but did not seem to have watched video or otherwise learned whether bathroom access had been restricted as reported.⁵ As of that date, most of the staff involved in the force incident had not yet filed reports which are required to be filed immediately by policy and within five days by settlement agreement.

Based upon the Office of Inspector General's inquiry into these incidents, there appears to be a pattern of reluctance to engage with oversight is an attempt to avoid negative findings. The movement of youth from Central Juvenile Hall to Barry J. Nidorf Juvenile Hall was prompted by a concern of a rating of unsuitability by the Board of State and Community Corrections. Probation management elected not to inform the Board of the November 30th incident by documenting the incident as involving only six youth (considering a major disturbance to require the involvement of ten) without mentioning the presence of an additional group of youth attempting to break their way out of an adjacent bathroom to join the fight, including through the use of a metal pipe to shatter a window. The lack of interaction and transparency by the Probation Department with oversight has resulted in a lack of confidence on the part of the Office of Inspector General as to records regularly received without additional inquiry or investigation.⁶ The following report should be read with this caveat in mind.

⁵See [POC meeting of December 8, 2022](#) at minutes 2:29 to 2:32.

⁶ Compounding the lack of confidence in the reporting by the Probation Department is the inability of the Office of Inspector General to adequately fulfill its oversight functions. The full complement of staff outlined as necessary when the Office of Inspector General undertook oversight of the Probation Department has not been provided. While the Office of Inspector General is able to fulfill its monitoring duties under the DOJ Settlement Agreement, it simply does not have the staffing to meaningfully investigate incidents nor to provide recommendations for reforming the department.

DECONTAMINATION AFTER USE OF OLEORESIN CAPSICUM SPRAY

The Detailed Plan mandates that the Probation Department maintain a process and procedure to document whether decontamination after the use of Oleoresin Capsicum (OC) spray is in compliance with its policies and state law in 90% of all incidents in which OC spray was used on youths in Central Juvenile Hall (CJH) and Barry J. Nidorf Juvenile Hall (BJNJH). This report analyzes a representative sample of OC spray incidents at CJH and BJNJH for the period covering January 1, 2022, through June 30, 2022.

The Probation Department recently implemented revised OC spray policies that create an internal process to timely document OC spray decontamination.⁷ After review of the Probation Department's OC spray decontamination incidents from January 1, 2022, to June 30, 2022, the Office of Inspector General found that the Probation Department was not in compliance with the Settlement Agreement. At CJH, only 47% of incidents followed the Probation Department's existing decontamination policies, and at BJNJH, only 57% of incidents followed the decontamination policies.

METHODOLOGY

The Office of Inspector General requested documentation relating to all OC spray incidents, including investigations, that occurred between January 1, 2022, and June 30, 2022, at CJH and BJNJH. In response, the Probation Department provided the Office of Inspector General the Physical Intervention Packets (PIP) for 260 incidents. Of the 260 incidents, 92 occurred at CJH, and 168 occurred at BJNJH.⁸ As detailed later in this report, the Office of Inspector General recommends re-organizing the PIPs so that the first report in the packet is that of the Probation Department staff member who deployed the OC spray. This will provide for easier review by the Probation Department supervising staff members.

The Office of Inspector General selected and reviewed a statistically valid sample of the incidents from each of the juvenile halls in accordance with Government Audit Standards⁹ for review. The calculation resulted in a sample size of 20 OC spray

⁷ For this reporting period, the review is based on the Probation Department's policy in effect at the outset of the reporting period. For subsequent reports, the policies implemented in April 2022 will be the standard for review.

⁸ PIPs document uses of force used by the Probation Department staff. Included in the PIPs are Physical Intervention Reports (PIRs). PIRs are reports prepared by staff who are involved in uses of force, including OC sprays.

⁹ To view current Yellow Book, visit <https://www.gao.gov/yellowbook>.

incidents from CJH, and 21 from BJNJH. The Office of Inspector General used a research randomizer application to randomly select the incidents for review.¹⁰

Substantial compliance with the Detailed Plan requires that 90% of the OC spray decontaminations reviewed are in compliance with policy and law. The Probation Department's OC spray decontamination policy states the following:

Under no circumstances shall Officers delay decontamination of a youth exposed to OC spray for the purpose of punishment or due to a lack of attention. Youth shall be decontaminated immediately, but no later than ten (10) minutes after containment of the incident. If decontamination within ten minutes is not feasible, justification must be provided in the PIR. The failure to affect the timely decontamination of the youth immediately upon concluding the chemical intervention and containment of the incident will result in disciplinary action. All youth exposed to OC spray shall be directly supervised until the youth are fully decontaminated or are no longer suffering the effects of the OC spray. Youth exposed to OC spray shall not be left unattended. Officers must ensure that all post-OC spray application protocols are followed immediately after each use of chemical intervention.

The relevant state law on Chemical Agents and decontamination is found in Title 15 section 1357(b) which states in relevant part:

(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that:

...(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.

...(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.

¹⁰ Research Randomizer at <https://www.randomizer.org/>.

SCOPE

To determine compliance with the Probation Department's policies, the scope of this review was based primarily on information provided in the Probation Department's Physical Intervention Report (PIR), including the information required in Section M, *OC Spray Deployment*, which must be completed each time OC spray is deployed on a youth (Attachment A). Included on this form are each of the requirements set forth in the Probation Department policy and state law, including:

- The date, time, and location where OC spray was used;
- Efforts to de-escalate prior to the use of OC spray;
- Reasons for the use of OC spray;
- The decontamination procedures applied;
- The time the youth was decontaminated;
- Justification if the youth was not decontaminated within 10 minutes after containment of the incident;
- Whether the youth was supervised and not left unattended until they were no longer suffering the effects of OC spray;
- Whether any injuries were sustained as a result of the use of OC spray.

For the purposes of this review, if the PIR, including section M, included the required information, the Office of Inspector General found compliance with the Probation Department's policies and state law.¹¹ In cases in which section M of the PIR was incomplete, section N, *Description of the Incident*, which is a narrative of the incident, was reviewed to determine whether each of the above requirements were satisfied.

FINDINGS

From the statistically valid sample of the incidents from each of the juvenile halls, the Office of Inspector General found that at CJH only 45% (9 of the 20 incidents randomly selected) of the incidents followed policies and properly documented decontamination in compliance with policy and state law. At BJNJH only 57% (12 of the 21 incidents randomly selected) followed decontamination policies and properly documented the decontamination process in compliance with policy and state law.

¹¹ Based on the Probation Department's requirement of completion of section M for determination of proper compliance with its own decontamination policy, the Office of Inspector General only considered those cases in which section M was complete as compliant.

Because substantial compliance with the Detailed Plan requires that 90% of the OC spray decontaminations reviewed are in compliance with policy and state law both CJH and BJNJH failed to comply with the Detailed Plan requirements.

TRAINING AND SUPPORT TO PROBATION STAFF AFTER USE OF OLEORESIN CAPSICUM SPRAY

The Settlement Agreement and Detailed Plan mandates that the Probation Department set up and maintain an internal process to identify and provide any needed training and support to Probation staff relating to use of OC spray. The Detailed Plan requires the Probation Department to provide identified training and support to the Probation Department staff in 90% of cases where training and support are identified. As of June 30, 2022, 184 Probation staff members have completed the most up to date training relating to the use of OC spray. This training is generalized training and not related to training identified based upon the continuing use of OC spray. The Probation Department reports it is working on finalizing its internal process for identifying training, including refining its Early Intervention System (EIS) to identify individuals needing training. Due to the lack of a system to identify and provide supportive staff training, the Probation Department is not in compliance with this requirement in the Detailed Plan. The Office of Inspector General did review OC spray incidents to determine if the necessary training was at least identified. This report analyzes a representative sample of OC spray incidents at CJH and BJNJH from January 1, 2022, to June 30, 2022.

METHODOLOGY

The Office of Inspector General requested the entire population of OC spray incidents that occurred at both juvenile hall facilities between January 1, 2022, and June 30, 2022, including related investigations. The Probation Department reported that during that period there were 92 OC spray incidents at CJH, and 168 OC spray incidents at BJNJH.¹²

The Office of Inspector General selected a statistically valid sample of OC spray incidents for each juvenile hall facility in accordance with Government Audit Standards.¹³ The calculation resulted in a sample size of 20 OC spray incidents at CJH and 21 at BJNJH. The Office of Inspector General used a research randomizer to randomly select the use of force incidents for review from each juvenile hall to meet the

¹² The Probation Department provided these cases to the OIG in the form of Physical Intervention Reports (PIRs).

¹³ To view current Yellow Book, visit <https://www.gao.gov/yellowbook>.

requirement of a random selection.¹⁴ Substantial compliance with the Detailed Plan requires the Probation Department to identify any need for training and support for Probation Department staff and provide the support in 90% of cases where such training and support are identified. The Office of Inspector General examined PIPs to determine if the cases were reviewed by the Probation Department and, if so, was training or support recommended.

SCOPE

In its review of PIPs, the Office of Inspector General looked to see if the Force Intervention Response Team (FIRST), Safety Crisis Management (SCM), and/or Critical Incident Review Committee (CIRC) reviewed the reports to identify necessary training following an OC spray use. Only six (two from CJH and four from BJNJH) of the sampled reports were reviewed by SCM and FIRST, and only three of those six were reviewed by CIRC. The resulting compliance rate for CJH for *simply reviewing* the reports is ten percent for CJH and nineteen percent for BJNJH, well below the required metric and far short of the metric that the incidents be reviewed and training identified and provided.

FINDINGS

As a result of the Probation Department's failure to have a functioning internal process to identify necessary training and support for staff, the Office of Inspector General finds that the Probation Department is not in compliance with the Detailed Plan. The lack of review means that the threshold of identifying the needed training and support has not been met, making it impossible for the Probation Department to meet the Detailed Plan requirement that training and support be provided in 90% of cases where training and support are identified.

TIMELY SUBMISSION TO THE FORCE INTERVENTION SUPPORT TEAM

As part of the Probation Department's use of force review, FIRST was created as an independent reviewing entity to assist the juvenile facilities with assessing use of force incidents.¹⁵ The Detailed Plan requires that the Office of Inspector General review use of force incidents that are not accepted by IAB, to determine if they were timely reviewed by FIRST. The Office of Inspector General reviewed the FIRST accountability logs for use of force incidents occurring from January 1, 2022, to June 30, 2022, and

¹⁴ <https://www.randomizer.org/>

¹⁵ FIRST policy is established by Directive 1456 issued December 1, 2021.

use of force incidents that were *declined* by the Probation Department's Internal Affairs Bureau (IAB) during the same period.

When a physical incident occurs at a facility, each staff member on duty assigned to the unit or camp is required to document their observations and knowledge of what occurred. All PIPs are submitted to the Unit Supervisor or Officer of the Day for review. After the supervisor reviews each document and interviews the youth(s) involved, the supervisor signs off on the PIP and submits the packet to the facility's Safety Crisis Management Review Team (SCM) for review of the written documentation, video evidence, and to check for any possible Probation Department policy violations. If there are policy violations identified during the SCM review process at the facility level, the facility Director refers a *duplicate PIP* to IAB for investigation. This initial review process must be completed within five days.

After the review by the SCM, the PIP is submitted to the facility's Director for a final review which must occur within two days. If there are no policy violations or discrepancies identified by the Director, the PIP is signed by the Director, closed, and then submitted to FIRST for an independent review. The PIP must be sent to FIRST within seven days of the incident.

When FIRST receives the PIP, it is tasked with identifying possible policy violations and identifying preventable risks and proactive measures that will assist in ensuring the Probation Department staff are following use of force policies and state law. In cases in which a duplicate PIP has been referred to IAB, FIRST concurrently reviews the incident to identify emerging trends, policy gaps, programming needs, or necessary training in order for the pertinent facility's staff to engage in a discussion of potential remedial actions. After FIRST has conducted its independent review, the PIP is returned to the facility with FIRST's Physical Intervention Review Summary Form, which details its review and determination in accordance with these tasks.

If a use of force referral is made to IAB, the Central Intake Team (CIT) reviews the PIP form to determine whether a formal investigation is necessary. Referrals to IAB that are *declined* for investigation require notification within ten days to the facility's Bureau Chief that IAB has declined to open an investigation.

Based on the Office of Inspector General's review of the 36 incidents that were declined for investigation by IAB, although all of the incident reports accurately documented the uses of force, **none** of the cases were timely submitted by CJH or BJNH to FIRST for its independent review. Both facilities continue to submit the documents well past the seven-day deadline. The current longest delay is 275 days from the date of the incident.

One of the causes for the failure to timely submit the PIPs to FIRST is the misconception that FIRST must delay its review of the incident until IAB has made a determination on whether potential staff misconduct warrants an investigation. Further compounding the problem is that FIRST is not always aware of IAB's decision to decline an investigation and therefore may not be reviewing cases even when an IAB decision to decline has already been made. Probation Department personnel should be notified immediately that the PIP must be sent to FIRST within seven days of the incident regardless of any referral to IAB. Due to the failure to submit any of the reviewed cases to FIRST within seven days, the Probation Department is not in compliance with the 90% compliance rate for timely submission of cases declined by IAB for investigation.

REVIEW OF THE PROBATION DEPARTMENT'S COMPLIANCE WITH USE OF FORCE POLICIES IN JUVENILE HALLS

The Detailed Plan mandates that the Probation Department follow its use of force policies and to ensure that video cameras capture 90% of the use of force incidents in its two juvenile halls: CJH and BJNJH. The Office of Inspector General is to review compliance for three specific areas: (1) whether cameras provide sufficient coverage, (2) whether the cameras are operational and in use, (3) and whether the recordings are properly used in analyzing compliance with the Probation Department's use of force policies and state law. This report analyzes a representative sample of use of force incidents at CJH and BJNJH for the period covering January 1, 2022 to June 30, 2022.

As noted in the Office of Inspector General's first report on compliance with the Settlement Agreement, CJH has more than twice the number of video cameras as BJNJH and met the standards as delineated in the Detailed Plan for every objective. The Office of Inspector General found that camera coverage at BJNJH was deficient because there are not enough cameras installed to meet the requirement in the Detailed Plan that 90% of the cameras are operational, in use, and provide sufficient coverage to capture use of force incidents. While BJNJH properly used the videos in analyzing incidents that were captured on video, objective compliance is difficult to measure given that only 33% of the randomized sample of use of force incidents had video. The Office of Inspector General found that when the Probation Department had sufficient video coverage, it followed its use of force policies and law at both facilities.

METHODOLOGY

The Office of Inspector General requested the entire population of use of force incidents that occurred at both juvenile hall facilities during the first two quarters of 2022,

including related investigations. The Probation Department reported that for this time period there were 395 use of force incidents at CJH and 483 use of force incidents at BJNJH. Use of force incidents are documented in Safety Crisis Management reports.

The Office of Inspector General selected a statistically valid sample of use of force incidents for each juvenile hall facility in accordance with Government Audit Standards.¹⁶ The calculation resulted in a sample size of 23 use of force incidents at CJH, and 24 at BJNJH. The Office of Inspector General used a research randomizer to randomly select the use of force incidents for review from each juvenile hall to meet the requirement of a random selection.¹⁷

Substantial compliance with the Detailed Plan, requires that that the following three objectives be met 90% of the time:

Objective A: ensure the Probation Department's video cameras provide *sufficient coverage* of use of force incidents to assist in determining whether involved personnel have complied with use of force policies. *Sufficient coverage* is defined by the Office of Inspector General as camera coverage of an area of the facility that captures any use of force incidents to sufficiently allow the Probation Department staff to review its recording of the incident to determine if policies and procedures were followed.

Objective B: assess whether video cameras are *operational and in use*. *Operational and in use* is defined by the Office of Inspector General as the camera is operating as designed, providing a clear video stream that is able to be viewed on the designated monitors, and recorded on video.

Objective C: assess if video recordings are being *properly used* in relation to use of force incident reviews. *Properly used* is defined by the Office of Inspector General as Probation Department staff reviewing the video, comparing it to the written reports, and correctly applying the law and relevant Probation Department policies to the use of force investigation.

The relevant use of force policies are documented in the Probation Department's Detention Services Bureau Manual sections 1000-1007 relating to use of force, Probation Directives 1194 and 1427, which outline the Probation Department's response in situations that result in use of force, and the legal standard for use of force which is an objectively reasonable standard: that when force is used, trained officers

¹⁶ To view current Yellow Book, visit <https://www.gao.gov/yellowbook>.

¹⁷ Research Randomizer at <https://www.randomizer.org/>

shall utilize an objectively reasonable standard to ensure the level(s) of intervention utilized is both reasonable and necessary to facilitate the restoration of order.¹⁸

SCOPE

To determine compliance with the three objectives relating to use of force, the scope of this report was based on the Probation Department's current use of force policy and training.¹⁹

To determine compliance with Objective A, the Office of Inspector General reviewed video recordings for the selected sample in combination with SCM investigations and all documents required for the use of force incidents.

To determine compliance with Objective B, the Office of Inspector General conducted a video camera reinspection at each juvenile hall in order to ascertain whether camera coverage in the facilities was sufficient.²⁰

To determine compliance with Objective C, the Office of Inspector General attended Probation Department use of force training, reviewed video recordings of use of force incidents, reviewed the Probation Department policies, attended Probation Department use of force reviews, and reviewed decisions by the Probation Department on whether uses of force were in policy and compliant with the law and decisions to refer cases to IAB.

Specifically, the Office of Inspector General reviewed the following actions by the Probation Department:

1. Debriefing of the incident.²¹
2. Availability of video recordings for review of the use of force incident.
3. Evaluation of use of force cases for reasonableness, de-escalation, force prevention, and intervention; the appropriate application of force

¹⁸ United States Supreme Court's decision *Graham vs. Connor* (1989) 490 U.S. 386.

¹⁹ Office of Inspector General staff attended the current Department of Justice Cohort Training for the Probation Department's use of force policies. The use of force policy used for the training was Detention Services Bureau Manual sections 1000-1007, Safety Crisis Management Use of Force Policy Directive 1194, Physical Intervention Policy Directive 1427, and other policies related to use of force incidents. The Office of the Inspector General attended the updated training on situational use of force on September 26, 2022.

²⁰ BJNJH has a total of 215 cameras, no new cameras had been installed, however malfunctioning cameras viewed during the last inspection have been replaced.

²¹ Title 15 Minimum Standards for Juvenile Facilities, UOF section 1357 (a)(5)

utilized; the level of threat perceived by officers; the need for force versus the level of force; whether any injury was suffered and the extent of the injuries.

4. Evaluation of all necessary forms and documents,²² photographs, youth questionnaires, evidence, injuries, and referrals of alleged misconduct to IAB.

FINDINGS

OBJECTIVE A: SUFFICIENT CAMERA COVERAGE OF USE OF FORCE INCIDENTS

Central Juvenile Hall

The Office of Inspector General reinspected CJH on September 19, 2022, and found all cameras were operable. However, installation of a camera intended to eliminate a specific blind spot is still pending.²³ Another previously reported blind spot, which was caused by a curtain dividing the boys and girls units, has been eliminated by the removal of the curtain.

During this reporting period the Office of Inspector General received information that cameras at CJH were pointed toward the walls, away from the open area in units S and M.²⁴ A second inspection was conducted on October 19, 2022, and at that time that the cameras were correctly positioned. The Office of Inspector General recommends that the Probation Department Directors review the live feed from the cameras at the beginning of each shift to ensure the cameras have not been altered.

Between January 1, 2022, and June 30, 2022, a total of 395 use of force incidents were reported at CJH. A statistically valid sample of 23 of the 395 incidents were selected for review. Of the 23 incidents reviewed, only one incident was missing video footage.²⁵ In 96% (22) of the incidents there was video attached and the video coverage was sufficient.²⁶ Based on the Detailed Plan requirement that 90% of all use of force incidents have sufficient camera coverage, CJH is in compliance with the Settlement Agreement.

²² Physical Intervention Reports, Medical and Mental Health related documents, Child Safety Assessment, Suspected Child Abuse Reports, Incident Video Review (Directive 1194, section B.)

²³ During this reporting period, CJH had a total of 569 cameras installed with one additional installation pending.

²⁴ During the October re-inspection, Probation Department staff indicated that they believe some of the youths may have turned the cameras toward the walls without the Probation Department staff's knowledge.

²⁵ Use of force incident in sample without video recordings SCM Nos 22-0503.

²⁶ Use of force incidents in case examples SCM Nos 22-0951, 22-0446, and 22-0252.

Barry J. Nidorf Juvenile Hall

During a September 21, 2022,²⁷ inspection of BJNJH, the Probation Department reported plans to install additional cameras with an approved \$15,080,000 budget.²⁸ However, due to administrative delays, new cameras have not been installed.

Between January 1, 2022, and June 30, 2022, a total of 483 use of force incidents were reported at BJNJH. A statistically valid sample of 24 of the 483 incidents were selected for review. The Office of Inspector General found that only 33% (8) of the incidents reviewed had video recordings attached, falling short of the 90% requirement.²⁹

OBJECTIVE B: CAMERAS ARE OPERATIONAL AND IN USE

The Office of Inspector General conducted inspections at both juvenile halls and reviewed use of force cases at CJH and BJNJH to determine if the cameras at both halls were operating as designed and providing video that was able to be viewed by the Probation Department staff in analyzing a use of force.

Central Juvenile Hall

On September 21, 2022, the Office of Inspector General conducted an inspection at CJH and found that 100% (569) of the cameras had viewable and retrievable video recordings. In all but one of the cases reviewed from the statistically valid sample, video recordings were available for the Probation Department to review for compliance with its use of force policies and the law. Thus, the Probation Department has complied with the Detailed Plan requirement that 90% of cameras at CJH are operational and in use such that video is available for use of force review.

Barry J. Nidorf Juvenile Hall

On September 21, 2022, the Office of Inspector General reinspected video cameras at BJNJH. During the last reporting period, the Office of Inspector General reported that several cameras were inoperable at BJNJH. Since then, all inoperable cameras have been replaced and cameras were regularly cleaned and maintained. The Office of Inspector General found all 215 cameras were operable. Since the last inspection, five of the previous inoperable cameras have been replaced. Two cameras, however, had

²⁹ Use of force incidents in sample without video recordings SCM Nos. 22-4473, 22-4424, 22-4062, 22-3714, 22-3467, 22-3049, 22-3048, 22-2786, 22-2557, 22-2043, 22-1879, 22-1769, 22-1196, 22-0884, 22-0512, 22-0381.

obstructed views, but were adjusted to remedy the problem during the inspection. Based on the Detailed Plan requirement that 90% of all cameras be operational and in use, BJNJH is in compliance with the Settlement Agreement. While technically in compliance because the installed cameras are operational and in use, this metric requires that 90% of cameras are operational *for the purpose of use of force review*. Well under 90% of the uses of force at BJNJH have video. Installing a sufficient number of cameras and ensuring they are operational is the only way to capture uses of force on video such that the coverage can be used in reviews to meaningfully comply with this metric.

OBJECTIVE C: VIDEO CAMERA RECORDINGS ARE BEING PROPERLY USED TO DETERMINE POLICY VIOLATIONS

Central Juvenile Hall

In determining whether the Probation Department is *properly using* the video recordings at CJH, the Office of Inspector General reviewed a sample of 23 use of force incidents at CJH. Of the 23 incidents reviewed, one incident was missing a video recording, and two were identified as not being properly reviewed. The case that did not have video was excluded from determining compliance because when no video is available it cannot be utilized in the use of force review. The use of videos at CJH in 20 out of 22 incidents results in a compliance rate of 90%, meeting the Detailed Plan's requirement that 90% of video recordings for use of force incidents are properly used to determine policy violations.

The following cases illustrate the importance of properly reviewing the video recordings to assist in identifying possible staff misconduct. The cases below represent two use of force incidents that, in the opinion of the Office of Inspector General, the Probation Department failed to properly use the video recordings in analyzing the uses of force for violations of policy or law as the reviewers failed to acknowledge any misconduct.

CASE 1

Two youths were engaged in a fight in a dayroom. At the start of the fight, an officer was sitting at a table playing a card game with other youths. While the youths talked to each other and squared off to fight, the officer looked at them and continued to sit at the table shuffling cards. The youths started to fight and the officer continued shuffling the cards, watching the youths swing their fists at each other. The officer finally got up to stop the fight after another Probation Department staff member entered the room to stop the fight.

The Probation Department failed to determine whether the officer at the table violated its policies by not immediately attempting to break up the fight.

CASE 2

A youth refused to leave the dayroom and go to his room as instructed by Probation Department staff. Ten Probation Department staff members were present with the youth in the dayroom when the youth was picked up and carried to another room. While inside the room, approximately five Probation Department staff members remained in the room with the youth as the youth shouted expletives toward the staff. The youth can later be heard, in a muffled voice saying, "I can't breathe." During the time the youth and staff were in the room, the youth was highly agitated and threatening toward the staff. The staff remained in the room with the youth for approximately eight minutes utilizing force but, due to the angle of the camera, it cannot be determined what force was used and whether it was reasonable.

The Physical Intervention Reports prepared by the involved officers contradicted the youth's description of the use of force. The video recording provides a brief glimpse of a staff member with his arm against the chest of the youth, but this use of force is not reported. Furthermore, the Probation Department staff who were inside the room with the youth remained in the room for an extended period of time despite the youth being in a highly agitated state. The mere presence of the five officers for approximately eight minutes is a show of force that was unlikely to de-escalate the situation. The incident was initially rejected for investigation by IAB. The stated reasons for the rejection were that because the youth was able to state that he couldn't breathe this meant his airway was not constricted and that any claim by the youth that he was strangled would be contradicted by staff members. It is unconscionable that presumptions such as these were made without conducting an investigation. In reconsidering the case for an IAB investigation, the Probation Department conducted an interview of the youth who witnessed the incident and took pictures from that youth's room window. At an IAB meeting for the reconsideration of an IAB investigation, this additional evidence was discussed but again the IAB investigation was declined as unwarranted.

The Office of Inspector General staff spoke with both the youth who was the subject of the use of force and the youth who witnessed it. The youth subjected to the force stated that one of the officers carried him to his room in a "headlock," another was bending his thumb back, and once inside the room, the youth's head hit the wall. He was then placed on his bed with multiple officers laying on top of him, with one officer placing his forearm against his neck. The force by the officers caused the youth to feel as though he could not breathe and that is the cause for his statement. The youth who witnessed

the incident described that the subject youth was carried to his room in a “headlock,” that the youth’s thumb was bent but that after the youth was inside his room, he could only see his feet. While he heard the subject youth state that he could not breathe, his view prevented him from seeing the officers’ actions.

Barry J. Nidorf Juvenile Hall

In determining whether the Probation Department is *properly using* the video recordings, a sample of use of force incidents was reviewed. As previously mentioned, only 8 of the 24 selected samples of use of force incidents had video recordings. While the Probation Department utilized the available video properly, meaningful compliance cannot be achieved until camera coverage is sufficient to provide video recordings for all or nearly all of the use of force incidents in BJNJH. At this juncture, the Office of Inspector General is not making a finding of compliance or noncompliance given the inadequacy of the camera coverage.

PRISON RAPE ELIMINATION ACT

The Office of Inspector General reviewed the Probation Department’s compliance with the portions of the Prison Rape Elimination Act (PREA) requirements that are designated in the Detailed Plan. PREA was created to deter sexual assault in correctional institutions, including juvenile detention facilities. Portions of PREA seek to ensuring the announcement of the opposite sex when entering a housing unit, and privacy during showering, performing bodily functions, and changing clothes.

An Office of Inspector General investigator inspected the CJN, BJNJH, and the Probation Department camps³⁰ to determine compliance with the two PREA related requirements in the Detailed Plan: (1) whether privacy curtains are properly installed in the bathrooms of all units and (2) that staff of the opposite gender announce their presence when entering a housing unit. The two juvenile halls, CJH, and BJNJH and five camps (Camp Clinton B. Afflerbaugh, Dorothy Kirby Center, Camp Vernon Kilpatrick, Camp Joseph Paige, and Camp Glenn Rockey) were inspected unannounced.

³⁰ The Office of Inspector General staff assigned to oversee the Probation Department are scheduled for PREA training in January 2023 to become certified PREA auditors. During the previous reporting period, the Office of Inspector General’s PREA certified auditors were available to assist with the PREA related audits in the Detailed Plan. For this reporting period, those auditors were conducting PREA audits for the Los Angeles Sheriff’s Department. The certified auditors will be available to conduct the audits at the juvenile halls and camps during the next reporting period. While the Detailed Plan requires only an audit and a report for the juvenile halls, the Office of Inspector General also conducted audits at the camps for compliance with these two requirements.

PRIVACY CURTAINS

The Office of Inspector General found that since its last report, the Probation Department has made substantial efforts to ensure that PREA compliant privacy curtains are installed in the bathrooms, noting the installation of several shower doors and curtains that provide adequate privacy while still maintaining safety. However, the Office of Inspector General discovered blind spots in several of the bathrooms that impair staff from being able to determine if dangerous or inappropriate activity is occurring or a medical emergency. The cause of these blind spots was attributed to the following:

- Shower curtains that are opaque and/or reach the floor causing the view of an individual's head and/or feet to be obstructed.
- Shower curtains that are designed for viewing of an individual's head and feet but are improperly installed or have calcium build up causing the view to be obstructed.
- Walls or fixtures in bathrooms that obstruct views.
- Inadequate lighting in bathrooms that create an environment that is too dark to safely observe the youth.

Since the Office of Inspector General's last report, the Probation Department's PREA coordinator ordered metal doors to be installed inside the restrooms of each unit at BJNJH to replace the privacy curtains, with the installation scheduled for May 2023. The PREA coordinator informed the Office of Inspector General that a plan is in process to replace privacy curtains at all facilities with metal doors. The Probation Department is also in the process of upgrading the lighting at each juvenile facility to Light Emitting Diode (LED) lighting to improve the lighting inside their facility restrooms.

BLIND SPOTS

During the Officer of Inspector General's last reporting period, it was noted that Camp Rockey, Camp Afflerbaugh, Camp Paige and Camp Kilpatrick each had blind spots due to tiled wall fixtures in the shower areas. In September 2022, Office of Inspector General staff met with the Probation Department's PREA coordinator, conducted inspections, and noted that blind spots remain inside the restrooms of Camp Rockey, Camp Afflerbaugh, Camp Paige, and Camp Kilpatrick. The PREA coordinator informed the Office of Inspector General staff that the department is in the process of determining the feasibility of remodeling the tiled wall fixtures at Camp Afflerbaugh, Camp Rockey, Camp Paige and Camp Kilpatrick.

The PREA Coordinator submitted a requisition request to remove the metal partitions from the restroom areas of Camp Rockey, Camp Paige, Camp Afflerbaugh, and BJNJH and frost the glass in the restroom windows up to twelve inches to provide adequate privacy when restrooms are in use.

Barry J. Nidorf Juvenile Hall PREA Inspection

On September 27, 2022, an inspection was conducted at BJNJH to ensure PREA compliant privacy curtains or doors were properly installed and maintained in the youth restrooms. During the inspection, the Probation Department's PREA coordinator informed the Office of Inspector General staff that the Probation Department is working on installing an additional metal divider between the urinals. The Office of Inspector General staff noted that there were no female youths housed at this facility.

Unit L/M – This unit has a total of eight showers, four urinals, and six toilets. Each side has four showers and three toilets with PREA compliant privacy curtains attached. The two urinals had metal privacy guards installed.

Unit J/K – This unit has a total of eight showers, six toilets, and four urinals. Each side has four showers and three toilets with PREA compliant privacy curtains attached. The two urinals on each side of the unit had metal privacy guards installed.

Unit G/H - This unit has a total of eight showers and ten toilets. There are four showers and five toilets on each side of the unit. Each shower and toilet had a PREA compliant privacy curtain attached.

Unit E/F – This unit has a total of eight showers and ten toilets. There are four showers and five toilets on each side of the unit. Each shower and toilet had a PREA compliant privacy curtain attached.

Unit C/D – This unit is closed and does not house any youth due to low population count.

Unit A/B – This unit is closed and does not house any youth due to low population count.

Unit W – This unit has a total of ten showers and ten toilets. Each side of the unit has five showers and five toilets with PREA compliant privacy curtains attached.

Unit X – This unit has a total of ten showers and ten toilets. Each side of the unit has five showers and five toilets each with a PREA compliant privacy curtain attached.

Unit Z – This unit is closed and under construction.

Unit Y– This unit has a total of ten showers and ten toilets. Each side of the unit has five showers and five toilets each with a PREA compliant privacy curtain attached.

Unit T/V– This unit is closed and under construction.

Unit R/S – This unit has a total of eight showers and ten toilets. There are four showers and five toilets on each side of the unit. Each shower and toilet had a PREA compliant privacy curtain attached. The department installed a twelve-inch film covering to the window inside the staff office to provide more privacy for youth using the toilet facilities.

Unit N/O – This unit has a total of eight showers and ten toilets. There are four showers and five toilets on each side of the unit. Each shower and toilet had a PREA compliant privacy curtain attached. The department installed a twelve-inch film covering to the window inside the staffs' office to provide more privacy for youth using the toilet facilities.

Medical Observation Unit (MOU) – This unit has one shower with a privacy curtain attached and one toilet. Only one youth is permitted inside the MOU restroom facilities at a time. The restroom door of the MOU has a window with brown paper covering the window for youths' privacy.

Unit PQ – This unit is closed and does not house any youth due to low population count.

Central Juvenile Hall

On September 26, 2022, an inspection was conducted at CJH to ensure PREA compliant privacy curtains or doors were properly installed and maintained in the youth restrooms. The following are the units inspected and the results:

Medical Observation Unit (MOU) – There are a total of three showers and two toilets. The toilets each had a PREA compliant privacy curtain attached. The showers did not have any privacy curtains attached. The Superintendent was unsure as to why there were no privacy curtains attached to the showers, but stated that customarily, Probation Department staff close the restroom door and provide showers to youths one at a time. The Probation Department PREA coordinator informed the Office of Inspector General that he would contact the facility and conduct a walk through to install privacy curtains for each shower.

Unit PQ – Unit PQ has a total of ten showers with five showers on each side of the building. Each shower had a PREA compliant metal door properly installed for privacy.³¹

Unit RS – This unit has a total of ten showers with five showers on each side of the unit. Each shower had a PREA compliant metal door properly installed for privacy.

Unit W – This unit has a total of six showers with three showers on each side of the unit. Unit W1, which is the Enhanced Supervision Unit (ESU), had a privacy curtain properly installed on each shower. Unit W2, which is the Boys and Girls Intake unit, had two privacy curtains attached and one privacy curtain missing. One of the two privacy curtains in W2 is not PREA compliant due to the privacy bar's length blocking the view of the youths' head and feet.

Unit KL – Unit KL has a total of eight showers with four showers on each side. Each shower had a PREA compliant metal door properly installed for privacy.³²

Unit GH – This unit was closed for repairs and vacant.

Unit EF – This unit was closed and under construction for roofing repairs.

Unit J – This unit was closed for repairs and vacant.

Unit O – This unit has a total of two showers and each shower had a PREA compliant privacy curtains properly attached.

Boys Care Unit – This unit has four showers and two toilet stalls. The showers and toilets had privacy curtains properly attached.

Girls Care Unit – This unit is closed and under construction.

Unit XY – This unit has three showers, each with a PREA compliant privacy curtain properly attached. Unit XY has individual rooms with separate toilets inside each room for use.

Unit AB/Developmentally Disabled (DD) Unit – This unit has a total of ten showers with five showers on each side. Each shower had a PREA compliant metal door

³¹ At the time of our inspection, this unit was under quarantine for COVID-19 but this did not interfere with the inspection.

³² At the time of our inspection, this unit was also under quarantine for COVID-19 but this did not interfere with the inspection.

properly installed for privacy. Unit AB has individual rooms with separate toilets inside each room making privacy curtains unnecessary. The B side of the unit is only in operation. The A side of this unit was closed for repairs.

Unit CD – This unit has a total of ten showers with five showers on each side. Each shower had a PREA compliant metal door properly installed for privacy.

Unit MN – This unit is vacant and not in use due to a low population of youths.

Unit TV – This unit is condemned and used only for storage purposes.

Camp Afflerbaugh

On September 26, 2022, an inspection was conducted to ensure PREA compliant privacy curtains or doors were properly installed and maintained in youths' restroom areas. Camp Afflerbaugh has one dormitory with seven showers, which all had PREA compliant privacy doors properly attached. As noted in the Office of Inspector General's previous report, a blind spot obstructs the view of the Probation Department staff due to tiled wall fixtures in the middle and corners of the showers. Since the last report, the Probation Department PREA coordinator submitted a requisition request to remove the metal partitions, tiled wall fixtures, and frosted windows up to twelve inches for the Camp Afflerbaugh restrooms. Prior to the initiation of any work, Probation Department and County policy require that the County Internal Services Department appraise the feasibility and costs of these changes and the Probation Department approval of the project and its costs.

Dorothy Kirby Center

On September 26, 2022, an inspection was conducted on ten cottages to ensure PREA compliant privacy curtains or doors were properly installed and maintained in the youth restrooms. The following cottages were inspected:

Topaz Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed for privacy.

Sapphire Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Emerald Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Amber Cottage (Boys HOPE Center) – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Garnet Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Turquoise Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Jade Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Amethyst Cottage – This cottage has a total of three showers and two toilets. Each shower had a privacy curtain attached. One of the shower curtains was not PREA compliant. The privacy block on the curtain was too long, blocking the view of the youths' head and feet. The two toilets had privacy doors installed.

Aquamarine Cottage (Currently Camp Joseph Scott) – This cottage has a total of two showers and two toilets. Each shower had a privacy curtain attached. The two toilets had privacy doors installed.

Diamond Cottage (Girls HOPE Center) – This cottage has a total of two showers with one toilet. Each shower has privacy curtains attached. The toilet has a privacy door installed.

Camp Kilpatrick

Camp Kilpatrick is under construction in preparation for the Secured Youth Treatment Facility (SYTF) population. The Probation Department's PREA coordinator informed the Office of Inspector General staff that there have not been any upgrades or changes to Camp Kilpatrick's shower areas or restrooms since the last report.

Camp Kilpatrick has a total of four residential units, a gym, a game room, and a medical unit. In each unit, a blind spot was noted in the last shower stall that obstructs the view of the Probation Department staff due to tiled wall fixtures in the middle and corners of the showers. This was brought to the attention of the Probation Department's PREA coordinator who submitted a requisition request to remove the tiled wall fixtures inside the shower areas of Camp Kilpatrick's facility restrooms.

Camp Paige

On September 26, 2022, an inspection was conducted to ensure PREA compliant privacy curtains or doors were properly installed and maintained in youths' restroom areas. Camp Paige has one dormitory with seven showers, each with a PREA compliant privacy curtain attached. The Office of Inspector General's previous report noted blind spots that obstruct the view of the Probation Department staff due to tiled wall fixtures in the middle and corners of the showers. Since the last report, the Probation Department's PREA coordinator submitted a requisition request to remove the metal partitions, tiled wall fixtures, and frost the windows up to twelve inches for the restroom area of Camp Paige.

Camp Rocky

On September 26, 2022, an inspection was conducted to ensure PREA compliant privacy curtains or doors were properly installed and maintained in the youth restroom areas. Camp Rocky has one dormitory, with seven showers. Each shower had a PREA compliant privacy curtain properly attached. The HOPE Center at Camp Rocky has a total of six showers. Side A has three showers with a PREA compliant privacy curtain attached to each shower. Side B has three showers with a PREA compliant privacy curtain attached to each shower.

A blind spot was previously noted that obstructs the view of the Probation Department staff due to tiled wall fixtures in the middle and corners of the showers. This was brought to the Probation Department's PREA coordinator who noted that the Probation Department is currently working with its Management Services Bureau division to remove the metal and tiled wall fixtures to clear the blind spot areas of Camp Rocky's restroom.

OPPOSITE GENDER ANNOUNCEMENTS

During the Office of Inspector General's unannounced visits conducted in September 2022, there was consistent compliance with the opposite gender staff announcing their entry into the living units, with infrequent lapses in compliance. Based on the Office of Inspector General staff's observations and interviews of staff and youths, the announcement by the opposite gender is consistently done as required by the Detailed Plan.

Based on the Office of Inspector General's review of the juvenile halls and camps, the Probation Department substantially complied with the Detailed Plan in both the installation of PREA compliant privacy curtains or doors and opposite gender

announcements. Improvement is in progress to reach 100% compliance with privacy curtains or doors.

ROOM CONFINEMENT/ACCESS TO PROGRAMMING

The Probation Department currently posts in the office and on activity boards in the living units a recreation schedule with a list of activities and the times the activities are offered. There are generally no deviations with respect to the start and end times or the location of the activity, all of which are shown on the schedule. Activities include recreational activities, exercise, outside time, religious services, visitation, and phone calls (collectively the Program Activities). Program Activities may only be suspended for an individual youth if there is a written finding by the facility administrator that the youth must be placed in room confinement due to being a “threat to the safety and security of the facility,” or for mental health or other health related reasons. The Probation Department is required to document any denial of Program Activities, stating the Probation Department staff member’s reason for not allowing a youth to participate, signed and validated by the superintendent and provided weekly to the Office of Inspector General.³³

During all room confinements, at a minimum, a Probation Department staff member must conduct a safety check consisting of direct visual observation of the youth at random or varied intervals that do not exceed ten minutes between each observation.³⁴ These safety checks are required for youths who have been deemed a threat to safety and security as well as for youths who choose not to participate.

In instances when the youth is not participating of their own accord (designated as self-separation) each safety check requires the staff member to indicate if the youth was encouraged to rejoin the group, rejoined the group, remained separated, or was asleep, along with any pertinent comments. The safety check must continue until the youth joins the Program Activities.³⁵

Absent a youth being a threat to the safety or security of the facility, the Probation Department is prohibited from confining youths to their rooms thereby preventing access to Program Activities. It is also the Probation Department’s responsibility to

³³ See Probation Detention Services Bureau Manual Chapter 12 sections 22 and 23; See also California Code of Regulations Title 15 Crime Prevention and Corrections section 1371.

³⁴ The Safety Check policy was updated on June 8, 2022, to change the time interval between checks to ten minutes as opposed to the previous policy that required 15 minute intervals.

³⁵ If a youth on an Enhanced Supervision Level 2 or Level 3 requests to self-separate, the Safety Room Check and Enhanced Supervision Observation Form shall be utilized per Directive 1188. DSB Section 1400 - Enhanced and Specialized Supervision.

ensure that youths are not being confined to their rooms simply because of a youth's refusal to participate.

CREATION OF INTERNAL PROCESSES TO DOCUMENT AND REPORT ON ROOM CONFINEMENTS AND SUBSEQUENT REMEDIAL MEASURES

As required in the Detailed Plan, the Probation Department is mandated to create an internal process to better identify and track room confinement, promptly notify the superintendents of the juvenile halls of instances of room confinement of youths that are outside of policies and state law, and implement remedial measures as needed. It is further required to develop an internal process to provide the Office of Inspector General data and documentation of subsequent remedial measures taken in response to room confinement incidents that were determined to be in violation of the Probation Department's policies or the law.

The Probation Department reports that it is still in the process of designing and implementing a computerized system to track room confinements, provide prompt notification of instances of room confinement that are outside of policies and state law, to document remedial measures, and to provide the Office of Inspector General the data on documentation. Without the implementation of this system, the Probation Department is not compliant with the Detailed Plan's requirement for the development of the system for internal tracking and reporting to the Office of Inspector General.

In an effort to determine whether the Probation Department is compliant with the requirements as to the other metrics relating to room confinement, Office of Inspector General staff conducted a review of the Probation Department's written documentation by requesting and reviewing current programming logs and related documentation used by the Probation Department to record the Program Activities each youth received at both CJH and BJNJH. To assess the Probation Department's compliance that youths were participating in the Program Activities and not improperly confined to their rooms in violation of existing policies and state law as mandated by the Detailed Plan, the Office of Inspector General reviewed weekly report logs, initial intake screening questionnaires, Assessment and Classification forms, Detention Adjustment Reports, Self-Separation forms,³⁶ SIR/PIR forms, Enhanced Supervision forms, Readiness for Release forms, Reintegration Plans, Hope Center Bed Charts, Safety Check Sheet, and

³⁶ Self-separation is when a youth provides a reason for non-participation, such as sleeping or reading.

Room Confinement logs for both CJH and BJNJH juvenile halls for the second quarter of 2022.³⁷

PROMPT NOTIFICATION AND SUBSEQUENT REMEDIAL MEASURES

The Detailed Plan requires prompt notification to the superintendent of the juvenile hall of instances of room confinement that do not comply with Welfare and Institutions Code section 208.3. Based on review of the available documents, notice was promptly provided to the superintendents at both CJH and BJNJH of youths being confined to their rooms when not in compliance with policies and state law. The Detailed Plan also requires that in 90% of the incidents that are determined to be out of policy or not compliant with the law subsequent remedial measures were implemented. There were two incidents of youths at BJNJH being incorrectly noted as “self-separations.” In both situations, the superintendent was promptly notified and remedial measures were implemented, satisfying the 90% requirement if in fact all such instances were documented. The lack of a sufficient internal processes as required by the Detailed Plan, including a computerized data base, raises some doubts as to whether all of the instances are documented in writing.

WRITTEN FINDING THAT A YOUTH WAS A THREAT TO THE SAFETY AND SECURITY OF THE FACILITY

From the documentation reviewed, CJH’s findings that a youth was a threat to the safety and security of the facility were based on written findings, thus meeting the requirement that in 90% of the cases this finding is documented in writing.

BJNJH did not provide the necessary documentation for the Office of Inspector General to make a determination as to whether BJNJH adequately documented *in writing* at least 90% of the room confinements due to a youth being a threat to the safety and security of the facility as required by the Detailed Plan. This lack of documentation results in BJNJH being out of compliance and is another basis for the Office of Inspector General’s concerns that the lack of internal processes creates a lack of confidence in Probation Department reporting, including concerns regarding the proper documentation of room confinements.

³⁷ Since July 2022, the Office of Inspector General has been provided the required information on a weekly basis in accordance with the provisions of Paragraph 24(c) of the Settlement Agreement, including the denials of programming, recreation, exercise, outside activity, religious services, visitation, and phone calls, and the reasons for denials. Because of the delay in developing an internal process for collecting, maintaining, and reporting data, the Office of Inspector General is not considering this documentation to be in compliance with the Detailed Plan.

PARTICIPATION IN PROGRAMMING OF YOUTHS WHO WERE NOT FOUND TO BE A THREAT TO THE SAFETY AND SECURITY OF THE FACILITY

Based on the Office of Inspector General's review and assessment of the documentation from CJH, CJH denied 2% of the youths' access to program activities based on a determination that the youths were a threat to the safety and security of the facility, meaning that Program Activities were *available* to 98% of the youths at the facility. The Detailed Plan requires that 93% of these youth who were not found to be a threat have been provided Program Activities.

Approximately 20% of youths at CJH who were not found to be a threat did not receive Program Activities due to self-separation.³⁸ CJH was not in compliance with the 93% compliance requirement of the Detailed Plan because only 80% of youth who self-separated received Program Activities. However, in those situations where the youths self-separated, CJH made the Program Activities *available* 100% of the time and followed its policies in identifying youths who chose to self-separate from participation in the Program Activities provided.

The Office of Inspector General's review of the logs and other documentation showed that the Probation Department documented the Program Activities that the youths missed, including forms written by staff indicating the date, time and specific program activity missed by the youths, signed by the Probation Department officer and a supervising officer. At times, the youths indicated to the staff that they did not want to participate in a particular program activity and decided to remain in the room to either read or sleep. The most common reason noted by the staff was that the youth was sleeping and did not want to participate in the program activity. Many of the forms reviewed by the Office of Inspector General noted staff attempts to re-engage the youth in the program activity being provided and often the self-separation was for two hours or less. The officers noted the required room checks, which likely resulted in youths reengaging in the Program Activities. The Office of Inspector General did not find any incidents where youths were confined to their rooms for punishment, discipline, or retaliation for not participating in Program Activities.

As noted earlier, based on the incomplete information provided by BJNJH regarding the youths' participation in Program Activities, the Office of Inspector General finds that BJNJH is not in compliance with the Detailed Plan.

³⁸ Self-separations accounted for 20%. Although there were other reasons for youths failing to participate in programming such as court appearances, or medical visits, these occurrences were minimal and would not have caused the Probation Department to fail to be in compliance if self-separations were absent.

Included in the review of the youths' access to Program Activities, the Office of Inspector General reviewed visitation, religious and telephone logs at CJH and BJNJH. In addition to this information, the Office of Inspector General reviewed the grievance logs to measure the frequency with which youths indicated that they were not provided telephone calls, family visitation, and religious services to determine the percentage of grievances relating to denial of Program Activities. For CJH, the Office of Inspector General found that one percent were related to visitation, three percent related to phone calls, and seven percent of the grievances were related to Program Activities. For BJNJH, the Office of Inspector General found that grievances were one percent related to visitation, twenty-nine percent related to phone calls, and none were related to Program Activities. The review of these areas indicated that generally youths were being provided access to telephone calls, family visitation, and religious services but the percentage of grievances relating to phone calls at BJNJH should be explored by the Probation Department to determine if phone calls are being denied properly.

As noted in the Office of Inspector General's previous report, youth access to Program Activities is vital to the proper care of youths while incarcerated, and any impediment to such access, especially being confined to a room, must be viewed critically. In order to provide an assessment as to compliance, it is imperative that a computerized database be implemented as soon as practicable. Until such implementation, the Probation Department should continue to utilize the tracking log template recommended by the Office of Inspector General in our previous report to ensure that on a weekly basis the accurate reports on denials of Program Activities are provided to the Office of Inspector General for an assessment as to compliance.

YOUTH GRIEVANCES

The Probation Department is required to provide a process for youths to file grievances for youth complaints relating to care at a juvenile hall.³⁹ These grievances include those concerns lodged by a youth in custody at a juvenile hall as well as those filed by family members. Although the Probation Department has acquired a new Grievance Management System that was due to launch in October 2022, due to issues with the system vendor it has now been scheduled to be implemented by February 2023. Currently, the grievances are collected daily from the grievance boxes by the Grievance Officer at juvenile halls, reviewed, and a response provided either at the end of the

³⁹ Calif. Code of Reg., title 15, section 1361: "The facility administrator shall develop and implement written policies and procedures whereby any youth may appeal and have resolved grievances relating to any condition of confinement, including but not limited to health care services, classification decisions, program participation, telephone, mail or visiting procedures, food, clothing, bedding, mistreatment, harassment or violations of the nondiscrimination policy."

Grievance Officer's shift or within three business days, or within two business days if the grievance is filed with a senior detention probation officer or supervising detention services officer. If a youth's grievance is denied, they may appeal to a supervisor or director.

The Probation Department continues to use the Juvenile Institutions Grievance System (JIGS) to receive grievances *electronically* which allows youths to file their grievances from their individual computer laptops. It operates as a mailbox for the Probation Department staff to retrieve and review the filed grievances. Grievances can also be sent to the Office of Inspector General as well as the Ombudsman's office. The Office of Inspector General communicates with the Ombudsman's office regarding complaints received by the Office of Inspector General on a weekly basis.

In situations where there is more than one complaint on a grievance form, each complaint is to be addressed individually. Once the grievance is collected, the staff are required to (1) process and handle grievances including appealed grievances, (2) review filed grievances in the facility each week, (3) ensure grievances and appeals are processed within the time requirements, (4) ensure that grievances involving other agencies are processed and addressed timely, (5) meet with any minor who has filed a grievance, (6) ensure that the minor signs and receives a copy of their grievance(s), (7) update the Probation Incident Reporting System (PIRS) with grievance information, (8) maintain the facility's grievance log, and (9) prepare reports regarding grievances as instructed by the Superintendent or Director.

There are two levels of grievances, *low-level* grievances such as needing shoes or disliking the food, (resolved by the deputy probation officer or detention services officer who receives the grievance), and *high-level* matters such as sexual harassment, sexual abuse or use of force. The *high-level* grievances are reviewed by a supervising deputy probation officer or senior detention services officer as well as any other appropriate office such as PREA or IAB. As noted, a deputy probation officer or detention services officer will review the grievance and in writing, either declare the grievance resolved, granted, unresolved, or denied, each with an option to seek further review by senior staff.

The Office of Inspector General has been tasked by the Detailed Plan to provide oversight of the grievance policy. The current grievance policy has not been finalized or provided to the Office of Inspector General. The Office of Inspector General did review the Probation Department's Grievance Log which documents the youths' grievances, including the type of complaint and the outcome of the grievance once reviewed by the Probation Department staff. While this review showed that 90% of the grievances at

CJH and BJNJH were resolved in accordance with the Probation Department's current policies, the lack of a centralized grievance management system raises concerns about accuracy of the grievance documentation and therefore compliance with this metric.

RECOMMENDATIONS

The Office of Inspector General recommends the following to achieve compliance with the Detailed Plan for the Settlement Agreement:

1. Revising Physical Intervention Report forms to ensure section M has sufficient space for documentation of decontamination of multiple youths and is properly filled out.
2. The Physical Intervention Report form(s) of staff member(s) that deployed the OC spray should be the first page(s) of the Physical Intervention Report Packet.
3. Adding a signature line to section M of the Physical Intervention Report form for a supervisor to verify that the section has been reviewed and completed.
4. OC spray training, including use of OC spray and decontamination requirements and how to properly complete sections M and N of the Physical Intervention Report (PIR), with documentation of participation in the training to ensure that all employees have been trained.
5. Video recording each OC spray decontamination to ensure compliance with the provisions of the Detailed Plan.
6. Conducting training for all staff regarding the requirement of complete, accurate, and timely reports relating to all uses of force as required by Probation Department policies and the Detailed Plan.
7. Purchasing and installing a sufficient number of operable high-quality cameras for BJNJH.
8. Scheduling and performing regular reviews of all camera coverage video.
9. Directing each Probation Department director to ensure that cameras are capturing the intended areas at the start of their shift.

10. Continuing to schedule and perform regular maintenance for cameras at CJH and BJNJH.
11. Researching the availability of systems with an option that will alert the Probation Department staff of a camera malfunction.
12. Updating the Safety Crisis Management and Physical Intervention Report forms to include a section indicating whether video is consistent with the written reports.
13. Implementing training for all staff on the importance of reviewing video in analyzing use of force incidents and that all written reports must be reviewed in conjunction with video.
14. Reviewing the Probation Department policies and implementing training for supervisors regarding the proper review of written reports and videos in analyzing use of force incidents to ensure consistency in the review process.
15. Training on FIRST procedures and requirements and the necessity of timely submission of use of force incidents to FIRST for all PIPs regardless of whether the PIP is referred to IAB for investigation.
16. Eliminating the noted blind spots in the facility bathrooms to ensure PREA compliance.
17. Developing and implementing a computerized database to track programming and denials of service for youth who are documented to be a threat to the security and safety of the facility, to document participation and non-participation in programming, and to document reasons for non-participation for youth who have not been deemed to be a threat but have chosen to self-separate.
18. Developing and implementing a reliable system to track youth and family grievances and updating the current grievance system to comply with the requirements that grievances can be submitted through online portals, can be tracked, and are available for prompt review by the Office of Inspector General.

PROBATION DEPARTMENT PHYSICAL INTERVENTION REPORT

SCM Incident #: _____

A. INCIDENT INFORMATION SCM Report Prepared by: _____ Employee#: _____
 Date: _____ Time: _____ Location: _____ Facility: _____

B. TYPE OF INCIDENT **Time Duty Supervisor notified:** _____ **Supervisor's name:** _____

UNCONTROLLED

→ Fight Assault on Staff Attempted Assault on Staff Near Fight
 → Self Injurious Behavior Assault on Minor Attempted Assault on Minor Escape Attempt
 → Serious Property Damage Out-of-Bounds Out of Control Behavior Unit Disturbance
 → Mental Health Crisis Other: _____

CONTROLLED

→ Gassing Verbal Threat to Staff Banging/Kicking on Doors/Windows
 → Refusing to Exit Area FFI/Disruptive Immobile Stance/Fists Clenched
 → Irrate/Hostile Behavior - Not Physically Aggressive Throwing Food, Non-Aggressive
 → Soft Restraints Applied Non-Responsive to Instruction

Time Supervisor arrived: _____

C. MINORS INVOLVED

SHU REF?	LAST NAME, FIRST NAME	D.O.B.	PDJ #	UNIT/ CAMP	ETH	GENDER	HT	WT	CT DEPT
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____

D. STAFF INVOLVED Staff Involvement: **A** (actual) **W** (witness) **NI** (not involved)

A	W	NI	Positioning	Rank	Last Name	First Name	Employee #	Reg Camp/Unit	Shift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

Staff who are witnesses or not involved shall complete a Safe Crisis Management Supplemental PIR.

E. MENTAL HEALTH REQUEST Mental Health Consultation Request submitted by: _____
 A Mental Health Request **must** be submitted for all incidents of physical intervention. A copy **must** be attached to this report.

F. HANDCUFF (HC) / FLEXCUFF (FC) APPLICATION Handcuffs / Flex-cuffs Not Applied

Minor's Name (last, first)	HC	FC	Time Applied	By whom?	Time Removed	By whom?	Total Time
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

G. SOFT RESTRAINT APPLICATION Soft Restraints Not Applied

Minor's Name (last, first)	Time Applied	Time Removed	Total Time	Supv. Approving Soft Restraints
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MH Crisis Support and Assistance Log completed by: _____ (Copy must be attached to this report and unit log)

H. PHYSICAL INTERVENTION PARTICIPATION SUMMARY SCM Report Prepared by: _____

Below, note who used physical/chemical intervention against whom; the level and method of physical/chemical intervention utilized; type of restraint device if applicable; and any observed injury to minors. Insert the level and code(s) from sections J, K and L into the appropriate sections as necessary.

INTERVENTION USED BY Staff's Name (Last, First)	INTERVENTION USED AGAINST Minor's Name (Last, First)	INTERVENTION LEVEL & METHOD USE "J" CODES		RESTRAINT DEVICE TYPE (if applicable) USE "K" CODES	OBSERVED BODY PARTS INJURED USE "L" CODES
		LEVEL	METHOD(S)		

J. LEVEL AND METHOD OF INTERVENTION CODES NOTE ONLY THE HIGHEST LEVEL UTILIZED.

Level A1	SB Step Between	HCV Handcuffed Voluntary for safety/security purposes		
Level A2	EA Extended Arm Assist			
Level B3	CA Cradle Assist	UT Upper Torso Assist	HT Hook Carry Transport	
Level B4	HF Hook Carry Assist To Floor	SCA Seated Cradle Assist	SUT Seated Upper Torso Assist	
Level C5	PT Prone Torso Assist STA Supine Torso Assist	PB Prone Bridge Assist	SE Supine Extension	
Level C6	OC Chemical Agent (OC Spray) - complete section "M".		SR Soft Restraints - complete section "G".	

K. RESTRAINT DEVICE CODES

HCV Handcuffs - Voluntary **FCV** Flexcuffs - Voluntary **SRV** Soft Restraints - Voluntary
HCP Handcuffs - Physical **FCP** Flexcuffs - Physical **SRP** Soft Restraints - Physical

L. BODY PART INJURED CODES

AD Abdomen **BT** Buttocks **EY** Eye **GR** Groin **KN** Knee **NN** None **TN** Tongue
AK Ankle **CH** Chest **FA** Face **HD** Hand **LE** Leg **NO** Nose **TO** Tooth
AR Arm **EA** Ear **FT** Foot **HE** Head **LI** Lip **SH** Shoulder **WR** Wrist
BK Back **EL** Elbow **FI** Finger **HI** Hip **NK** Neck **TE** Toe **OT** Other

M. OC SPRAY DEPLOYMENT **OC Not Used** Name of minor #1: _____

Is minor asthmatic? No Yes Is minor on psychotropic medication? No Yes
Time incident occurred: _____ Time minor decontaminated: _____ Time clothing changed: _____
Time minor presented for medical assessment: _____ Time minor actually assessed by medical staff: _____
Time minor placed on Level 3: _____ Time Level 3 concluded: _____ Staff supervising minor: _____
Was minor decontaminated with cold water? No Yes Staff using OC: _____ Canister Serial #: _____
Canister pre/post weights: _____ / _____ Date/Time weighed: _____ / _____ Weighed by Supv.: _____

Name of minor #2: _____

Is minor asthmatic? No Yes Is minor on psychotropic medication? No Yes
Time incident occurred: _____ Time minor decontaminated: _____ Time clothing changed: _____
Time minor presented for medical assessment: _____ Time minor actually assessed by medical staff: _____
Time minor placed on Level 3: _____ Time Level 3 concluded: _____ Staff supervising minor: _____
Was minor decontaminated with cold water? No Yes Staff using OC: _____ Canister Serial #: _____
Canister pre/post weights: _____ / _____ Date/Time weighed: _____ / _____ Weighed by Supv.: _____

N. DESCRIPTION OF INCIDENT

SCM Report Prepared by: _____

All staff members who physically participate in a physical or chemical intervention incident shall complete a PIR immediately after the incident, but no later than the end of the shift, or as alternately directed by Supervisory staff. This section must contain a clear and comprehensive account of the entire incident including the following: who was involved; when, where and how did it occur; staff positioning, what specifically occurred; actions taken by minors and staff; attempts made to de-escalate the situation and bring it to a safe conclusion, including warnings of pending physical or chemical intervention; and a description of precipitating factors that led to the use of physical or chemical intervention situation. Care should be taken to describe the positioning of staff and the actions taken by staff, minors and supervisors during the intervention incident and to note the time the minor(s) was/were presented to medical staff for assessment/treatment. The completed PIR serves as the staff member's legal factual report regarding the incident. Staff who are assigned to the unit/location where an incident occurred, but did not witness the incident, shall complete a Safe Crisis Management Supplemental Physical Intervention Report (SUP-PIR).

Multiple horizontal lines for writing the description of the incident.

If more space needed, use a Supplemental PIR form.

Staff Signature: _____

O. MEDICAL INFORMATION

SCM Report Prepared by: _____

- Medical information submitted below:
- For medical information refer to PIR(s) written by: _____ and _____

P. MEDICAL INFORMATION

TO BE COMPLETED BY NURSING/MEDICAL STAFF ONLY

(1) Date & Time of Assessment: **Date:** _____ **Time:** _____

Name of Minor: _____ D.O.B.: _____ Location: _____

Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed

Tx Provided Comments: _____

Signature: _____ Title: _____

(2) Date & Time of Assessment: **Date:** _____ **Time:** _____

Name of Minor: _____ D.O.B.: _____ Location: _____

Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed

Tx Provided Comments: _____

Signature: _____ Title: _____

(3) Date & Time of Assessment: **Date:** _____ **Time:** _____

Name of Minor: _____ D.O.B.: _____ Location: _____

Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed

Tx Provided Comments: _____

Signature: _____ Title: _____

(4) Date & Time of Assessment: **Date:** _____ **Time:** _____

Name of Minor: _____ D.O.B.: _____ Location: _____

Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed

Tx Provided Comments: _____

Signature: _____ Title: _____

Q. DOCUMENT REVIEW, APPROVAL AND DISTRIBUTION

Signatures below indicate review and initial approval.

Print Staff Name Preparing	Date	Signature of Shift Leader	Date	Signature of Supervisor	Date

- DISTRIBUTION:** Minor's File Supv. Director SCM Director - JH Superintendent Duty Supv.

INSTRUCTIONS FOR COMPLETING THE PROBATION DEPARTMENT'S SAFE CRISIS MANAGEMENT PHYSICAL INTERVENTION REPORT (PIR)

All staff members who are involved in a crisis situation, which is resolved through the use of physical or chemical intervention, shall complete a *Safe Crisis Management Physical Intervention Report* (PIR). All staff members who are a witness to, or assigned to a unit where the crisis situation was resolved through the use of physical or chemical intervention, shall complete a *Safe Crisis Management Supplemental Physical Intervention Report (SUP-PIR)*. Instructions for completing the PIR follow. Instructions for completing the SUP-PIR are provided separately.

INSTRUCTIONS FOR COMPLETING THE 4-PAGE PHYSICAL INTERVENTION REPORT (PIR)

TOP OF FORM – SCM INCIDENT #: Immediately upon the conclusion of a Safe Crisis Management Physical Intervention Incident, the Lead Staff involved in shall contact the Duty Supervisor and advise the Duty Supervisor of the incident's occurrence and obtain a "SCM Incident Number." The SCM Incident Number shall be noted in the upper right hand corner of each page of the PIR and *all SUP-PIRs* on the blank line provided. The Name of the Duty Supervisor and the time the Duty Supervisor was notified shall be noted in the upper line of Section "D" of the PIR.

NOTE: SUPERVISORY STAFF AND LEAD STAFF ARE PROHIBITED FROM SIGNING PIRs and SUP-PIRs THAT DO NOT HAVE THE SCM INCIDENT NUMBER AFFIXED IN THE UPPER RIGHT HAND CORNER OF EACH PAGE.

SECTION A – INCIDENT INFORMATION: Note the staff preparing the PIR Report as well as the date, time, location and facility in which the physical or chemical intervention incident occurred.

SECTION B – TYPE OF INCIDENT: Note the time the Duty Supervisor was notified that the Safe Crisis Management Physical Intervention Incident occurred. Note whether the primary classification of the incident was a "controlled" or "uncontrolled" incident by checking the appropriate box. Once the incident classification has been established, look to the immediate right of the selected classification and select the type(s) of behaviors that occurred which resulted in the physical/chemical intervention. If the incident was a controlled incident, the time the supervisor arrived at the location to assist must be noted.

SECTION C – MINORS INVOLVED: Note the last name, first name, DOB, PDJ Number, unit, ethnicity, gender, height, weight, and court department of the minor(s) involved in the incident. If any minor(s) were referred to the Special Handling Unit (SHU), check the "SHU REF" box next to minor's name.

SECTION D – STAFF INVOLVED: The involvement of staff, including the staff writing this PIR, that were assigned to the unit, or that were present at the unit/location when the incident occurred, shall be accounted for in this section. The general positioning of the staff at the time of the incident's occurrence, as well as the rank, last name, first name, employee number, regularly assigned unit, and regularly assigned shift in their home unit shall be provided.

- **ACTIVELY INVOLVED:** If the staff was actively involved in the application of physical or chemical intervention, the "**A**" box indicating actual involvement should be checked. All staff actually involved in the application of physical or chemical intervention are required to complete a full 4-page *Safe Crisis Management Physical Intervention Report*.
- **WITNESSES:** If the staff witnessed the incident, but was not involved in the application of physical or chemical intervention, the "**W**" box should be checked. Staff who witnessed the incident are required to complete a *Supplemental Safe Crisis Management Physical Intervention Report (SUP-PIR)*. These witnesses are not required to complete the full 4-page *Safe Crisis Management Physical Intervention Report*.
- **NOT INVOLVED:** If the staff was assigned to the unit/location where the incident occurred, but did not witness or participate in the incident, their names shall be noted and the "**NI**" (not involved) box should

be checked. Staff not involved in the witnessed the incident are required to complete a Supplemental Safe Crisis Management Physical Intervention Report (SUP-PIR). In this abbreviated report, staff shall note their location and the duties they were performing at the time of the incident.

SECTION E – MENTAL HEALTH REFERRAL: Note the name of the staff that completed the *Request for Mental Health Consultation* form. All SCM-PIR incidents require that a *Request for Mental Health Consultation* form be completed and forwarded to the Department of Mental Health. A copy of the Mental Health referral(s) for each minor involved must be attached to a completed PIR prior to being signed by supervisory staff.

SECTION F – HANDCUFF/FLEXCUFF APPLICATION: If handcuffs or flex-cuffs were not applied, check the “Handcuffs/Flex-cuffs Not Applied” box and continue on to Section “G.” If handcuffs or flex-cuffs were applied, note the name of the minor(s) to whom the cuffs were applied and check the box noting the appropriate type of cuffs utilized. Then, note the time applied, the name of the staff applying the cuffs, the time the cuffs were removed, the name of the staff removing the cuffs, and the total time the minor was cuffed.

SECTION G – SOFT RESTRAINTS: If soft restraints were not applied, check the “Soft Restraints Not Applied” box and continue on to Section “H.” If soft restraints were applied, note the name of the minor involved, the time applied, the time removed, the total time in soft restraints, the name of the SDSO approving the application of soft restraints and the name of the staff that completed the *Mental Health Crisis Support and Assistance Log*. A copy of the log must be attached to same PIR that has the Mental Health Referrals attached.

SECTION H – PHYSICAL INTERVENTION PARTICIPATION SUMMARY: Note the last and first name(s) of staff that utilized physical or chemical intervention and the name(s) of minors whom intervention was utilized against based on the PIR writer’s personal involvement and/or personal observation during the incident. In the “Intervention Level & Method” column, use the codes from **Section “J”** to note the highest intervention level (1 through 6) utilized on behalf of the named minor in the “Level” column, and the highest-level of intervention utilized on behalf of the named minor in the “Method” column. In the “Restraint Device Type” column, use the codes from **Section “K”** to note the type of restraint device used if any soft or hard restraint device was utilized. If none was used, place a “NA” in that column. In the “Observed Injury” column, note the type of injury or injuries observed on the named minors by using the “Injury” codes from **Section “L.”** If no injuries were observed, note “NA” in that column.

SECTIONS J, K, and L: These contain the codes to be used when completing **Section “H”** above.

SECTION M – O.C. SPRAY DEPLOYMENT: If OC Spray was not utilized, check the “OC Not Used” box and continue on to Section “N.” If O.C. spray was utilized, note the name of the minor that was sprayed. Note whether the minor was asthmatic or on psychotropic medication by checking “yes or no” in the appropriate boxes. Note the exact times that: a) the incident occurred; b) the minor was decontaminated; c) the minor’s clothing was changed; d) the minor was presented to medical staff for medical assessment; e) the minor was actually assessed by medical staff; f) the minor was placed on Level 3 Supervision status; and g) the minor was removed from Level 3 status. Note the name of the staff supervising the minor on Level 3 Supervision status. Note whether or not the minor was decontaminated utilizing cold water. Note the name of the staff deploying the OC Spray against the minor and the serial number of the canister (or the employee’s key number on the bottom of the canister, if there is no serial number).

If more than two minors were sprayed with O.C., the PIRs written by other staff involved in the incident should note the additional minors sprayed. The Sr. DSO for the unit/operation shall coordinate these efforts to ensure that all minors who were sprayed are accounted for in the reports completed by other participating and/or observing staff.

MANDATORY CANISTER ACCOUNTABILITY AND WEIGHING REQUIREMENT: After the incident has concluded, and before a Supervisor can sign the completed PIR on page 4, a supervisor MUST note the canister pre-spraying weight and post-spraying weight, the date and time the canister was reweighed after the incident, and the name of the supervisor conducting the weighing of the canister. The report will not be considered complete without this information.

SECTION N – DESCRIPTION OF INCIDENT: A written summary of the incident is to be provided by the staff preparing the PIR according to the instructions noted in Section N. After completing their narrative, the staff member shall sign their name in area noted. If more space is needed staff shall utilize a Supplemental Physical Intervention Report (SUP-PIR) form to complete the narrative. Care should be taken to clearly note that an additional page is being utilized at the bottom of Section “N.”

SECTION O – MEDICAL ASSESSMENT/INFORMATION: If medical documentation on involved minors is to be included on this PIR, then the “Medical Information Submitted Below” box should be checked. If no medical information is provided on this PIR, then the “For Medical Information Refer to PIR(s) Written By _____ and _____” box should be checked and the name of the staff whose PIRs contain the medical information should be noted.

The Shift Leader shall coordinate the documentation of medical care for minors and should ensure that all of the medical information for involved minors is congregated onto one PIR if four (4) or fewer minors were involved in the incident. If more than four (4) minors require medical assessment then care should be taken to ensure that medical information is only provided on as few PIRs as possible. The PIR that has the Mental Health Referral(s) and Mental Health Crisis Support and Assistance Log (if any) attached to it should also include the medical documentation in it.

SECTION P – MEDICAL INFORMATION: This section is to be completed by only Medical Staff. Space is available for the nurse to provide information on up to four different minors.

SECTION Q – DOCUMENT REVIEW, APPROVAL AND DISTRIBUTION: The Probation staff preparing the PIR shall legibly print their name in the box on the lower left portion of the page. The Shift Leader shall sign and date the report upon completing their review of the assembled PIR, taking care to ensure that all Mental Health Referrals, the Mental Health Crisis Support and Assistance Log (if any) and all required and necessary medical documentation is provided/attached on the completed PIR.

The Duty Supervisor is defined as the Officer of the Day or Back-up Officer of the Day in juvenile hall, the “Security” Duty Supervisor at CMYC, or the AD at a stand-alone camp. The Duty Supervisor shall review the report for completeness and content and shall ensure that all required/necessary documents are attached to the PIR and any required OC weighing and/or accountability has occurred. After ensuring the completeness of the report, the Duty Supervisor shall sign the report and note the date.

In Juvenile Hall and at CMYC, Building/Camp Supervisors shall not sign these reports unless specifically authorized to do so by a facility Director due to exigent circumstances. This requirement is in place to ensure appropriate logging of incident reports through the facility’s main control centers in accordance with DSB and RTSB policy.