



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

September 29, 2026

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SUMMARY OF DETAILED PLAN COMPLIANCE

Issue	Compliance
OC Spray	
At least 90% of the OC spray decontaminations reviewed comply with Probation Department policy and state law. (Detailed Plan ¶ 14(a).)	BJNJH: Out of compliance. The Probation Department properly followed the decontamination policy and properly documented compliance in only 8% of incidents. LPJH: Out of compliance. The Probation Department properly followed the decontamination policy and properly documented compliance in 0% of incidents. Although there were notations regarding decontamination in 100% of incidents reviewed in either the incident review, the narrative of associated PIRs, and SCM review reports at LPJH and BJNJH, those notations did not document decontamination sufficiently for the Office of Inspector General to determine if staff used proper decontamination procedures.
Maintain an internal process to provide training in 90% of OC spray incidents where the Probation Department identifies a training need. (Detailed Plan ¶ 14(c).)	BJNJH: Unable to determine compliance. The Probation Department did not identify any OC spray incidents that needed training. LPJH: Unable to determine compliance. The Probation Department did not identify any OC spray incidents that needed training.

Use of Force Review	
At least 90% of all use-of-force incidents not accepted by the Probation Department's Internal Affairs Bureau (IAB) must be timely reviewed by the Department's Force Intervention Response Team (FIRST). (Detailed Plan ¶15.) ¹	BJNJH: Out of compliance. Staff timely submitted use-of-force incidents that were not accepted by the IAB to FIRST for review in 0% of incidents. LPJH: Out of compliance. Staff timely submitted use-of-force incidents that were not accepted by IAB to FIRST for review in 0% of incidents. ²
At least 90% of the cameras in juvenile facilities must provide sufficient coverage to capture use-of-force incidents. (Detailed Plan ¶ 17.)	BJNJH: In compliance. The Probation Department reported a total of 125 use-of-force incidents at BJNJH. In its review of a sample of 32 incidents, the Office of Inspector General found that 97% of the incidents reviewed provided sufficient coverage to capture the use of force. LPJH: Out of compliance. The Probation Department reported a total of 632 use-of-force incidents at LPJH. In its review of a sample of 39 use-of-force incidents, the Office of Inspector General found that only 74% of the cameras provided sufficient coverage to capture the use of force. ³ CVK: In Compliance. The Probation Department reported a total of 4

¹ Under the Probation Department's new FIRST policy, all use-of-force incidents involving OC spray within juvenile institutions must be reviewed by the Independent Force Review Team. In addition, FIRST randomly selects and reviews 20% of all physical use-of-force incidents at LPJH that do not involve OC spray, and it reviews all physical use-of-force incidents without OC spray that occur at BJNJH. The new policy does not affect the metric for compliance.

² OIG was informed that the Independent Force Review Team did not begin its review of Camp Vernon Kilpatrick (CVK) incidents until February 2026. Based on the information, incidents at CVK are not included for this compliance metric.

³ Ten incidents involved video recordings that failed to capture the use of force because the events occurred outside the camera's field of view. Five incidents involved missing or unavailable video recordings, and five additional incidents involved technical issues affecting video availability, including offline cameras, camera malfunctions, or video malfunctions. Because one incident involved both missing or unavailable video and a technical issue, these categories represent 19 unique incidents rather than 20.

	use-of-force incidents at for female and gender expansive youth transferred to CVK. ⁴ In its review of the 4 incidents, the Office of Inspector General found that 100% of the incidents reviewed provided sufficient coverage to capture the use of force.
At least 90% of the cameras in juvenile facilities must be operational, and in use (Detailed Plan ¶ 17.)	BJNJH: In compliance. The Office of Inspector General inspected video cameras during the Reporting Period and found all 654 cameras operable. LPJH: In compliance. The Office of Inspector General inspected video cameras during the Reporting Period and found all 435 cameras operable. CVK: Unable to determine. The Office of Inspector General could not determine, for this Reporting Period, whether CVK complied with the Detailed Plan.⁵

⁴ Female youth were transferred to CVK during the Reporting Period. The Office of Inspector General began requesting use-of-force and CCTV documentation from CVK to assess compliance with the Detailed Plan. The Department reported no use-of-force incidents for November 2025 and provided documentation for four incidents occurring on December 27, 28, 30, and 31, 2025. Due to the limited number of reported incidents and the limited documentation provided during the Reporting Period, the Office of Inspector General was unable to assess whether camera coverage at CVK met the requirements of the Detailed Plan. Additionally, through attendance at Critical Incident Team (CIT) reviews, the OIG observed several incidents that raised concerns regarding use-of-force practices, further supporting the need for continued monitoring and additional documentation from CVK.

⁵ The Office of Inspector General requested information regarding the number of cameras at CVK, their operational status, and camera placement, but the Probation Department did not provide sufficient detail for a determination of compliance with the Detailed Plan.

Properly use video recordings to determine policy violations in 90% of use of force incidents. (Detailed Plan ¶ 17.)	BJNJH: Out of compliance. The Office of Inspector General reviewed a sample of 32 use-of-force incidents and received 31 video recordings and 32 corresponding Video Review forms. Of the 32 use-of-force incidents, the Probation Department properly used the video recordings in 87% (27 of 31) of the sampled incidents.⁶ LPJH: In compliance. The Office of Inspector General reviewed a sample of 39 use-of-force incidents and received 29 video recordings and 39 Video Review forms. Of the 39 sample of use-of-force incidents, the Probation Department properly used the recordings in 93% (27 of 29) of the sampled incidents.⁷ CVK: Unable to determine compliance. Requested documentation from the Probation Department to assess compliance was limited and not related to specific incidents.⁸
Prison Rape Elimination Act (PREA)	
Privacy Curtains: The County will use Prison Rape Elimination Act (PREA) certified auditors from the Office of Inspector General to monitor compliance on ensuring that privacy curtains are properly installed and consistently	BJNJH: In compliance. BJNJH continues to have shower doors and curtains that provide adequate privacy while maintaining safety. LPJH: Out of compliance. The Office of Inspector General identified several

⁶ The Office of Inspector General identified four incidents where actions observed on video were inconsistent with Probation Department policy and were not appropriately identified [or elevated through] the Department's review process: Incident Numbers 25-1261; 25-1293; 25-1415; SYTF 25-1462. Proper review of the video recording is based on the Office of Inspector's opinion after reviewing the video and reviewing the applicable policy.

⁷ Incident Numbers 25-3943; 25-4084.

⁸ The Office of Inspector General did not receive Director Video Review Forms for the four reported use-of-force incidents at CVK during the Reporting Period and therefore could not assess whether video recordings were properly used to determine policy violations pursuant to Detailed Plan ¶ 17.

maintained in the bathrooms of all Units. (Detailed Plan ¶ 22(a).)	deficiencies, including broken or missing toilet stall doors and multiple missing shower curtains within the units.
Opposite Gender Announcements: The County Prison Rape Elimination Act (PREA) certified auditors from the Office of Inspector General to monitor compliance on ensuring that staff of the opposite gender announce their presence when entering a housing Unit. (Detailed Plan ¶ 22(a).)	Out of compliance at both BJNJH and LPJH. During unannounced visits conducted between July 1, 2025, and December 31, 2025, the Office of Inspector General found inconsistent compliance with opposite-gender staff announcing their entry prior to entering youth living units.
Room Confinements	
The County must create an internal process approved by the Monitor to maintain and improve documentation related to and monitoring of youth who are placed in Room Confinement, including the development of individualized plans, and the provision of programming, recreation, exercise, and religious services, and verify the data, to assess implementation and develop appropriate corrective measures, as needed. (Detailed Plan ¶ 20.)	Out of compliance. During this Reporting Period, the Probation Department did not have an approved implemented internal process to track room confinements, provide prompt notification of room confinements that violate policies and state law, document remedial measures, and provide the Office of Inspector General data regarding room confinement. CVK: Not applicable. The Probation Department reported that, due to the “cottage-style, open-bay” housing design at CVK, room confinement was not utilized at the facility during the Reporting Period.
The Detailed Plan will include mechanisms for providing prompt notice to the Juvenile Hall Superintendent of instances of Room Confinement that do not comply with the requirements of Welfare and Institutions Code section 208.3 and for developing and implementing subsequent remedial	Unable to determine compliance. The Office of Inspector General is unable to verify that notification of room confinements not in compliance with policy and state law are provided promptly to the superintendent. ⁹

⁹ Although the superintendent is reportedly immediately notified of room confinements via email or text, there is no verification mechanism confirming real-time receipt.

measures in response to such instances. (Detailed Plan ¶ 20.)	CVK: Not applicable. The Probation Department reported that due to the cottage-style, open-bay housing design, room confinement was not utilized during the Reporting Period.
In 90% of Room Confinements that do not comply with the requirements of Welfare and Institutions Code section 208.3, time appropriate subsequent remedial measures must be implemented. (Detailed Plan ¶ 20.)	In compliance at both BJNJH and LPJH. The Office of Inspector General did not identify any room confinement out of compliance with Welfare and Institutions Code section 208.3 requiring subsequent remedial measures during the Reporting Period. CVK: Not applicable. The Probation Department reported that due to the cottage-style, open-bay housing design, room confinement was not utilized during the Reporting Period.
Activities	
The Detailed Plan requires that Department staff document and log any denial of required activities by providing the staff member's reason for denial, the signature of the staff member, and the validation of the superintendent of the facility. (Detailed Plan ¶ 24(c)(i-iv).)	In compliance at both BJNJH and LPJH. The Office of Inspector General reviewed all 18 room confinements that occurred at LPJH and 172 at BJNJH during the Reporting Period. In both facilities, staff sufficiently documented their findings that a youth posed a threat to the safety and security of the facility in writing in 100% of the incidents. CVK: Unable to determine compliance. Office of Inspector General did not receive documentation to assess compliance with this requirement.¹⁰

¹⁰ The Office of Inspector General typically identifies denial of required activities in connection with room confinement, however, CVK does not utilize room confinement as a measurement due to its cottage-style, open-bay housing design. Probation Department staff at CVK indicated that programming may be modified or missed for safety-related reasons. However, documentation of those determinations was not provided to the Office of Inspector General during the Reporting Period. As a result, the Office of Inspector General could not verify whether such decisions were properly documented in accordance with the Detailed Plan.

The Detailed Plan requires that the Probation Department provide required activities for at least 93% of youths at LPJH and BJNJH who have not been found to pose a threat to the safety or security of the facility. (Detailed Plan ¶ 24(c)(i-iv).)	Unable to determine compliance for BJNJH, LPJH, and CVK. The Probation Department did not provide complete and reliable documentation of program activities for the Reporting Period for compliance calculations. ¹¹
The Detailed Plan requires that required activities are not denied as a form of punishment, discipline, or retaliation. (Detailed Plan ¶ 24(c)(i-iv).)	Unable to determine compliance for BJNJH, LPJH, and CVK. ¹²
The Detailed Plan prohibits room confinement on the basis of a youth's refusal to participate in required activities. (Detailed Plan ¶ 24(c)(i-iv).)	In compliance at both BJNJH and LPJH. The Office of Inspector General's review did not find the denial of any required activities due to punishment, discipline, or retaliation by the Probation Department staff. ¹³

¹¹ The Probation Department provided the Office of Inspector General with programming exception logs limited to instances where youths did not attend scheduled program activities. However, the logs did not include a complete or accurate accounting of room confinement occurrences during scheduled programming time. As a result, the Office of Inspector General was unable to fully assess whether missed programming was appropriately attributed to youth classified as a threat. At BJNJH, the programming exception log reflected only 18 room confinement instances, which did not align with the 172 room confinements identified during the Reporting Period, indicating that the log was incomplete and could not be relied upon for compliance calculations. At LPJH, approximately 36% of programming exceptions were categorized as "unknown," preventing the Office of Inspector General from determining whether missed programming was attributable to allowable exceptions under the Detailed Plan. Because the Detailed Plan requires that required activities be provided to at least 93% of eligible youth, the absence of reliable data for a significant portion of programming instances prevents the Office of Inspector General from determining whether the Department met this requirement. Additionally, during the Reporting Period, the Department had not yet created a programming exception log for CVK, and therefore sufficient documentation was not available to assess compliance for that facility.

¹² Following the Reporting Period, the Probation Department informed the Office of Inspector General that programming exceptions previously categorized as "unknown" at LPJH were subsequently identified as youth refusals. The Department indicated that this issue was related to staff training and data entry practices associated with the Title 15 programming logs. However, this information was not included in the documentation provided during the Reporting Period and therefore was not considered in the Office of Inspector General's assessment of compliance with the Detailed Plan.

¹³ While the Office of Inspector General's review did not identify any denial of required programming due to punishment, discipline, or retaliation by Probation Department staff, the Department did not provide complete and reliable documentation necessary to assess programming compliance. As a result, the Office of Inspector General could not verify whether the Department met the requirements outlined in Paragraph 24(c) of the Detailed Plan

	CVK: Not applicable. The Department reported that due to the cottage-style, open-bay housing design, room confinement was not utilized at CVK during the Reporting Period.
Grievances	
The County will implement a revised grievance policy and 90% of grievances are resolved in accordance with the approved policy. (Detailed Plan ¶ 31(a).)	In partial compliance. The Office of Inspector General reviewed the Probation Department's Grievance Log and determined that the Department resolved approximately 90% of grievances at BJNJH and LPJH in accordance with the Department's current policies.¹⁴ The Grievance Management System (GMS) is operational at BJNJH and LPJH but not at CVK.¹⁵ The Probation Department still has not procured the grievance kiosks for youths to electronically file their grievances and continues to report that it is finalizing contracts for the purchase. It has not provided an expected completion date and indicated that the implementation of the new kiosks will not exclude the use of hardcopy grievances.

¹⁴ Although grievance resolution rates at BJNJH and LPJH meet the required compliance rate of 90%, the Office of Inspector General did not consider the Probation Department to be in full compliance due to delays in system functionality, lack of system access at CVK, and the absence of an operational electronic submission process for youth.

¹⁵ The Probation Department stated that all camps have access to GMS as of April 2026. However, upon requesting the information from CVK, the Office of Inspector General found that CVK had not obtained access or training during the Reporting Period.

BACKGROUND

On January 21, 2021, the Los Angeles County Superior Court approved a stipulated judgment and settlement agreement (Settlement Agreement) between the County of Los Angeles and the California Department of Justice (DOJ).¹⁶ Pursuant to its role as court-appointed monitor on various provisions of the Settlement Agreement relating to conditions at Los Angeles County Juvenile Halls, the Office of Inspector General submits this *Ninth Report on the Los Angeles County Probation Department's Compliance with the Settlement Agreement* covering the period from July 1, 2025 to December 31, 2025 (Reporting Period). The facilities covered by the settlement agreement are Los Padrinos Juvenile Hall (LPJH) and Barry J. Nidorf Juvenile Hall (BJNJH).

During the Reporting Period, female and gender expansive youth were transferred to Camp Vernon Kilpatrick (CVK), resulting in it being included within the Office of Inspector General's review. As a result, the Office of Inspector General began requesting documentation from CVK to assess compliance with applicable provisions of the Detailed Plan. Some of the Office of Inspector General's inability to assess compliance by CVK is because of a lack of documentation by the Probation Department for CVK.¹⁷

This report includes data and compliance determinations for key benchmarks based on information provided by the Probation Department. However, as noted throughout this report, the Department's continued lack of effective systems to document and track uses of force, room confinements, grievances, and other incidents in the juvenile halls and camps raised concerns about the accuracy of the documentation provided to the

¹⁶ See *People v. County of Los Angeles* (Super. Ct. Los Angeles County, 2021, No. 21STCV01309.)

¹⁷ The Office of Inspector General recognizes the challenges of a third institution added during the Reporting Period to the Probation Department's requirement for providing necessary documentation for compliance with the Detailed Plan. However, the Reporting Period for this report is for the last six months of 2025. Given the schedule for requesting documentation on reporting on it, the Department should not have a problem with providing requested documentation so long as rigorous record-keeping systems are in place.

Office of Inspector General.¹⁸ Despite the Department's lack of effective tracking systems for this Review Period, the Office of Inspector General conducted a manual review of logs, case files, and other documentation to assess the Department's overall compliance with the Detailed Plan for monitoring compliance with the Settlement Agreement.¹⁹

The delayed production of documents to the Office of Inspector General is particularly concerning for two reasons. First, this is the ninth report, and by now the Probation Department should have demonstrated significant improvement in maintaining and producing records in response to established requests. Second, the Reporting Period spans six months and is not reported on until months afterward. As a result, the Department is at times unable to provide records that were, or should have been, generated six months to a year earlier. Improvement in record retention, organization, and timely production is necessary for the Department to achieve compliance with the Detailed Plan.

DECONTAMINATION AFTER USE OF OLEORESIN CAPSICUM SPRAY

Despite stated efforts to eliminate the use of Oleoresin Capsicum (OC) spray in juvenile halls as required by the Los Angeles County Board of Supervisors (Board), the Probation Department still provides its staff at LPJH and the SYTF facility at BJNJH with

¹⁸ The Probation Department provided room confinement logs for LPJH approximately two months after they were requested. A comparison of programming exception logs and room confinement data revealed significant discrepancies; at BJNJH, 172 room confinement incidents were reported, while only 18 were reflected in the programming logs. Additionally, approximately 36% of LPJH programming entries listed "unknown" reasons for missed programming. CVK was not included despite the transfer of female youth during the Reporting Period due to unavailable documentation, and although the Department reported the Grievance Management System (GMS) was implemented in October 2025, CVK reported in April 2026 that it did not have access. Accordingly, the Office of Inspector General reports these findings with caution, as the data provided was, in some cases, incomplete and could not be independently verified.

¹⁹ In several instances, the Probation Department did not provide requested documentation in a timely manner. This included materials from CVK, which lacked key tracking systems, such as programming exception logs and access to the GMS, during the Reporting Period, making CVK unable to produce complete records for review.

OC spray.²⁰ The Detailed Plan mandates that the Probation Department follow its policies and state law and properly document compliance in 90% of all incidents in which Department staff used OC spray on youths.²¹

Methodology

The Office of Inspector General requested documentation relating to all OC spray incidents, including investigations and reviews, that occurred between July 1, 2025, and

²⁰ The Probation Department eliminated the use of OC spray in Central Juvenile Hall units that incarcerate youth with developmental disabilities, girls, and gender-expansive youth, pursuant to a Board motion on December 22, 2022. However, on July 28, 2023, Probation Department Chief Viera Rosa sent an email directing the Department to issue OC spray on a temporary basis to permanently assigned staff. The Department has not rescinded that email directive or provided any date for the OC ban to be implemented. In a letter to the Board dated September 12, 2024, the Probation Department stated, “The Probation Department continues to collaborate with the California Department of Justice Court appointed monitor to develop an updated OC spray phase out strategic plan. The Probation Department is committed to downscaling and ultimately eliminating the use of OC, and the plan will be completed by the end of the second quarter of 2024.” Needless to say, we are well past that timeframe.

²¹ DSB § 1006 “Post OC Spray Application Protocols” provides:

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 [Physical Intervention Report]. 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.

California Code of Regulations, Title 15, § 1357(b), governing the use of chemical agents such as OC spray in juvenile facilities, imposes the following requirements:

(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.

December 31, 2025. In response, the Probation Department provided the Physical Intervention Packages (PIPs) for 216 total incidents, of which 52 occurred at BJNJH and 164 at LPJH.

The Office of Inspector General selected and reviewed a sample of 24 OC spray incidents that occurred at BJNJH and a sample of 34 incidents from LPJH.²² The Office of Inspector General determined compliance based on information provided in the Probation Department's Physical Intervention Report (PIR) for each incident, including the information required in Section M, "OC Spray Deployment," which must be completed each time Department staff deploy OC spray on a youth. The Office of Inspector General also relied on the SCM review report for each case.

Findings

The Office of Inspector General found that BJNJH and LPJH failed to meet the requirements of the Detailed Plan. At BJNJH, 8% (2 of 24) of the sampled incidents properly documented the decontamination process. At LPJH, 0% (0 of 34) of the sampled incidents reviewed properly documented the decontamination process after use of OC spray as required by policy and state law.²³ In 100% (24 of 24) of the sampled incidents at BJNJH, and 100% (34 of 34) at LPJH, Probation Department staff made notations indicating the decontamination of youth after the use of OC spray, either in the SCM incident review or the narrative sections of the associated PIRs. However, because of the failure to complete the decontamination process within policy mandated time limits or the failure to include the required decontamination information in Section M or in the narrative sections, the Office of Inspector General cannot adequately determine if youths were properly decontaminated, and therefore, the Department failed to comply with the requirements of the Detailed Plan. Given the failure to achieve the mandated compliance rate, the Office of Inspector General recommends the Department retrain staff on mandated decontamination timelines and required documentation.

²² In constructing the samples described in this report, the Office of Inspector General followed current government audit standards to obtain a statistically valid sample and used a research randomizer to select incidents. (Off. of the Comptroller of the United States, U.S. Accountability Office (2018), <https://www.gao.gov/yellowbook>.)

²³ The primary area of non-compliance with Probation Department decontamination policy was the 30-minute time limit for medically assessing contaminated youth. At LPJH in 31 of 34 incidents, contaminated youth were not medically assessed within 30 minutes. At BJNJH 18 of 24 youth were not medically assessed within 30 minutes.

The Department should enforce accountability for proper decontamination and record-keeping to ensure youth care after OC spray and accurate documentation of procedures.²⁴

The Probation Department utilizes the “Physical Intervention Packet Review Checklist” (Review Checklist). This tool organizes and reviews many of the components outlined in Section M using a checkbox format. The checklist enhances the ability to assess the accuracy and efficiency of the decontamination process, eliminating the need to sift through multiple documents to gain a clear understanding of an OC incident and its associated decontamination procedures.

The Review Checklist includes a section titled “Suggested Corrective Action,” which, unlike other sections, does not feature a checkbox. This section allows reviewers to document concerns regarding staff actions and to recommend that staff review relevant policies or receive additional training. However, during this Reporting Period, training was suggested in zero instances across all completed Review Checklists. Including a dedicated checkbox for training would improve the visibility of training-related concerns and help ensure compliance with the training requirements outlined in the Detailed Plan.

The Review Checklist also includes a checkbox labeled “Debriefing by Supervisor,” which indicates that a Probation Department supervisor conducted a debriefing with the involved staff. The Office of Inspector General’s review found that only two Review Checklists contained any notation indicating that a supervisor had conducted a debriefing.

The Office of Inspector General continues to recommend that this section be amended to allow for the identification of the staff involved, as well as the documentation of any deficiencies or potential policy violations observed by the reviewing Department staff. Post-incident debriefings are a critical tool for identifying areas for improvement and ensuring accountability, and enhancing this section would strengthen the overall review process.

During this Reporting Period, the Office of Inspector General observed that LPJH consistently included the Review Checklist with the PIP for each incident, whereas BJNHJH did not attach any Review Checklists to its PIPs. The Office of Inspector General recommends the Probation Department continue to use the Review Checklist in every incident report at each of the juvenile all facilities *Use of Portable Showers for*

²⁴ In a Board of State and Community Corrections notice to the Probation department dated January 14, 2026, one of the Title 15 areas of non-compliance was staffing. The Board stated that staffing issues resulted in “. . . delayed decontamination, access to clean clothing, and medical assessments . . .”

Decontamination: As previously reported, the Probation Department revised its policy on OC spray decontamination with additional language regarding the use of portable showers for decontamination as follows:

Temporary Portable Showers

The purpose of this policy is to establish procedures for the temporary use of portable cold showers during the decontamination process following the deployment of Oleoresin Capsicum (OC) spray.

Procedures

Decontamination for OC Spray is exposure to fresh air and the application of cold water. After the youth is removed to a safe area, only cold water shall be gently sprayed or splashed into the facial area of the contaminated youth. Officers contaminated with OC Spray shall follow the same decontamination procedures outlined for youth. Hot or warm water shall never be used for decontamination purposes as it aggravates the effect of the spray.

To ensure the safe and effective use of portable shower kits, staff should adhere to the following:

- Portable shower kits shall be charged and ready in advance. Each unit includes a wall charger, which can be used to charge the unit by inserting the plug into the water cover. It may take several hours to fully charge, and the battery life can be monitored with the voltmeter. If the voltmeter reads 10.8v or lower, the unit should be charged immediately. The power button is used to turn on the unit, but the unit will not turn off automatically when the water tank is empty. Therefore, it is important to turn the unit off when not in use.

- Water shall be filled using the cold tap water from the utility closet. The unit shall be refilled only before immediate use, not in advance. Any leftover water in the unit must be disposed of after use. The unit must be kept upright to prevent any leaks. After each use, the unit should be tipped to the side to drain any remaining water below the tray.²⁵

Although the Probation Department has implemented portable showers, it still does not track key information such as the frequency of use or the storage locations of the showers. According to the Department, LPJH currently has 30 portable showers, at least one in each unit, which are charged and available for use. Because all units at BJNJH have cold showers and cold-water faucets in individual living units, it has no portable showers. The Office of Inspector General is unaware of whether training on the necessity to decontaminate with cold-water showers and/or faucets at BJNJH was conducted during the Reporting Period due to the Department's failure to provide this information. The Office of Inspector General continues to recommend that the Department maximize the utility of all decontamination resources by ensuring all staff are fully trained in their use and implement a system to track both training and usage to ensure decontamination with cold water and that for the facilities with portable showers, the showers remain charged, are used appropriately, and are deployed in accordance with policy.

TRAINING AND SUPPORT AFTER USE OF OLEORESIN CAPSICUM SPRAY

The Detailed Plan requires the Probation Department to identify any need for training and support related to staff decontamination of youths following the use of OC spray and to provide such support in at least 90% of cases where a need is identified. The Department has not complied with these requirements. The Department stated that neither facility has a comprehensive tracking tool for training specifically for OC cases. This failure to meet the mandated threshold raises concerns about youth safety, and adherence to the commitments outlined in the Detailed Plan.

²⁵ DSB Manual § 1006, *Post OC Spray application Protocols*.

The Office of Inspector General examined the PIPs in the sample of 58 OC spray incidents at both facilities combined to determine if the Probation Department identified training needs and provided that training. As in the previous report, this review found that the Department did not consistently identify training needs or provide training.

At BJNJH, SCM reviewed 100% (24 of 24 incidents in the randomized sample) of OC spray use during this Reporting Period. Of these, corrective action was recommended in 79% (19 of 24) of the incidents. None included a specific reference to the need for OC spray training.²⁶ Given that 79% of the incidents at BJNJH resulted in recommendations for corrective action, there is a need for training and therefore what training is necessary should be identified. As noted in the Office of Inspector's last report, the consistent failure to address training needs undermines the effectiveness of corrective actions and raises concerns about the Department's commitment to accountability and improvement. The policy violations identified in the Office of Inspector General's review relate to the time limits for decontamination; this would indicate a need for training on the decontamination process timeline, which should be part of the training on OC spray therefore should be identified.

At LPJH, SCM reviewed 100% (34 of 34 incidents in the randomized sample) of OC spray use during this Reporting Period. This is the second consecutive report indicating the Probation Department's review of all of the incidents in the sample of incidents involving the use of OC spray, which is commendable. Of these, corrective action was recommended in 70% (24 of 34 of the incidents). However, there were no specific references to OC spray training. Once again, the identification of corrective action by necessity should include identifying needs for training. In order to implement corrective actions, training is necessary.

In each of the prior Office of Inspector General monitoring reports, the Office of Inspector General continued to find the Probation Department to be out of compliance with departmental policies and state law regarding decontamination following the use of OC spray.²⁷ These findings consistently identified a need for training to address the

²⁶ Corrective action recommendations were issued by email in 19 of the 34 incidents reviewed. These emails were directed to the involved staff for failing to follow required decontamination protocols and/or for failing to properly document decontamination in the PIRs.

²⁷ The Office of Inspector General's [second monitoring report](#) notes that Central Juvenile Hall (CJH) reviewed only 10% of the sampled reports and BJNJH reviewed only 19% of the sampled reports. We did not report on the identification of training, as the low percentage of review made it impossible for the Department to meet the 90% requirement. In the [third monitoring report](#), the Office of Inspector General's review of randomly sampled incidents of OC spray use found that only 43% of the incidents at CJH followed policies and state law and properly

noncompliance. The Department received each of these reports, providing formal notice of the Office of Inspector General's findings and the need for corrective training. Nevertheless, during the current Reporting Period, the Department continued to fail to identify and recommend training related to OC spray decontamination or other necessary corrective actions.

Instead, it issued 44 reminder emails to staff emphasizing the importance of adhering to policy, procedure, and documentation requirements following OC spray use. Because the Probation Department did not identify *any* training needs in the cases from LPJH, the Office of Inspector General cannot determine if the Department is in compliance with the Detailed Plan requirement that the Department is providing support in 90% of cases where it identifies a need.

documented decontamination and only 72% of the randomly sampled OC spray incidents at BJNH followed policies and state law and properly documented decontamination, thus flagging the need for training to achieve compliance. The [fourth monitoring report](#) found that only 38% of the sampled incidents at CJH and 33% of the incidents at BJNH followed policies and state law and properly document decontamination, again identifying a need for training. The [fifth monitoring report](#) continued to identify the need for training. Of the randomly sampled documentation for OC spray incidents, the Office of Inspector General found that only 14% at CJH and 57% at BJNH followed decontamination policies and state law and properly documented the decontamination process. The Office of Inspector General review also found that not only were training needs not identified or provided, but that the Department did not consistently review OC spray incidents for training or support issues, with SCM reviewing only 74% of the sample of PIPs far below the 90% rate required by the Detailed Plan. In only 27% of the cases reviewed did SCM make a recommendation for corrective action, none of which included recommendations for any specific type of OC spray training. The [sixth monitoring report](#) continued to identify the need for training. Of the randomly sampled documentation for OC spray incidents, the Office of Inspector General found that only 30% at BJNH, and 36% at LPJH followed decontamination policies and state law and properly documented the decontamination process. The Office of Inspector General review also found that not only were training needs not identified or provided, but that the Probation Department did not consistently review OC spray incidents for training or support issues, with SCM reviewing none of the sample of PIPs at LPJH far below the 90% rate required by the Detailed Plan. At BJNH 100% of the sample of PIPs had SCM reviews. At BJNH in only 35% of the cases reviewed did SCM make a recommendation for corrective action, none of which included recommendations for any specific type of OC spray training. The [seventh monitoring report](#) continued to identify the need for training. Of the randomly sampled documentation for OC spray incidents, the Office of Inspector General found that only 21% at BJNH, and 20% at LPJH followed decontamination policies and state law and properly documented the decontamination process. The [eighth monitoring report](#) continued to identify the need for training. Of the randomly sampled documentation for OC spray incidents, the Office of Inspector General found that only 2% at BJNH, and 0% at LPJH followed decontamination policies and state law and properly documented the decontamination process.

During its review for the [Eighth Report](#), the Office of Inspector General found that the SCM review forms provided by the Probation Department contain a question that asks: “Was minor decontaminated within 30 minutes of being sprayed?” This wording conflicts with Department policy and applicable state law, both of which require that decontamination occur within **10 minutes** following the use of OC spray. Office of Inspector General staff notified Department supervisors of this discrepancy, and the supervisors acknowledged awareness of the error and indicated the form would be revised. The SCM review forms provided and reviewed for this Ninth Report were not corrected as ensured.

The Department has recently informed the Office of Inspector General that a new form is being finalized and is expected to be in use for the next Reporting Period.

The Probation Department still has not yet implemented its Early Intervention System (EIS), which is intended to identify staff in need of additional training. According to the Department, development of the EIS is ongoing, with efforts focused on creating algorithms that will incorporate Performance Incident Reports (PIRs) to help identify staff who may benefit from targeted training. The Department again attributes delay in part to continued high turnover within the unit responsible for developing the system, and reports that it is now collaborating with the Department’s Information Services Bureau to advance the project. The Department has not provided an anticipated launch date for the EIS. In the absence of this system, the Department currently lacks a mechanism to track whether recommended training is delivered to staff.

As noted in the Office of Inspector General’s last report, the Probation Department’s past failure to review all OC spray related incidents and to implement EIS, continues to significantly undermine its ability to comply with the Detailed Plan’s requirements.²⁸ Specifically, without a functioning EIS and comprehensive case review process, it is highly unlikely that the Department will be able to meet the Detailed Plan’s mandate that training and support be provided in 90% of cases where a need is identified. The absence of these systems continues to hinder the Department’s ability to proactively address staff performance issues and ensure accountability.

²⁸ We refer to past compliance because during this reporting period SCM reviewed all the sampled incidents. The Office of Inspector General did not ascertain whether all incidents not included in the sample were reviewed.

While the Probation Department continues to require all employees assigned to juvenile hall facilities to complete general OC spray training, this training is not based on Departmental reviews of actual OC spray incidents or by the identification of specific training and support needs.²⁹ As a result, the training lacks a targeted, data-driven approach to addressing patterns of concern or performance gaps.

TIMELY SUBMISSION TO THE FORCE INTERVENTION RESPONSE SUPPORT TEAM

The Detailed Plan requires the Office of Inspector General to determine whether the Probation Department is accurately reporting and documenting all use-of-force incidents, and to verify that any incidents not accepted by the Internal Affairs Bureau (IAB) for review are timely evaluated by the Department's Force Intervention Response Support Team (FIRST) in 90% of the incidents. FIRST is responsible for ensuring that each incident complies with State law and Department policies, and the team must achieve at least a 90% compliance rate in its reviews. For this Reporting Period, the Department again did not timely present use-of-force incidents to FIRST, resulting in non-compliance with the Detailed Plan.

Background: The Probation Department's Use-of-Force Review Process

When physical force is used by Probation Department staff at a facility, every staff member on duty must document their observations in a Physical Intervention Report (PIR) or Supplemental PIR (SUPP PIR). These individual reports are compiled into a Physical Intervention Packet (PIP) for supervisory review. As part of this review, the supervisor interviews the youth involved, signs the PIP, and then forwards it to the Safe Crisis Management (SCM) Team or, as of October 2025, to the Independent Force Review Team (IFRT) for additional evaluation.

²⁹ The Office of Inspector General requested a roster of all general OC training provided by staff. To date, this information has not been provided.

If policy violations are identified at this stage, the facility director sends a duplicate PIP to IAB for investigation. If no violations are found, the director closes the PIP and submits it to FIRST. Under the new policy, when the IFRT finds no violations, the IFRT Director is responsible for closing the PIP and submitting it to FIRST.³⁰

As defined in paragraph 8 of the Settlement Agreement, FIRST refers to a team of Probation Department staff responsible for providing secondary review of use of force incidents in the juvenile halls, “who are independent of the Juvenile Hall command structure and who report directly to the Chief of Probation or a Probation executive designee, who is at the level of Deputy Director or above.” Paragraph 15 of the Settlement Agreement requires that “all use of force not accepted by Internal Affairs for review are timely reviewed by FIRST for compliance with State law and Probation policy.” Prior to September 18, 2025, Department policy required that the facility director submit PIPs to FIRST within 7 business days of the incident.³¹

As described in the Office of Inspector General’s [Eighth Report](#), the Probation Department reorganized FIRST to focus on reviewing all OC spray-related incidents that generate a Preliminary Incident Notification (PIN). Under the Department’s new FIRST policy, all use-of-force incidents involving OC spray within juvenile institutions must be reviewed by the IFRT. In addition, FIRST randomly selects and reviews 20% of all physical use-of-force incidents at LPJH that do not involve OC spray, and it reviews all physical use-of-force incidents without OC spray that occur at BJNJH. FIRST is responsible for identifying potential policy violations, preventable risks, and proactive measures to support staff compliance with State law and the Department’s use-of-force policies. In cases where a duplicate PIP is referred to IAB, FIRST must simultaneously review the incident to identify emerging trends, policy gaps, programming needs, or necessary training to support remedial discussions with facility staff. FIRST documents its assessments in the FIRST Physical Intervention Review Summary Form and returns it to the facility. Under the updated process, FIRST must now issue specific

³⁰ On September 18, 2025, the Probation Department published a new policy establishing the role and responsibilities of the independent review process for use-of-force incidents. Under this policy, the IFRT is responsible for conducting the initial review of all use-of-force incidents within juvenile institutions. FIRST will now conduct a secondary, independent review and analysis of use-of-force incidents that meet specific criteria, as outlined below.

³¹ For July through September of this Reporting Period, the Probation Department operated under its previous policy, which required all PIPs to be submitted to FIRST within 7 business days of the incident. Beginning October 18, 2025, the Department implemented its newly established policy, extending the deadline for forwarding incidents to FIRST to 21 days from the date of the incident. The Office of Inspector General reviewed the Reporting Period utilizing both applicable policies. OIG’s eighth report incorrectly noted an extension to 30 days.

corrective-action recommendations to juvenile institutions, which must then provide proof of implementation to FIRST to ensure compliance.³²

The IFRT is staffed with two supervisors at each facility who are dedicated to reviewing all PIPs and associated video evidence to ensure compliance with Department policy. These Probation Department staff members provide comprehensive reviews to the IFRT Director, who then determines whether the PIP should be forwarded to FIRST. All referrals to FIRST must be made within 21 days.

The Department anticipates that this new review structure will expedite the identification of possible policy violations concerning patterns, and training needs to support compliance with the Settlement Agreement.

Compliance with Detailed Plan Requirements for Force Review

Under the Detailed Plan, the Office of Inspector General reviews use-of-force incidents declined by IAB for investigation to determine whether they were presented in a timely manner to FIRST for review. In addition, the Office of Inspector General reviewed all use-of-force incidents to determine if all cases were timely sent to FIRST for review. As part of the review process, the Office of Inspector General reviewed the FIRST accountability logs for use-of-force incidents during the Reporting Period as well as use-of-force incidents that IAB declined during the same period.

The Office of Inspector General examined all four cases that were declined by IAB for investigation during the Reporting Period. Although each incident report accurately recorded the use of force, none of these cases were timely reviewed by FIRST, as policy requires. Therefore, the Probation Department is not in compliance with the Detailed Plan's requirement that 90% of the declined cases must be promptly reviewed by FIRST.³³

BJNJH recorded 125 use-of-force incidents between July 1 and December 31, 2025: 65 from July to September and 60 from October to December. FIRST reviewed

³² On September 18, 2025, the Probation Department revised the FIRST reporting period, extending it to a 21-day reporting requirement. Although the DOJ monitor approved the restructuring of FIRST and the updated reporting timeline, the Office of Inspector General recommends that the County seek court approval for the changes, which appear to be material.

³³ It is noteworthy that since the implementation of the new FIRST policy on October 18, 2025, the Office of Inspector General recently observed a substantial increase in timely submission of use-of-force incidents to FIRST. At BJNJH, the Probation Department achieved a 275% improvement in timely submissions, while LPJH achieved a 150% improvement.

53 PIPs of the initial 65 incidents, with 16% (9 of 53) received within 7 business days. For the October-December period, FIRST reviewed 53 of the 60 PIPs and received 60% (32 of 53) within 21 days, as required by its revised review policy.

LPJH recorded 632 use-of-force incidents between July 1 and December 31, 2025: 342 from July to September and 290 from October to December. FIRST reviewed 199 PIPs of the initial 342 incidents, with 28% (56 of 199) received within 7 business days. For the October-December period, FIRST reviewed 124 of the 290 PIPs and received 70% (87 of 124) within 21 days.

REVIEW OF THE PROBATION DEPARTMENT'S COMPLIANCE WITH VIDEO CAMERA MANDATES IN JUVENILE HALLS

The Detailed Plan mandates the Probation Department to follow its use of force policies and ensure that video cameras capture 90% of the use of force incidents in its juvenile halls, BJNJH and LPJH. This has now been extended to CVK due to the transfer of youth from LPJH to CVK starting November 2025, which is within the Reporting Period. The Office of Inspector General reviews compliance in three specific areas: (1) whether cameras provide sufficient coverage, (2) whether cameras are operational and in use, (3) and whether recordings are properly used in analyzing compliance with the Department's use of force policies and state law. This report analyzes a sampling of use of force incidents from BJNJH, and LPJH for the Reporting Period.

Methodology

The Office of Inspector General requested a list of all use-of-force incidents that occurred at both BJNJH, LPJH, and CVK during the Reporting Period. The Probation Department reported that for this period there were 125 use-of-force incidents at BJNJH, 632 at LPJH, and 4 at CVK. The Office of Inspector General constructed a stratified representative sample, which resulted in the review of 32 use-of-force incidents at BJNJH, and 39 at LPJH.³⁴

³⁴ The Office of Inspector General also requested use-of-force documentation from CVK; however, the information provided was limited and did not include sufficient incident-level detail for the Reporting Period to consider the information provided a complete sample. As a result, CVK was not included in the sampling methodology and was evaluated separately where applicable.

Sufficiency of Camera Coverage

The Detailed Plan requires that the Probation Department ensure that video cameras provide sufficient coverage of use-of-force incidents to assist in determining whether involved personnel complied with use-of-force policies at least 90% of the time. The Office of Inspector General interprets sufficient coverage to mean camera coverage of an area of the facility that captures a use-of-force incident sufficiently to allow Department staff to review the recording and determine whether staff followed policies and procedures. To determine compliance, the Office of Inspector General reviewed video recordings for the selected sample in combination with SCM investigations and other documents to determine whether the cameras captured the incident on video sufficiently to allow the Department to use video in its investigation and analysis.

The Office of Inspector General relies on the Probation Department's Video Review Form, signed by the facility Director or designee, to determine whether the Department completed a formal video review of the incident. The Office of Inspector General also requests the video recordings reviewed by the Department and, where necessary, expands its review to include additional camera angles or recordings through remote viewing access provided by the Department during this Reporting Period.

During this Reporting Period, at BJNJH, 97% (31 of 32) of sampled use-of-force incidents had sufficient video coverage for review, causing BJNJH to be in compliance with the Detailed Plan. For LPJH, 74% (29 of 39) of sampled use-of-force incidents had sufficient video coverage for review, causing LPJH to be out of compliance with the Detailed Plan.

For CVK, because the total number of incidents for the Reporting Period was four, the Office of Inspector General reviewed all four incidents.³⁵ Of these, all four incidents had sufficient camera coverage resulting in a compliance rate of 100%, which is in compliance with the Detailed Plan.

Cameras Operational and In Use

The Detailed Plan requires that 90% of the Probation Department's video cameras are operational and in use, which the Office of Inspector General interprets to mean that each camera operates as designed, providing a clear video stream that can be viewed on the designated monitors and is recorded for later playback. Based on the Office of Inspector General's review, both BJNJH and LPJH are in compliance with the

³⁵ CVKJH 2025-001, CVKJH 2025-002, CVKJH 2025-003, CVKJH 2025-004.

Detailed Plan requirement that 90% of installed cameras be operational and in use for use-of-force review. The Office of Inspector General could not determine, for this Reporting Period, whether CVK complied with the Detailed Plan.³⁶

At BJNJH, the Office of Inspector General inspected video cameras during the Reporting Period and found all 654 cameras operable with viewable video recordings. During a recent follow-up re-inspection, the cameras were still operable.

At LPJH, the Office of Inspector General conducted inspections during the Reporting Period and determined that all 435 cameras were operable with viewable video recordings. During a recent follow-up re-inspection, the cameras were still operable. The Probation Department reported that approximately 146 additional cameras are planned for installation throughout the facility, including in the parking garage, kitchen, housing units, and the music room.³⁷

Use of Camera Video in Determining Compliance with Use of Force Policies

The Detailed Plan requires that the Probation Department properly use video recordings to determine policy violations in 90% of use-of-force incidents. The Office of Inspector General deems video recordings properly used when Department staff review the video, compare it to the written reports, and staff statements and correctly apply the law and relevant Department policies to the use-of-force review.³⁸ The Department's review is indicated by use of its Video Review Form, which is executed by a supervising staff member after review of the video recording. The Office of Inspector General evaluated the Department's use of video based on the combination of available video recordings and corresponding Video Review Forms.³⁹

³⁶ The Office of Inspector General requested information regarding the number of cameras at CVK, their operational status, and camera placement, but the Probation Department did not provide sufficient detail for a determination of compliance with the Detailed Plan.

³⁷ As of April 2026, the Probation Department reported that installation of cameras in the LPJH music studio was underway. The Department further reported that expansion of additional camera coverage remained pending due to the need to vacate certain housing units prior to construction.

³⁸ The relevant standards for uses of force are set forth in the Probation Department's Detention Services Bureau Manual sections 1000-1007, and Probation Directives 1194 and 1427, which outline the Department's response to uses of force, as well as current Department training and relevant statutory and case law. These authorities generally require that the use of non-deadly force by Department staff be both reasonable and necessary to facilitate the restoration of order. See also, California Penal Code section 835a; *Graham vs. Connor* (1989) 490 U.S. 386.

³⁹ Although all 32 use-of-force incidents had a corresponding Video Review Form, there were only 31 video recordings provided.

Barry J. Nidorf Juvenile Hall

At BJNJH, 100% (32 of 32) of the sampled incidents had Video Review forms, indicating that Probation Department staff viewed video recordings to assess potential policy violations. However, the Office of Inspector General found four incidents in which the Department did not adequately analyze the video recording in its first level of review to identify possible violations of policy or law.⁴⁰ Consequently, the Department properly used video recordings in 87% (27 of 31) of the sampled incidents, slightly below the Detailed Plan's 90% requirement, placing BJNJH out of compliance. The following two cases provide examples of the Department's failure to properly review video recordings to analyze uses of force and identify violations of policy or law at BJNJH:

CASE 1

A youth and Deputy Probation Officer (DPO 1) began arguing about the location of the youth's personal belongings.⁴¹ The youth stood and approached DPO 1. The youth attempted to swing his hand at DPO 1. DPO 2 and DPO 3 assisted DPO 1 and secured the youth and forced the youth down on a couch. DPO 1 applied pressure to the youth's head and neck area while DPO 2 and DPO 3 applied handcuffs on the youth.

Probation Department policy permits the amount of force that "an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would deem reasonable and necessary to ensure the safety and security of youth, and staff."⁴² Department policy prohibits applying pressure to the head or neck area. The video recording clearly shows DPO 1 applying pressure to the head and neck area with his hands and possibly his knee. The Video Review Form indicated that the facility Director did not find any policy violations and believed the use of force was reasonable. The Office of Inspector General requested that this use of force be referred to IAB for review for investigation and the Department referred the case as requested.

⁴⁰ As noted above, the Probation Department implemented a new use-of-force review policy on October 18, 2025, requiring all use-of-force incidents to be reviewed by the Independent Force Review Team. Because this policy change occurred during the Reporting Period, the four cases examined for this report were reviewed under the prior policy. The Department reported that in addition to the facility director reviewing use-of-force incidents and related video recordings, the Department is currently utilizing Safe Crisis Management and Independent Force Review Team to identify possible misconduct that may be missed or of a different opinion from the facility director. This process was not implemented at the time of these four incidents.

⁴¹ SCM - BJN 2025-1261.

⁴² Detention Services Bureau Policy 1005. This policy is consistent with California statutory law, federal statutory law and state and federal court decisions on the uses of force, which must be proportional and reasonable under the totality of the circumstances.

CASE 2

Two youths were fighting and a DPO intervened and issued an OC Spray warning.⁴³ The youths continued to fight and the DPO deployed two bursts of OC spray to each youth. The youths stopped fighting and the DPO approached Youth 1 and pushed him to the floor.

Probation Department policy permits the amount of force that “an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would deem reasonable and necessary to ensure the safety and security of youth, and staff.” Department policy prohibits throwing a youth to the floor.⁴⁴ The video recording clearly shows the DPO throwing the youth to the floor after the youth was sprayed with OC. The SCM director’s review concluded that the use of force was reasonable. The Video Review Form completed by the facility director stated:

“Fight occurred in DR [dayroom] between two youth. OC deployed which appeared objectionably reasonable due to the location in the corner of the DR area and the youth not complying with OC warning and officers’ commands to stop fighting. Amount of OC spray appears to be excessive, although officer dispersed 2 sprays to each youth as youth continue to fight.”

While the Video Review Form does identify excessive use of OC spray, it does not address the physical force by the DPO of throwing the youth to the floor. The excessive use of force was also not identified by the SCM director’s review of the incident. The Office of Inspector General requested that this use of force be referred to IAB for review for investigation and the Department referred the case as requested.

Los Padrinos Juvenile Hall

At LPJH, 100% (39 of 39) of the sampled incidents had Video Review Forms. Video recordings were available for 29 of the 39 sampled incidents. Of the 29 incidents with available video recordings, 93% (27 of 29) were properly reviewed by Department staff, meaning the Department was in compliance with the Detailed Plan. The following two cases provide examples of the Department’s failure to properly review video recordings to analyze uses of force and identify violations of policy or law at LPJH.

⁴³ SCM - SYTF 2025-1462.

⁴⁴ Detention Services Bureau Policy 1005(G): The following examples are PROHIBITED USES OF FORCE AND CONDUCT: Deliberately or recklessly striking a youth’s head, limbs, *torso*, or other body parts against a hard, fixed object (e.g., roadway, driveway, *floor*, wall, etc.); Applying *pressure* to and/or torquing of the head and neck. (Emphasis added).

CASE 1

Two youths were horseplaying while walking to their rooms. A DPO (DPO 1) ordered the youths to their rooms.⁴⁵ The youths refused, sat down and locked arms. Three additional DPOs arrived to assist. All of the DPOs then grabbed the youths by their legs and dragged them down the hallway by their feet to their respective rooms.

As noted above, Probation Department policy permits the amount of force that “an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would deem reasonable and necessary to ensure the safety and security of youth, and staff.” Although the Video Review Form, completed by the facility director, noted the DPOs’ dragging of the youths was a “non-county approved” technique, the SCM reviewer failed to address the use of force in dragging the youths to their respective rooms. The Office of Inspector General requested that this use of force be referred to IAB for review for investigation and the Department referred the case as requested.

CASE 2

Youth 1, who was very small in stature, was attempting to push past a DPO and open the door to the hallway.⁴⁶ Youth 1 moved away from the door as the DPO attempted to guide the youth away from the door with his hand. The youth pushed the DPO’s hand seemingly to get past the DPO and through the door. The DPO responded by throwing the youth into the wall and then onto the floor.

The Probation Department’s use-of-force policy prohibits staff from throwing a youth to the floor that involves unnecessary or excessive use of force.⁴⁷ The video recording clearly shows the DPO throwing Youth 1 to the floor in an aggressive manner, potentially causing head trauma to the youth. The Video Review Form indicated that the facility director did not believe the use of force was excessive or unnecessary. The SCM reviewer agreed with facility director’s conclusion that there was no excessive or unnecessary use of force. The Office of Inspector General requested that this use of force be referred to IAB for review for investigation and the Department referred the case as requested.

⁴⁵ SCM - LPJH 2025-3943.

⁴⁶ SCM - LPJH 2025-4084.

⁴⁷ Detention Services Bureau Policy 1005(G): The following examples are PROHIBITED USES OF FORCE AND CONDUCT: Deliberately or recklessly striking a youth’s head, limbs, *torso*, or other body parts against a hard, fixed object (e.g., roadway, driveway, *floor*, wall, etc.); Applying *pressure* to and/or torquing of the head and neck. (Emphasis added).

Camp Vernon Kilpatrick

At CVK, the Office of Inspector General requested video recordings and corresponding Video Review forms to assess whether the Department appropriately used video to identify policy violations. The documentation provided during the Reporting Period was limited and lacked sufficient detail to support a representative analysis. Specifically, the information reflected aggregate, facility-wide data rather than documentation tied to individual use-of-force incidents. In addition, the Office of Inspector General did not receive adequate documentation for November and December to evaluate whether video recordings were consistently reviewed. As a result, the Office of Inspector General is unable to determine whether the Department used video recordings in compliance with the Detailed Plan.

PRISON RAPE ELIMINATION ACT

The Office of Inspector General conducted a review of the Probation Department's adherence to the Prison Rape Elimination Act (PREA) requirements outlined in the Detailed Plan including a range of requirements intended to deter sexual assault and harassment in correctional institutions, including juvenile detention facilities.

During the Reporting Period, Office of Inspector General staff inspected juvenile facilities and Probation Department camps to determine compliance with two PREA-related requirements in the Detailed Plan: (1) that the bathrooms of all units have properly installed privacy curtains, and (2) that staff announce their presence when entering a housing unit for youth of a different gender. The Office of Inspector General inspected two juvenile halls (BJNJH and LPJH) and four camps (Camp Afflerbaugh, Dorothy Kirby Center, Camp Vernon Kilpatrick, and Camp Glenn Rockey) to determine compliance with these provisions.⁴⁸

As the Office of Inspector General has noted in previous reports, Camp Glenn Rockey, Camp Afflerbaugh, Camp Joseph Paige and Camp Vernon Kilpatrick each continue to have blind spots due to tiled walls in the shower areas. As noted in the Office of Inspector General's seventh monitoring report, the Probation Department planned to remodel the showers to address the blind spots but then diverted resources for that

⁴⁸ Camp Joseph Paige remained closed and did not house youth during this period. Camp Vernon Kilpatrick, which was closed during the previous reporting period, reopened on November 2, 2025, to house the female and gender-expansive youth previously located at LPJH. In January 2026, the Dorothy Kirby Center also transferred its female and gender-expansive youth to Camp Vernon Kilpatrick.

project in order to open LPJH and make improvements in response to the BSCC determination that BJNJH and LPJH facilities were not in compliance with other Title 15 requirements. And as noted in the Office of Inspector General's last report, the Department's PREA Coordinator informed the Office of Inspector General's staff that there were no updates or renewed plans to remodel or eliminate blind spot areas within the camp facilities. In the interim, the Department reports that staff continue to position themselves inside restrooms during shower and restroom periods to monitor these areas and reduce potential risks. For this Reporting Period, the PREA Coordinator informed the Office of Inspector General staff that Department staff continue to position themselves inside restrooms during shower and restroom periods to monitor these areas and reduce potential risks.

At BJNJH, Probation Department staff continue to properly replace outdated or missing shower curtains to maintain compliance with PREA standards. However, at LPJH, during this Reporting Period, Office of Inspector General staff observed broken or missing toilet stall doors and multiple missing shower curtains in units, as was noted in the Office of Inspector General's previous report. The Department's PREA Coordinator reported that the Department has been sending additional curtains to LPJH as inventory allows.

The Probation Department reported that it began a phased renovation of toilet areas in July 2025, replacing privacy curtains with doors. The toilet areas are prioritized first, with plans to install shower doors once all units have been updated to create a more homelike environment. Renovations are progressing one unit at a time, and LPJH has not yet established a projected completion date. Based on the Office of Inspector General's review, BJNJH complied with the Detailed Plan, but LPJH did not.

Office of Inspector General staff continues to observe inconsistent compliance with opposite-gender announcement requirements when staff enter youth living units. Compliance is determined through observations conducted during unit walkthroughs with departmental staff or Facility Directors. Youth are randomly asked whether staff announce themselves before entering living quarters to verify compliance with the PREA opposite-gender announcement standard. During this reporting period, youth consistently reported that staff do not make these announcements or stated they were unfamiliar with the practice when asked about opposite-gender announcements.

Staff are also randomly asked about their knowledge of the PREA opposite-gender announcement requirement. Responses have been similarly concerning, with many staff either unaware of the standard or unsure whether the requirement is still in effect.

The PREA Coordinator is aware of these findings and plans to provide staff training on the importance of complying with the opposite-gender announcement standard. The

PREA Coordinator also plans to install television/video monitors in housing units to continuously display mandatory PREA information, reinforcing the agency's zero-tolerance policy and educating youth about their rights.⁴⁹

This concern was communicated to the newly appointed PREA Coordinator, who indicated plans to implement staff training and youth education to reinforce these announcements as part of daily operations and facility culture.⁵⁰ Office of Inspector General staff have met with the new Coordinator and will continue to monitor progress in the next reporting period. For this Reporting Period the Probation Department failed to comply with the requirements of the Detailed Plan.

ROOM CONFINEMENT AND ACCESS TO PROGRAMMING

The Detailed Plan requires that the Probation Department create and implement an internal system to identify and track room confinements. This system must promptly notify juvenile hall superintendents of room confinements that violate Department policy or state law. It must also facilitate the swift implementation of remedial measures to address any identified deficiencies. The Detailed Plan further requires that the Department create an approved internal process to provide the Office of Inspector General with documentation of identified violations of room confinement policy or state law as well as the remedial measures taken in response to these violations.

The Office of the Inspector General previously reported that the Department created the Electronic Calendaring System (ECS) that will track room confinements, and it was in the testing phase and awaiting approval by the monitor. The Probation Department reported that additional training and development is still needed before a determination may be made whether ECS can fully replace the current monitoring process. During this Reporting Period, the Department did not have an electronic system and was therefore out of compliance with the room confinement tracking system requirement of the Detailed Plan.

Based on the Office of Inspector General's review of room confinement documentation, programming exception logs, and related records, the denial of Required Activities is

⁴⁹ During the Reporting Period, the Probation Department reassigned its PREA Coordinator to a different assignment. An Interim Coordinator served from December 2025 through February 2026. A permanent Coordinator was appointed February 9, 2026.

⁵⁰ During the Reporting Period, the Probation Department reassigned its PREA Coordinator to a different assignment. An Interim Coordinator served from December 2025 through February 2026. A permanent Coordinator was appointed February 9, 2026.

usually associated with room confinement or other safety-related restrictions imposed when the Probation Department determines a youth poses a threat to the safety or security of the facility, staff, or other youth. When a youth is identified as a threat, the Department may temporarily restrict access to programming and other activities; therefore, accurate room confinement documentation and programming exception logs are necessary to determine whether missed programming was permissible under the Detailed Plan or whether required activities were improperly denied.

The Detailed Plan provides that when the Probation Department determines that a youth constitutes a threat to the safety and security of the facility, it need not make programming, access to recreational activities, large muscle exercise, outside time, religious services, visitation, phone calls (“Required Activities”) or schooling available to that youth, but must make findings supporting that determination in writing at least 90% of the time. The Office of Inspector General reviewed written documentation for all reported room confinements during this Reporting Period, 172 at BJNJH and 18 at LPJH. In both facilities, staff sufficiently documented findings that a youth posed a threat to the safety and security of the facility in writing in 100% of the incidents, making the Probation Department in compliance with this provision.⁵¹

At CVK, female and gender expansive disposition youth were transferred to the facility during the Reporting Period, prompting the Office of Inspector General to request documentation to assess compliance with the Probation Department’s room confinement policies. The Department reported that, due to CVK’s cottage-style, open-bay housing design, room confinement is not used at the facility. Accordingly, no room confinement data was reported for CVK during the Reporting Period, and the Office of Inspector General did not receive documentation comparable to that provided for BJNJH and LPJH for purposes of assessing compliance with room confinement requirements and is unable to determine compliance with the Detailed Plan.

The Office of Inspector General found that, in room-confinement instances exceeding four hours, required reintegration plans were often incomplete or lacked clear, measurable behavior-specific criteria necessary to support the youth’s appropriate return to programming. The Office of Inspector General recommends the Probation Department incorporate reintegration plans that clearly document the youths’ recent

⁵¹ The only method available to reconcile the missing room confinement information with the programming exception logs would have required the Office of Inspector General to manually enter or merge the data into the Probation Department’s exception tracking system. However, the room confinement information was not provided within the necessary timeframe to complete compliance calculations for this Reporting Period. Additionally, the Office of Inspector General does not have the staffing resources to manually enter and reconcile this volume of data, whereas the Department has retained three full-time contract employees to manually input and manage programming-related tracking information.

behaviors and identify specific support needed to ensure youths receive the required programming.

The Detailed Plan requires Probation Department staff to notify juvenile hall superintendents promptly when room confinements do not comply with Welfare and Institutions Code section 208.3. Based on a review of the available documents, none of the room confinements the Department identified during the Reporting Period violated policy or state law in a way that warranted notification to the superintendent. The Department still lacks a system to verify that the superintendent actually received prompt notification of the violation as there is no requirement for electronic or written acknowledgment of receipt by the superintendent.⁵²

The Detailed Plan also requires the Probation Department to implement remedial measures in 90% of incidents found to be out of policy or non-compliant with the law. During this Reporting Period, the Department did not have adequate internal processes, including a computerized database as required by the Detailed Plan, to ensure that all non-compliant room confinements were identified and fully documented. Ongoing discrepancies among Department data, Board of State and Community Corrections (BSCC) data, and Probation Oversight Commission data continue to raise concerns about whether all out-of-compliance room confinements were properly identified and documented. However, based on the written documentation provided for this Reporting Period, the Office of Inspector General did not identify any out-of-compliance room confinement incidents that required subsequent remedial measures.

As noted in the Office of Inspector General's eighth monitoring report, as of January 2025, the Office of Inspector General began conducting weekly site visits to both BJNJH and LPJH to assess documentation practices and compliance with room confinement and programming requirements. During this Reporting Period, BJNJH tracked room confinement using an after incident electronic system. Incidents were first recorded on a movement control log, which was then forwarded to the Room Confinement Coordinator for quality control. The documentation was reviewed for accuracy using a checklist, and verification, then entered into an electronic tracking log. Notably, video review was not part of the standard quality control process during the Reporting Period. However, during recent site visits, Office of Inspector General staff

⁵² The current notification form sent to the superintendent is signed by the superintendent after the room confinement and does not indicate *when* the superintendent was notified.

observed that the Quality Assurance Unit has begun conducting retrospective video and confinement document reviews.⁵³

LPJH follows a similar process to BJNJH; however, its room confinement log is updated more contemporaneously as events occur.⁵⁴ Despite this improvement, tracking continues to occur without video verification. As noted in the Office of Inspector General's eighth monitoring report, the BSCC previously identified this as a systemic issue, citing the lack of real-time oversight and documentation errors related to room confinement at BJNJH and LPJH.⁵⁵ These findings by the BSCC mirror the Office of Inspector General's observations during this Reporting Period, confirming that deficiencies in real-time oversight and documentation persist despite incremental improvements in tracking systems.

As noted above, the Detailed Plan requires that the Probation Department provide youths activities such as programming, access to recreational activities, large muscle exercise, outside time, religious services, visitation, and phone calls ("Required Activities"). The Department must provide Required Activities to all youth unless it determines that a youth poses a threat to the safety or security of the facility or if the youth self-separates or refuses to participate in the Required Activities.

For compliance, the Detailed Plan requires that the Probation Department provide Required Activities each day for at least 93% of youth who do not pose a threat to the safety or security of the facility or themselves ("eligible youth"). To determine compliance, the Office of Inspector General reviewed Title 15 programming exception logs, as well as supporting documentation, including room confinement logs and logs for visitation, telephone access, and religious services, which are required when youth miss required programming.

For this Reporting Period, again, the Probation Department did not provide complete and reliable documentation necessary to assess programming compliance. Specifically, the Department did not timely provide the source documentation necessary to reconcile

⁵³ During this Reporting Period, the Office of Inspector General observed that the Quality Assurance Unit at BJNJH conducted retrospective video reviews of room confinement incidents occurring on October 1, 2025, October 2-3, 2025, October 6, 2025, and October 21, 2025. While these reviews reflect a proactive effort to identify deficiencies in documentation and compliance practices, they were conducted after the incidents occurred and were not part of a real-time monitoring process capable of ensuring immediate supervisory notification or contemporaneous corrective action.

⁵⁴ CVK did not report on the use of room confinement during the Reporting Period due to the facility's cottage-style, open-bay housing design. As a result, the Office of Inspector General did not observe or review room confinement tracking practices comparable to those utilized at BJNJH and LPJH.

⁵⁵ BSCC 2024 Report for Board Adult and Juvenile Items of Noncompliance, §1354.5, pp. 1-2.

the programming exception logs with room confinement data used to determine whether missed programming was attributable to allowable safety-related threat determinations under the Detailed Plan. The programming exception logs initially provided by the Department contained overlapping dates, inconsistent entries, and incomplete room confinement information. After clarification was requested, the revised documentation still reflected significant discrepancies.

At BJNJH, the programming exception logs reflected only 18 room confinement incidents, while the Probation Department separately reported 172 room confinement incidents during the Reporting Period. At LPJH, approximately 36% of programming exceptions were categorized as “unknown,” preventing the Office of Inspector General from determining whether missed programming was attributable to permissible exceptions under the Detailed Plan.

The only method available to reconcile the missing room confinement information with the programming exception logs would have required the Office of Inspector General to manually enter or merge the data into the Probation Department’s exception tracking system. However, the room confinement information was not provided within the timeframe necessary to complete compliance calculations for this Reporting Period.⁵⁶ As a result, the Office of Inspector General was unable to determine the Department’s compliance with the Detailed Plan for programming during this Reporting Period.

At CVK, the Probation Department did not maintain a programming exception log during the Reporting Period, nor did it provide documentation sufficient for the Office of Inspector General to determine whether Required Activities were provided in accordance with the Detailed Plan. Following the Reporting Period, the Office of Inspector General met with CVK staff several times to clarify expectations for tracking programming and documenting missed activities. CVK staff reported that they are working to develop and implement a programming exception log for the transferred female and gender expansive youth population. However, this system was not in place during the Reporting Period, and the available documentation remained insufficient for review. As a result, the Office of Inspector General could not determine compliance with the Detailed Plan.

As noted in the Office of Inspector General’s eighth monitoring report, the Probation Department developed and maintained multiple electronic data systems intended to

⁵⁶ The Probation Department did provide visitor, telephone, and religious service logs; however, the deficiencies in the programming exception logs and room confinement documentation prevented the Office of Inspector General from independently verifying whether Required Activities were provided to eligible youth in accordance with the Detailed Plan.

support tracking of programming, room confinement, and youth participation within juvenile facilities. These systems include the Youth Activity Tracking System (YATS), the Institutional Programs and Calendar Application (IPCA), the Department of Youth Development's (DYD) ECS system, and the Youth Support Services (YSS) platform. Collectively, these systems are intended to improve data collection, coordination, and oversight across key areas of youth care and facility operations.

The YATS system is intended to track the daily movement of youth within the facilities, including participation in religious services, visitation, and other Required Activities. The Probation Department previously reported that, due to the lack of Wi-Fi infrastructure within juvenile facilities, implementation of YATS remained delayed. During this Reporting Period, the Department did not provide an implementation date for YATS or documentation demonstrating that the system was operational.

The Probation Department previously reported implementation efforts related to the Institutional Programs and Calendar Application (IPCA), which was intended to track daily youth programming, room confinements, self-separations, cancellations, and scheduling changes. The Department subsequently transitioned from IPCA to the ECS, which is intended to serve as a scheduling and attendance-tracking tool capable of generating compliance summaries for Required Activities. During this Reporting Period, the ECS system was demonstrated to the Office of Inspector General staff and the Department reported that the ECS commenced as a pilot at LPJH in April 2026.

Following the Reporting Period, in alignment with a recent Board motion, the Department is working with DYD which has now assumed the responsibility of providing youth programming, oversight and implementation of ECS.⁵⁷ The Department reported that it is actively coordinating with DYD on operational details and will provide additional information as it becomes available.

During this Reporting Period, the Office of Inspector General found that these systems were not fully implemented or consistently utilized across facilities. Events were not consistently entered or reviewed, attendance and participation data were incomplete, and system-generated information could not be relied upon for compliance monitoring. The Department also did not provide documentation generated from these systems sufficient to independently verify compliance with the Detailed Plan.

⁵⁷ Los Angeles Board of Supervisors motion from April 7, 2026, board meeting, empowering DYD to: 1) lead and coordinate educational, recreational, and rehabilitative programs in juvenile hall facilities, 2) implement evidence-informed, youth-centered approaches aimed at reducing idleness, fostering a sense of belonging, and improving outcomes for justice involved youth, and 3) work with existing legal frameworks while collaborating with community-based organizations and service providers.

The YSS platform remains in development and is intended to centralize youth programming and support-service data, evaluate programming performance, and provide operational guidance to Department leadership. According to the Department, future phases of the system are expected to include automated auditing and expanded tracking capabilities; however, the Department did not provide an anticipated implementation date.

Room confinement and programming compliance continue to depend largely on retrospective manual reviews rather than integrated, real-time monitoring systems. The Office of Inspector General reiterates its recommendation to develop a comprehensive electronic compliance platform that can integrate programming, room confinement, grievance, and use-of-force data to allow accurate compliance monitoring and timely supervisory oversight.

YOUTH GRIEVANCES

State law requires the Probation Department to provide a process for youth to file grievances for complaints relating to care at a juvenile hall. The Detailed Plan requires that 90% of grievances are resolved in accordance with Department policy. The Department implemented its electronic Grievance Management System (GMS) in February 2023, which allows youths to file grievances from their individual computer laptops and operates as a mailbox for Department staff to retrieve and review submitted grievances. As of October 13, 2025, the GMS, which had been inoperative since June 2024, is operational, with restored functionality for data entry, tracking, and resolution documentation. The Office of Inspector General staff confirmed that staff at both BJNJH and LPJH resumed the electronic entry of grievances into the system. However, upon requesting information from CVK, Department staff reported they had not received access to the GMS as of April 2026.⁵⁸

The Probation Department reported that grievance kiosks, intended to allow youth to independently submit grievances electronically, have not yet been implemented. The Department indicated that it has completed drafting a Service Level Agreement and is in the process of finalizing the contract with the vendor. The Department has not provided an expected completion date. While the Department indicated that kiosks would supplement, rather than replace, paper grievance forms, the absence of operational kiosks limits youth access to an independent electronic grievance submission process.

⁵⁸ Paper grievance forms are available, and youths may submit grievances to the Probation Department's Office of Ombudsman.

Because the kiosk component has not yet been implemented and is not accessible in all housing units, the Department is only partially compliant with the Detailed Plan's requirement for a youth-accessible electronic grievance submission portal.

A review of the Probation Department's Grievance Logs and GMS reports for the Reporting Period showed that the Department resolved approximately 90% of grievances at BJNJH and LPJH in accordance with Department policy and the Detailed Plan. Documentation sufficient to assess grievance resolution rates was not provided for CVK during the Reporting Period. As a result, the Office of Inspector General could not verify whether grievance processes at CVK met the requirements of the Detailed Plan.⁵⁹

For BJNJH, the Office of Inspector General found that of the total 231 grievances documented between July 1, 2025, and December 31, 2025, 24% (55 of 231) related to programming, 3% (8 of 231) related to visitation, 1% (3 of 231) related to telephone access, and less than 1% (1 of 231) related to recreation. No grievances were identified related to religious services. The review of these areas indicated that generally youth were being provided with access to telephone calls, religious services, recreation, and family visitation. The balance of the grievances addressed areas that are not subject to the Detailed Plan.

For LPJH, the Office of Inspector General found that of the total 467 grievances documented between July 1, 2025, and December 31, 2025, 3% (16 of 467) related to programming, less than 1% (1 of 467) related to visitation, 5% (22 of 467) related to telephone access, and less than 1% (2 of 467) related to recreation. No grievances were identified related to religious services.

The review of these areas indicated that generally youth were being provided with access to telephone calls, religious services, recreation, and family visitation. The balance of the grievances addressed areas that are not subject to the Detailed Plan.

⁵⁹ Although CVK ultimately provided grievance documentation for the Reporting Period, the facility did not have access to the Grievance Management System and did not maintain an electronic grievance log or comparable tracking system during the Reporting Period. CVK staff reported that staff had not received GMS access or related training. Additionally, the documentation was provided after the timeframe necessary for compliance calculations. As a result, the Office of Inspector General could not independently verify grievance resolution rates for CVK during the Reporting Period.

RECOMMENDATIONS

The Office of Inspector General continues to recommend timely use-of-force review and to prohibit the use of OC spray without decontamination. The recommendations set forth in its [*Second Report on the Probation Department's Compliance with the Department of Justice Settlement Agreement on Juvenile Halls \(December 30, 2022\)*](#) that have not been implemented should be implemented.

The Office of Inspector General reiterates recommendations made in prior reports to facilitate documentation, review of OC spray deployments and training, including:

- Section M additions - who supervised the decontamination, the decontamination procedures used, the time incident was controlled, justification, if any, for failing to comply with mandated time limits.
- Mandating Review Checklists and SCM reviews in every use of force incident.
- Maintaining data on the maintenance and usage of portable showers.
- Implementing the EIS.
- Mandating training or review of policy in every OC spray incident in which protocols were not adhered to or properly documented.
- Review Checklist includes check box for completed training, and acknowledgement by supervisor.

The Office of Inspector General further recommends:

- Improving video camera coverage and reliability at LPJH to ensure all critical incidents are adequately captured.
- Revision of Video Review Form to include an appropriate area for the facility director to indicate whether or not any use-of-force is captured on the video recording.⁶⁰
- Implementing electronic tracking of room confinement incidents, including verifiable documentation of immediate superintendent notification at the four-hour threshold.

⁶⁰ At LPJH, the Office of Inspector General identified this issue in 6 of the 29 sampled incidents with available video: Incident Nos. 25-3122, 25-3172, 25-3919, 25-4011, 25-4200, and 25-4218. At BJNH, this issue occurred in 2 of the 31 sampled incidents with available video: Incident Nos. 25-1214 and 25-1276. In Incident Nos. 25-3122 and 25-3919, portions of the intervention were visible, but the footage did not permit a conclusive assessment of the potential force concerns. These incidents were not counted as deficient in calculating compliance under this metric.

- Establishing real-time supervisory review of video during room confinement incidents to ensure compliance with policy and timely intervention when necessary.
- Ensuring use-of-force reports accurately reflect events as captured on video and are completed in a timely and consistent manner.
- Improving programming exception logs by integrating available electronic systems, including ECS data, and ensuring all room confinement incidents are captured to support accurate compliance calculations.
- Ensuring all documentation provided to the Office of Inspector General is complete, accurate, and submitted in a timely manner to support effective oversight.

PROBATION DEPARTMENT'S RESPONSE

The Probation Department was provided with a draft of this report and sent a letter in response, which is incorporated on the following pages.

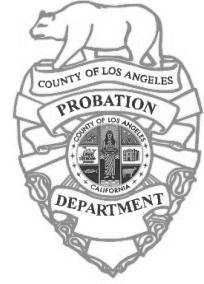


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September 27, 2026

Sent via Electronic Transmission

Mr. Eric D. Bates, Interim Inspector General
Office of Inspector General
County of Los Angeles
500 West Temple Street, Suite 383
Los Angeles, California 90013

RESPONSE TO THE OFFICE OF INSPECTOR GENERAL'S DRAFT NINTH REPORT ON COMPLIANCE WITH THE DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT ON JUVENILE HALLS (REPORTING PERIOD JULY 1, 2025 – DECEMBER 31, 2025)

Dear Interim Inspector General Bates:

On August 28, 2026, the Office of Inspector General (OIG) provided the Probation Department with a draft of its Ninth Report on the Department's compliance with the DOJ Settlement Agreement on Juvenile Halls (Ninth Report), covering the period of July 1, 2025, through December 31, 2025, and requested the Department's review and comment. The Department appreciates the opportunity to respond to the OIG's Ninth Report.

This memorandum responds to the findings in the Ninth Report for which OIG rated the Department out of compliance or unable to determine compliance at Barry J. Nidorf Juvenile Hall (BJNJH), Los Padrinos Juvenile Hall (LPJH), or Camp Vernon Kilpatrick (CVK). The Department believes it is important to respond to these findings now, both to address the issues raised and to provide OIG and the public with an update on the significant progress made at each facility in the eight months since the close of the reporting period. Findings rated in compliance or not applicable are noted where relevant but are not addressed at length. Any outstanding facility input received after this memorandum is finalized will be shared with OIG directly, outside of this correspondence.

Rebuild Lives and Provide for Healthier and Safer Communities

1. OC Spray

Decontamination Documentation

Detailed Plan paragraph 14(a) requires that the Department properly document OC spray decontaminations, in accordance with Department policy and state law, in at least 90 percent of reviewed incidents. OIG found BJNJH out of compliance, having properly documented the decontamination process in only 8 percent of 24 sampled incidents, and found LPJH out of compliance at 0 percent of 34 sampled incidents.

The OIG report acknowledges that decontamination notes are present in 100% of the incidents, however, the notes surrounding the details of the documentation are insufficient to document the decontamination.

In August 2026, the department implemented a new Physical Incident Report (PIR) that captures detailed information regarding decontamination protocols to include, but not limited to, the following:

1. Incident Location
2. Time of decontamination
3. Method used for decontamination
4. The refusal by you

Additionally, BJNJH has implemented a new decontamination protocol using decontamination kits. Following a chemical agent deployment, staff are now instructed to provide affected youth with Sudecon wipes and clear instructions for proper use, including wiping the face, avoiding rubbing the eyes, and flushing the eye area with the towelette solution; to use the water bottle and clean towels to remove residual chemical agents until the youth can access full decontamination; and to continuously monitor the youth, notifying medical staff if symptoms persist or worsen. A Physical Intervention Packet Review Checklist has also been implemented and is now attached to every use-of-force review packet.

LPJH appreciates the issues identified during the review period. The department continues to improve this process and collaboration with our stakeholders. Staff are now required to participate in a debriefing after each incident to identify deficiencies and determine any necessary corrective action or training, and LPJH has established an internal review team to ensure all required sections of the Physical Intervention Report are completed accurately.

The department has added new positions at Barry J and LP under the authority of the Independent Force Review Team. The Use of Force Coordinator positions serve to assist in ensuring timely and complete submission of force related documentation.

Additional clarifying information directly related to this issue has been included in the review provided by the Deputy Director overseeing Internal Affairs and the IFRT.

Identification of Training and Support Needs

Detailed Plan paragraph 14(c) requires the Department to maintain an internal process to provide training in 90 percent of OC spray incidents in which a training need is identified. OIG could not determine compliance at either facility because the Department did not identify any OC spray incidents at BJNJH or LPJH as requiring training during the reporting period.

At BJNJH, identifying training needs is incorporated into the incident review process. When a training need is identified, it is documented and tracked, and the officer receives remedial training from a supervisor or a trainer cleared through the Training Center.

At LPJH, mandatory weekly Physical Intervention Meetings review incidents and identified training deficiencies, and the facility training coordinator tracks identified requirements and coordinates follow-up. On July 26, 2026, LPJH began using the newly developed Physical Intervention Report system in PCMS, which captures the location and method of decontamination provided after an incident. LPJH management also meets with the Institutional Force Review Team to identify officers requiring individualized training; one-on-one training is conducted at the Probation Training Center, and officers receive on-site instruction at LPJH when necessary. Training on the new system is being implemented in phases: supervisors and lead officers have completed training, line staff are currently being trained, and staff returning from leave will be scheduled once the current phase concludes.

Additional information for consideration in your review and directly related to this issue has been included in the review provided by the Deputy Director overseeing Internal Affairs and the IFRT.

2. Use of Force Review

Timely Submission to FIRST

Detailed Plan paragraph 15 requires that at least 90 percent of use-of-force incidents not accepted by the Internal Affairs Bureau be timely reviewed by the Force Intervention Response Support Team. OIG found both BJNJH and LPJH out of compliance, reporting that none of the four incidents declined by IAB department-wide during the reporting period were timely reviewed by FIRST.

Additional clarifying information directly related to this issue has been included in the review provided by the Deputy Director overseeing Internal Affairs and the IFRT.

Camera Coverage Sufficiency

Detailed Plan paragraph 17 requires that at least 90 percent of cameras provide sufficient coverage of use-of-force incidents. BJNJH (97 percent) and CVK (100 percent) were found in compliance with this requirement. OIG found LPJH out of compliance, with sufficient video coverage in only 74 percent of sampled incidents.

Since the rating period, LPJH has exceeded the recommended installation of 46 additional cameras, installing 146 additional cameras, repositioning existing cameras, and removing storage bins to improve visibility and reduce blind spots. Camera installation in the music room is complete; installation in the parking garage and kitchen remains pending. Units X/Y are undergoing homelike-environment renovations, to be followed by Units R/S; renovation dates for the MOU and Units A/B, C/D, E/F, L/M, and N/O have not yet been scheduled.

Cameras Operational and In Use

Detailed Plan paragraph 17 also requires that at least 90 percent of cameras be operational and in use. BJNJH (654 of 654 cameras) and LPJH (435 of 435 cameras) were found in compliance. OIG was unable to determine CVK's compliance because insufficient camera-inventory detail was provided for the reporting period.

CVK provided OIG with a complete camera inventory and operational-status data on August 17, 2026.

Proper Use of Video to Identify Policy Violations

Detailed Plan paragraph 17 further requires that the Department properly use video recordings to determine policy violations in 90 percent of use-of-force incidents. OIG found BJNJH out of compliance, with video properly used in 87 percent of 31 sampled incidents; and was unable to determine CVK's compliance because the documentation CVK provided was aggregate rather than tied to specific incidents.

At BJNJH, each use-of-force incident undergoes multiple levels of review, including an initial supervisor review, a review by the IFRT supervisor review by the FIRST team, and a director-level review. Each level provides an opportunity to identify and elevate issues not previously identified, helping ensure that incidents are thoroughly reviewed, appropriately addressed, and that necessary corrective action is identified and implemented.

At CVK, Director Video Reviews were not conducted prior to February 2026. In December 2025 the Department issued Directive 533, Director Video Review Policy, establishing the requirements for conducting these reviews. In early 2026, CVK assigned dedicated staff to track Director Video Reviews and coordinate directly with the Independent Force Review Team, and an additional Director was assigned to CVK in August 2026.

Additional information for consideration in your review and directly related to this issue has been included in the review provided by the Deputy Director overseeing Internal Affairs and the IFRT.

3. Prison Rape Elimination Act

Privacy Curtains and Stall Doors

Detailed Plan paragraph 22(a) requires that privacy curtains be properly installed and consistently maintained in the bathrooms of all units. BJNJH was found in compliance. OIG found LPJH out of compliance, citing broken or missing toilet stall doors and multiple missing shower curtains. A related finding discussed elsewhere in the Ninth Report's PREA narrative identifies ongoing shower area blind spots at CVK due to tiled walls.

At LPJH, managers and supervisors are required to conduct monthly housekeeping inspections of their assigned living units, including verification that required PREA curtains and privacy panels are present in restroom and shower areas. Any deficiency identified must be documented and corrected immediately, and managers have daily access to the warehouse to obtain replacement shower curtains without delay. Units G/H, T/U, and P/Q have completed homelike-environment renovations; Units X/Y are currently undergoing renovation, with Units R/S scheduled to follow; renovation dates for the MOU and Units A/B, C/D, E/F, L/M, and N/O have not yet been scheduled.

At CVK, modifications to the shower stall doors were completed on July 9, 2025, to maximize appropriate staff supervision, enhance youth safety, and preserve privacy. CVK maintains a shower supervision protocol requiring female officers to be present during shower periods.

Opposite-Gender Staff Announcements

Detailed Plan paragraph 22(a) also requires that staff of the opposite gender announce their presence when entering a youth housing unit. OIG found both BJNJH and LPJH out of compliance, citing inconsistent compliance observed during unannounced visits.

The PREA Compliance Unit's response on this item at BJNJH is still being prepared; once received, it will be shared with OIG directly.

At LPJH, all living units have posted signage reminding staff of the requirement to make cross-gender announcements, and a facility-wide work instruction has been distributed to reinforce compliance.

Department-wide, a permanent PREA Coordinator was appointed February 9, 2026, and has begun implementing staff training and youth education on this requirement, as well as plans to install video monitors in housing units to continuously display mandatory PREA information. The Department will confirm implementation status of both measures in the next reporting period.

4. Room Confinement

Internal Tracking System

Detailed Plan paragraph 20 requires the Department to maintain an internal process, approved by the Monitor, to track room confinement and verify related data. OIG found the Department out of compliance department-wide, as no approved, implemented electronic tracking system was in place during the reporting period. This finding applies operationally to BJNJH and LPJH; CVK does not use room confinement, given its cottage-style, open-bay housing design, and this item is not applicable at CVK.

At BJNJH, all room confinements are logged in the Room Confinement Log in real time, and the Superintendent is notified.

At LPJH, a new Room Confinement Policy was implemented June 4, 2026. On September 2, 2026, additional work instructions were issued regarding the reporting and tracking of all room confinements: staff must immediately notify Movement Control whenever a youth is placed on room confinement, and Movement Control in turn notifies the assigned unit director or designee by email of every placement. The Electronic Calendar System remains in the pilot phase at LPJH.

Prompt Superintendent Notification

Detailed Plan paragraph 20 further requires mechanisms for prompt notice to the Juvenile Hall Superintendent of room confinements that do not comply with Welfare and Institutions Code section 208.3. OIG was unable to determine compliance at BJNJH or LPJH because the current notification form does not record when the Superintendent received notice; this item is not applicable at CVK. The related requirement that timely remedial measures be implemented in 90 percent of non-compliant room confinements was found in compliance at both facilities, as no non-compliant room confinement requiring remedial measures was identified during the reporting period.

At BJNJH, all room confinement notifications, along with the reason for the confinement, are sent immediately to the Superintendent and all facility Directors by email.

At LPJH, Movement Control immediately notifies the Superintendent or designee of every room confinement placement, and each notification is transmitted by email, providing a verifiable record that notification was completed.

5. Activities

Documentation of Denials in Writing

Detailed Plan paragraph 24(c)(i–iv) requires that any denial of required activities be documented in writing, including the staff member's reason for denial, the staff member's signature, and validation by the facility superintendent. BJNJH and LPJH were found in compliance with 100 percent of reviewed room confinements sufficiently documented in writing. OIG was unable to determine CVK's compliance because no documentation was provided to assess whether denials were supported by written findings.

CVK has established the capability to provide and maintain written documentation when required activities are modified or denied for safety reasons, identifying the applicable activity restriction and the specific finding supporting the determination. This process is now available and is being used consistently with the requirements of the Detailed Plan.

Required Activities Provided to Eligible Youth

Detailed Plan paragraph 24(c)(i–iv) requires that the Department provide required activities each day for at least 93 percent of eligible youth. OIG was unable to determine compliance at all three facilities: at BJNJH, the programming exception log reflected only 18 room confinements against 172 separately reported; at LPJH, approximately 36 percent of programming exceptions were categorized as unknown; and at CVK, no programming exception log was maintained during the reporting period.

At BJNJH, a programming exception log is now in place and captures youth who did not meet the minimum programming requirement of three hours on weekdays and five hours on weekends.

At LPJH, the Department will ensure that all required programming documentation is provided to OIG upon request, and ongoing training is being provided to reinforce accurate and complete data entry.

At CVK, a tracking process has been implemented to ensure consistent documentation and monitoring of youth participation in programming, recreation, and large-muscle exercise, along with electronic tracking logs documenting school movements and attendance. These measures support verification of participation, identification of service gaps, and ongoing supervisory oversight.

Required Activities Not Denied as Punishment

Detailed Plan paragraph 24(c)(i–iv) also prohibits denial of required activities as a form of punishment, discipline, or retaliation. OIG was unable to determine compliance at BJNJH, LPJH, or CVK, due to underlying documentation gaps.

At BJNJH, any instance in which room confinement causes a youth to miss program, recreation, or exercise is captured in the programming exception log.

At LPJH and CVK, the documentation improvements described above will allow this determination to be made and verified in future reporting periods.

6. Grievances

Resolution Rate and Electronic Access

Detailed Plan paragraph 31(a) requires that 90 percent of grievances be resolved in accordance with Department policy, with electronic access through the Grievance Management System. BJNJH and LPJH were found in partial compliance: both resolved approximately 90 percent of grievances in accordance with current policy, but grievance kiosks have not yet been procured. OIG was unable to determine CVK's compliance, as CVK lacked Grievance Management System access or a comparable tracking system for most of the reporting period, and the documentation it later provided was not timely enough for compliance calculations.

At BJNJH, all grievances are logged into the Grievance Management System. The kiosk project was modified to use iPads; as of the most recent update on September 3, 2026, a procurement order was placed on August 27, 2026, though the delivery date remains unconfirmed and is the primary schedule risk.

At LPJH, the Department has produced approximately 35 tablets to launch a pilot project. The tablets are expected to arrive by November 2026 and will require software installation before they can be put into use.

At CVK, Grievance Management System access was established in July 2026, and dedicated CVK staff attended grievance training on August 27, 2026.

Documentation Practices at CVK

The Ninth Report notes a documentation gap affecting several of CVK's unable-to-determine ratings above, including cameras, video review, programming, and grievances.

CVK has established a comprehensive camera inventory and initiated replacement of its Salient cameras with FLIR cameras to enhance surveillance capability. On September 2, 2026, CVK conducted a blind-spot inspection to assess camera coverage and identify areas requiring additional surveillance and is installing additional cameras based on those findings. Grievance Management System access has been expanded to additional CVK staff to support monitoring, documentation, and oversight. Also, CVK has implemented program exception logs to formally document exceptions, facilitate supervisory review, and support ongoing compliance monitoring.

Conclusion

The Department takes OIG's monitoring reports seriously and remains committed to achieving full compliance with the Detailed Plan. The Department recognizes the substantial time and effort required to prepare these reports for public release. However, because more than eight months have elapsed since the close of the reporting period, the Department believes it is important to share the updates and responses set forth above so that the public has an accurate, current understanding of the significant progress made at each facility. The Department looks forward to continuing to work with OIG toward full and verifiable compliance with the Detailed Plan.

Should you have any questions or concerns, please contact Aaron Broom at Aaron.Broom@probation.lacounty.gov.

Sincerely,



Guillermo Viera Rosa
Chief Probation Officer
Los Angeles County Probation Department