

COUNTY OF LOS ANGELES  
**PROBATION DEPARTMENT**  
**DIRECTIVE**

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| No.:        | 1543       |
| Issued:     | 04/07/2026 |
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**SUBJECT: RESIDENTIAL TREATMENT SERVICES BUREAU (RTSB) MANUAL**

The RTSB manual has been revised and approved for distribution. Staff assigned to or supporting RTSB are instructed to review and acknowledge the enclosed manual.

The policies will be located on the Prob-Net (Probation Manuals- [POLICIES, PROCEDURES AND MANUALS \(sharepoint.com\)](#) –RTSB manual. Questions or concerns regarding this Directive shall be directed to the RTSB Consultant.

  
\_\_\_\_\_  
Guillermo Viera Rosa,  
Chief Probation Officer

04/07/2026  
\_\_\_\_\_  
Date

LOS ANGELES COUNTY PROBATION DEPARTMENT

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| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><b>INTRODUCTION</b> | <b>Section Number:</b><br><b>RTSB-100</b>                                                                 |
|                                                                                                    | <b>Effective Date:</b> April 7, 2026                                                                      |
|                                                                                                    | <b>Approved By:</b><br> |
|                                                                                                    | Guillermo Viera Rosa<br>Chief Probation Officer                                                           |

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| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><b>INTRODUCTION</b> | <b>Section Number:</b><br><b>RTSB-100</b>                                                                                                                    |
|                                                                                                    | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                    | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

**101 VISION, MISSION, AND CORE VALUES**

This manual describes the policies and procedures for the Residential Treatment Services Bureau (RTSB) of the Los Angeles County Probation Department, which are consistent with the Department's vision, mission, and core values:

**VISION**

Rebuild lives and provide for healthier and safer communities.

**MISSION**

Enhance public safety, ensure victims' rights, and effect positive probationer behavioral change.

**CORE VALUES**

We fundamentally subscribe to the fair and impartial administration of justice and embrace the following values:

- Dignity and Respect for our clients, the public, and employees.
- Integrity to do the right things for the right reasons – all of the time.
- Leadership to develop an organization that is sustainable and will attain national prominence.
- Rehabilitation is founded on the belief that people have the ability to transform into law-abiding individuals.
- Contribution of everyone is valued, and everyone has the opportunity to perform to their highest potential.
- Commitment to providing service excellence to achieve positive outcomes for healthy families and communities.
- Collaboration by working with others to maximize efforts and achieve positive results.

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- Evidence-based practices and policies as a way of assuring that our best efforts are leading to desired outcomes.

The Board of Supervisors, the Probation Oversight Commission, and various other commissions and bodies, which are required by statute or directed by the Board, provide oversight of the Probation Department and are responsible for reviewing the efforts of our operations.

Youth ordered to a Camp Community Placement order made in juvenile court. Throughout the youth's camp program, the Probation Department will apprise the court of the youth's progress and status.

In cooperation with our partners and stakeholders, RTSB seeks to provide a safe and secure rehabilitative environment for the youth housed in our facilities. The efforts of the Probation Department and these partner agencies seek to enhance the care and treatment of detained youth and ensure that they are receiving all necessary services in a capable manner.

#### 101.1 DEPARTMENT OF MENTAL HEALTH (DMH)

DMH provides counseling and services to youth, offered by licensed therapists and clinicians, that assist the detained youth by providing for their mental health needs.

#### 101.2 JUVENILE COURT HEALTH SERVICES (JCHS)

JCHS provides treatment and medical care to the detained youth in addition to being responsible for the daily disbursement of each youth's prescribed medication. JCHS also assists in providing dental and vision care for the youth. During emergent situations or when a higher level of medical care is necessary, JCHS will provide necessary referrals to the Department of Health Services Facilities.

#### 101.3 LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE)

LACOE is responsible for administering the educational services that all youth detained in RTSB facilities will receive. On-site school facilities are located at every operating camp and staffed by LACOE administrators and teachers who see to each youth's educational needs, including Individual Educational Programs (IEP) for youth in need of special education services.

### **102 ROLE OF THE CAMP SYSTEM**

The Department is charged with providing youth with intervention services in a residential treatment setting. The Probation Department, along with its partner agencies, has created an integrated treatment approach in the camps using evidence-based practices to achieve positive behavior change in youth while

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endeavoring to ensure the safety and security of probationers, the community, and staff. Each camp has an on-site school operated by LACOE. The DMH provides mental health counselors seven days per week. Group and individual substance abuse counseling is offered through DMH and various community-based treatment providers.

Each camp facility utilizes a cognitive-behavioral intervention, either Dialectical Behavior Therapy (DBT) or Aggression Replacement Training (ART), depending on the camp, to teach youth new skills to replace negative behaviors and decrease behaviors that interfere with treatment. Providing youth with the opportunity to develop the skills needed to control their own behavior and the personal motivation to help them achieve positive goals for themselves is what will create lasting change in our youth and communities. Skill-building programs emphasize the importance of the relationship between staff and youth in the learning of new skills. Probation and Mental Health staff frequently co-facilitate skills groups, and staff focus on engaging and motivating youth to encourage them to commit to working on their behavior. Positive and healthy relationships between staff and youth are the basic building blocks to motivating and engaging youth to make a commitment to change their behavior and to help youth maintain this commitment.

## **103     RTSB MANUAL**

It is the responsibility of staff assigned to the RTSB to be familiar with and maintain knowledge of the contents of this manual. Staff shall immediately seek clarification from their superiors on any issue that is unclear to them.

This manual shall be utilized in conjunction with any other applicable manuals and procedural statements. The RTSB Manual is administratively reviewed and updated annually (15 CCR 1324 (d)(b)).

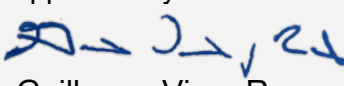
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| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><b>ADMINISTRATION, ORGANIZATION,<br/>AND MANAGEMENT</b> | <b>Section Number:</b><br><b>RTSB-200</b>                                                                                                                    |
|                                                                                                                                        | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                                        | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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|                                                                                                                                 | Effective Date: April 7, 2026                                                                                                                         |
|                                                                                                                                 | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

## 201 INTRODUCTION

The safety and security of our institutions and the provision of quality, individualized services for the youth under our care are our primary goals. This manual has been designed to provide you with policy and procedure guidance on day-to-day operations, as well as the handling of unusual or emergent circumstances.

## 202 RTSB ADMINISTRATIVE STRUCTURE

The administrative structure defines areas of responsibility for managers and the supervision of staff. It also establishes the chain of command for the bureau.

### 202.1 CHAIN OF COMMAND

To maintain continuity, order, and effectiveness in the Department, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance, or a violation of the law.

In descending order, the supervisory levels are as follows:

- Superintendent
- Camp Director
- Assistant Director
- Supervising Deputy Probation Officer

It is the responsibility of staff at all levels to forward information and issues up and down the chain of command to enhance communication and allow the resolution of problems.

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## 202.2 GENERAL AGENCY RESPONSIBILITIES

The Department is one of several agencies that comprise the juvenile justice system, and our facilities play an important role in keeping youth safe when they cannot be placed in a non-secure setting. The Department serves as an arm of the court in this role, with our staff members providing a variety of services, such as mental health care, education, family support, and mentoring. The Los Angeles County Probation Department is in a unique position to assist youth toward positive change.

## **203 ADMINISTRATIVE STRUCTURE AND RESPONSIBILITIES**

The duty statements that follow provide an overview of the duties and responsibilities.

### 203.1 SUPERINTENDENT

The Superintendent oversees the operations of camps within an identified geographical region:

The person in this position ensures clear communication and efficient implementation of Departmental policies and procedures, as well as compliance with federal, state, and local mandates (15 CCR 1320).

### 203.2 CAMP DIRECTOR

The Camp Director acts as the administrative head of an identified camp and is responsible for its overall operations. The Camp Director is responsible for the camp's adherence to all federal, state, and local mandates. This includes providing reports for submission to the BSCC regarding legal actions pertaining to confinement conditions filed against persons or legal entities responsible for juvenile facility operation, and monthly camp population and profile survey reports within 10 working days after the end of each reporting period. When the number of youth detained in a living unit of a juvenile facility exceeds its rated capacity for more than 15 calendar days in a month, the Camp Director shall provide a crowding report to the Board in a format provided by the BSCC. The Camp Director must meet regularly with primary on-site representatives from education, health, mental health, MSB, and contracted agencies to discuss mutual operational issues. The Camp Director coordinates the implementation of camp-specific programs, ensuring clear communication of Departmental policies and procedures to all camp staff and program providers. The Camp Director is also responsible for developing and maintaining camp-specific policies and procedures in written form that are available to all camp staff (15 CCR 1320).



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### 203.3 ASSISTANT DIRECTOR

The Assistant Director (AD) is the administrative head of an identified camp and is responsible for its overall operations in the absence of the Camp Director. The AD is responsible for the camp's adherence to all federal, state, and local mandates. This includes providing reports for submission to the BSCC regarding legal actions pertaining to confinement conditions filed against persons or legal entities responsible for juvenile facility operation, and monthly camp population and profile survey reports within 10 working days after the end of each reporting period. When the number of youth detained in a living unit of a juvenile facility exceeds its rated capacity for more than 15 calendar days in a month, at the direction of the Camp Director, the AD shall provide a crowding report to the Board in a format provided by the BSCC. Additionally, at the direction of the Camp Director, the AD meets regularly with primary on-site representatives from education, health, mental health, MSB, and contracted agencies to discuss mutual operational issues (15 CCR 1321 (d), 1340, 1342, 1343).

### 203.4 SUPERVISING DEPUTY PROBATION OFFICER (SDPO)

The SDPO reports to the Camp Director or the Assistant Director and supervises the work of officers on a specific shift. Shifts generally span 56 consecutive hours over a three-day period. The Supervisor carries out the duties and responsibilities of the Camp Director when the latter is away from the site. General duties include, but are not limited to:

- Overseeing staff members to ensure they carry out daily camp operations pursuant to Departmental and RTSB policies and procedures.
- Providing guidance, correction, and discipline to subordinate staff.
- Communicating with program providers to ensure strategic implementation of camp-specific programs.
- Communicating with the Camp Director regarding unusual cases, policies, and personnel matters.
- Preparing correspondence and supervising the maintenance of necessary records (15 CCR 1321).

## **204 OFFICER RESPONSIBILITIES**

The duty statements that follow provide an overview of the duties and responsibilities for deputized staff responsible for running the daily operations at camp. Detailed specifications for each class can be found on the LA County Department of Human Resources website at <http://dhr.mylacounty.info/>.

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Additionally, the Camp Director may assign specific duties and responsibilities to ensure the smooth operation of camp-specific programs and services.

Officers are authorized to supervise youth as provided in this manual, applicable court orders, and state law (Government Code § 27770 et seq.; Penal Code § 830.5; Penal Code § 1202.8; Penal Code § 1203.5; Penal Code § 1203.71; Welfare and Institutions Code § 271).

Every officer shall have the powers and authority conferred by law upon peace officers listed in Penal Code § 830.5 (Welfare and Institutions Code § 283; Government Code § 1029 et seq.). In addition, every officer will meet the minimum selection standards set forth in 15 CCR 184 and successfully complete the core training requirements for each applicable classification.

#### 204.1 DEPUTY PROBATION OFFICER II (DPO II)/DORM TEAM LEADER (D.T.L.)

The rank of DPO II confers journeyman status. As such, the DPO II is expected to provide professional-level staff services in the camp setting. The DPO II may be expected to carry a caseload of the more difficult and complex cases and ensure adequate scheduling of daily camp activities. She/he is expected to exercise and demonstrate a journey-level knowledge of probation casework policies and procedures, which may include;

- Psychological, social, and cultural factors that may influence individual and group behavior.
- Counseling techniques.
- Federal, state, and local laws and ordinances relating to probation work.
- Functions and procedures of the Juvenile Court as they relate to Probation.
- Departmental policies and procedures and first aid/CPR techniques.

The DPO II must possess abilities and skills to communicate effectively; write clear and concise reports; establish and maintain effective working relationships with clients, probation staff, the court, law enforcement personnel, and community groups; and demonstrate knowledge of evidence-based best practices in delinquency prevention and intervention. Duties include, but are not limited to, the following:

- Monitoring program needs.
- Coordinating casework services.
- Coordinating security and dorm operations.
- Serving as a training officer.

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- Providing treatment and counseling services.
- Conducting small group interventions and workshops.
- All duties listed for DPO I.

#### 204.2 DEPUTY PROBATION OFFICER I/COMMUNITY SPONSOR

This is considered an entry-level class. The DPO I is responsible for learning and applying the concepts, theories, principles, laws, and procedures of professional-level probation work.

The DPO I must be able to communicate clearly and effectively, both orally and in writing; display a working knowledge of first aid and CPR; accurately observe, evaluate, and document group behavior; and establish and maintain effective working relationships with youth, staff, and all other stakeholders. . Additionally, the DPO I must demonstrate an awareness of evidence-based best practice principles associated with professional-level probation work, risk/needs assessment instruments and processes, proper case planning and management, and an understanding of the various intervention programs, and service options available.

The duties of a DPO I include, but are not limited to:

- Maintaining group and individual behavioral standards.
- Performing case management and life-skills assessment activities.
- Managing the group living process, including the proper supervision of youth while they are eating, showering, using the restroom facility, visiting with families, and engaging in school and recreation activities.
- Providing individual and group crisis intervention.
- Ensuring that the camp youth's health needs are met and personal appearances are adequate.
- Conducting small group interventions and workshops.
- Maintaining Probation Case Management System (PCMS) case notes.
- Preparing petitions and court reports, as well as maintaining case records and logbooks.

#### 204.3 GROUP SUPERVISOR NIGHTS (GSN)

The GSN ensures order and security during nighttime sleeping hours when there is normally minimal contact with camp youth. The GSN must exercise basic knowledge

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of the rules and procedures of the facility, sufficient to respond properly to events occurring during the night and to the particular needs of the individual youth, including one-on-one supervision.

The duties of the GSN include, but are not limited to:

- Conducting and documenting safety checks.
- Maintaining order and security in the living unit, investigating and documenting unusual sounds and occurrences.
- Taking appropriate action to prevent escapes, rule infractions, or other disturbances.
- Observing and recording the behavior and actions of individual youth.
- Performing standard first aid and CPR as needed.
- Contacting the Supervisor or appropriate staff to address problematic youth or situations.

**205 DUTY STATEMENTS, CAMP SUPPORT STAFF**

Camp support staff members play an integral role in the daily operations of the camp. They interface on a regular basis with other camp personnel and, in some cases, members of the public.

**205.1 DIRECTOR'S SECRETARY**

The Camp Secretary reports directly to the Camp Director, who requires full-time personal secretarial assistance. Duties include, but are not limited to:

- Replying to correspondence (with or without dictation).
- Relieving the Director of routine personnel, budget, and other operating details. (Including but not limited to: scheduling, timekeeping, approving material and purchase requisitions, and contacting the Chief Executive Office, Department of Human Resources, and other Departments).
- Screening telephone calls, furnishing requested information, referring calls to others, and taking care of those calls that do not require the Director's attention.
- Making appointments and arranging conferences and meetings for the Director.
- Acting as intermediary between director and staff, transmitting messages, orders, and requests, both written and verbal.
- Acting as a liaison between the Director's office and other departments,

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agencies, and jurisdictions.

## 205.2 CLERICAL STAFF

The Intermediate Typist Clerk (ITC) performs skilled typing and other clerical work. They report to the Camp Director and may work under the direct supervision of the Camp Secretary. In addition, the ITC performs specialized clerical duties that require a working knowledge of camp operations. Duties include, but are not limited to:

- Typing court reports and similar documents requiring extreme accuracy.
- Providing secretarial assistance to the Director as needed.
- Typing complex charts, forms, statistical, and similar documents from a rough draft, requiring skill in arranging tabular material, setting up forms, and extreme accuracy in typing.
- Processing documents, such as court reports, according to a predetermined but specialized procedure.
- Checking documents for completeness, accuracy, and compliance with legal and other requirements.
- Operating office machines, such as copiers and fax machines, incidental to the performance of other duties.
- Maintaining logs and various databases related to camp operations.

## 205.3 CAMP SERVICES MANAGER/GENERAL SERVICES MANAGER

The Camp Services Manager/General Services Manager (CSM/GSM) maintains various equipment and supply requisitions, as well as financial records, to ensure compliance with Departmental and state-mandated requirements for camp facilities. They must be knowledgeable about departmental policies and procedures, camp operations, and form usage and processing. The CSM/GSM reports to the Management Services Bureau's camp services director or the MSB Director of technical support.

## 205.4 CREW INSTRUCTOR

The Crew Instructor supervises and instructs a crew of youth who are assigned specific job duties while at camp. Crew instructors are required to demonstrate proper and safe use of the equipment and tools used for training purposes. They work independently under the general direction of an SDPO, DPO II, or a supervising

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crew instructor. They are required to communicate, motivate, and maintain discipline among crew participants.

**205.5 HEAD COOK**

The Head Cook supervises, monitors, and trains subordinate cooks and camp youth who assist in the food preparation in camp. They are responsible for coordinating the preparation of entire meals to ensure that the completion of all food items coincides with scheduled mealtimes and for the inspection of final food products for adherence to established quality standards and dietary guidelines. The head cook is also responsible for ordering food and ensuring appropriate amounts of food are on hand. If assistance is unavailable, the head cook is responsible for preparing meals and cleaning the kitchen, utensils, and dining halls.

**205.6 SENIOR COOK**

The Senior Cook supervises subordinate cooks and camp youth engaged in all phases of food preparation and cooking in camp. They provide technical direction and training to less experienced cooks and camp youth in the standard techniques of quantity food preparation used in the mixing, cooking, baking, and serving of complete meals in an institutional environment. If assistance is unavailable, the senior cook is responsible for preparing meals and cleaning the kitchen, utensils, and dining halls.

**205.7 CAMPUS VERNON KILPATRICK (CVK)**

Caseworkers' responsibilities include, but are not limited to:

- Complete and submit court reports in a timely manner
- Provide telephone calls
- Developing release plans and daily check-ins with youth about their behavior and progress to meet their goals
- Update the youth's progress reports and communicate with partner agencies about the youth's services
- Arrange special visits, including coordinating professional visits
- Effectively communicate with unit staff partners

Unit staff responsibilities include, but are not limited to:

- Review the youth's release plan
- Actively supervise youth, including address/correct youth behavior, to

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maintain a safe and positive environment

- Ensuring the daily schedule is followed to meet Title 15 standards
- Documenting youth participation (and behavior) in activities
- Providing feedback to youth and caseworkers on the youth's progress

Medical Module staff responsibilities include, but are not limited to:

- Communicate with the JCHS and review the appointment order to determine the flow of the unit for the day
- Escort JCHS staff to cottages for "med pass" to ensure order, safety, and timeliness of the activity
- Complete the CVK medical reconciliation form daily
- Communicate with the school team, the officers in the cottages, and the Information Center when a youth is being transported for medical services.
- Ensure the youth are seen and returned to the cottage or school.
- Maintain a safe environment, address and correct youth who are not following rules or creating a security risk

Information Control Unit staff responsibilities include, but are not limited to:

- Process access for the program providers, visitors, and partner agencies into the facility
- Key control (and inventory each shift)
- Disseminate radios (and batteries)
- Update master population sheet, staffing reports, and intake/release log
- Submit the Daily Shift Condition Report to Management
- Monitor and coordinate internal movement
- Update attendance roster/movement sheet for LACOE
- Provide the facility staffing numbers to Admin each shift
- Notify the OD and Intake staff of clearance calls, and when law enforcement has arrived with the youth

CCTV Monitors' responsibilities include, but are not limited to

- Monitor the CCTV cameras in the Information Control Center
- Display the CCTV camera where youth are occupying space on the large monitors in IC

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- Radio call for any fights observed in an area and for more assistance when needed
- During the Early Morning (EM) shift, conduct hourly phone calls to the units

Safety and Security post staff responsibilities include, but are not limited to:

- Monitor and Patrol Grounds: Regularly patrol the premises to monitor security hazards, safety violations, or suspicious activity. Report and address any security breaches promptly to prevent further risks.
- Operation projects: remain up to date and assist the supervisor as the point of contact for all grounds, safety, maintenance, and operations projects for the facility
- Evidence Collection & Chain of Custody: Collect, preserve, and document evidence from security incidents, ensuring a detailed chain of custody is maintained. Regularly update the facility's contraband log.
- Security Guards Liaison: Check in with Security guards about patrol, metal detectors, clear bag policy, and sign-ins
- Monitor Graffiti & Gang Intelligence: Conduct regular inspections of the premises for gang-related activity or graffiti. Collect, document, and report findings related to gang activity to the administration. Keep a log for intel sharing.
- Testing of Narcotics: Utilize on-site testing kits to test seized contraband for possible narcotics.
- Assist as Campus Safety and Security Officer (CSSO)/Special Enforcement Operations (SEO) point of contact: assist the supervisor with following up on Excursion safety/security inquiries, contraband interdiction plan, and sharing intel (gang, drugs, security breaches, etc.)

Crisis Intervention Team (CIT) is regularly in the presence of youth, but is not the regular cottage direct supervision staff.

- CIT provides additional officer presence while the youth are engaged in activities. CIT is to float throughout the facility in youth spaces and randomly "check in" with youth. When a crisis arises, the direct supervision staff should request assistance from CIT.
- CIT may utilize de-escalation techniques such as taking the youth for a walk or listening to the youth's concerns/issues and helping them navigate towards a solution.
- When walking around the facility, CIT must radio in their intended destination so IC can monitor their movement.



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School Liaisons take on a leadership role in school operations, demonstrating the ability to multitask, collaborate effectively with other probation staff, and maintain accountability. The responsibilities of the position include, but are not limited to, the following:

- Facilitate daily briefings with LACOE Administration to review the day's activities and address any potential issues. Provide a summary debrief to the supervisors on duty.
- Communicate with the Safety/Operations Movement Team, IC, and units each morning regarding daily suspensions, Physical Education (PE) schedule, and any construction/maintenance issues impacting school movements.
- Coordinate school movements with the Safety/Operations Movement Team and the Information Center, to ensure safe and secure transitions from/to school, as well as for PE.
- Coordinate PE supervision, ensuring the smooth and safe execution of activities, assign staff areas to cover to monitor youth, and monitor the recreation field when occupied.
- Report any potential security risks, coordinate plan with Safety/Operations Movement Team and Information Center, communicate concerns/plans to cottage staff, including supervisor, and cottage staff.
- Classroom searches are to be coordinated with the OD/ supervisor; each partner will search classrooms no less than weekly.
- Foster positive relationships with all youth at CVK, encourage school participation, youth cooperation during class, and ensure that youth feel safe sharing their concerns.
- Support school services of redirection/corrective means, safe escorts for youth excused from class, assist in direct supervision during session, de-escalate situations as needed, and respond to all school incidents/crises/emergencies.
- Establish and maintain professional relationships with LACOE personnel, Probation Education Services, and outside agencies.
- Monitor and communicate any changes in the daily school schedule with the Safety/Operations Movement Team, the Information Center, and the CVK Administration.
- Brief facility Management/Supervisors on any major incidents involving the use of force.

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- Provide updates to facility Management/Supervisors on significant school activities.

**206 STAFFING<sup>1</sup>**

The facility head is responsible for having an adequate number of personnel to carry out the overall facility operation and its programming, to provide for the safety and security of youth and staff, meet established standards and regulations, and ensure that no required services are denied because of insufficient numbers of staff on duty absence exigent circumstances.

Administrative Responsibilities (15 CCR 1321(a-h)).

The facility shall:

- Produce a monthly schedule that identifies a Duty Supervisor to be responsible for the operation and activities of the facility during each shift. This person shall possess appropriate decision-making skills, be able to respond appropriately to emergencies, and maintain facility staffing levels in accordance with this Policy.
- Have a sufficient number of supervisory-level staff to ensure adequate supervision of all staff members.
- Have a Duty Supervisor on duty at all times who is responsible for operations and activities and has completed the Juvenile Correction Officer Core Course and PC 832 training.
- Have at least one trained staff present in each dorm/cottage whenever youth are present with skill levels, job experience, and bilingual capabilities.
- Have sufficient food service personnel relative to the number and security of living units, including staff qualified and available to plan menus meeting the nutritional requirements of youth; provide kitchen supervision; direct food preparation and servings; conduct related training programs for culinary staff; and maintain necessary records; or A facility may serve food that meets nutritional standards prepared by an outside source.
- Have sufficient administrative, clerical, recreational, medical, dental, mental health, building maintenance, transportation, control room, facility security, and other support staff for the efficient management of the facility and to ensure that youth supervision staff shall not be diverted from supervising youth.
- Assign sufficient youth supervision staff to provide continuous, wide-awake

<sup>1</sup> Prison Rape Elimination Act (PREA) Juvenile Facility Standards § 115.313(c)

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supervision of youth, subject to temporary variations in staff assignments to meet special program needs.

Camps shall comply with the following minimum staffing ratios (15 CCR 1321(a-f), 1324(a)(c)(g)):

- During hours that youth are awake, the minimum ratio shall be one (1) wide-awake supervision staff member for each eight (8) youth in the facility.
- During the hours that youth are asleep, the minimum ratio shall be one wide-awake supervision staff member for each sixteen (16) camp youth in the facility.
- At least one (1) supervision staff member on duty must be the same gender as the youth housed at the facility.
- At least two (2) wide-awake youth supervision staff members on duty at all times, regardless of the number of youth in residence, unless arrangements have been made for backup support services which allow for immediate response to emergencies.
- In addition to the required minimum staff-to-youth ratio, consideration shall be given to the size, design, and location of the camp; types of youth committed to the camp; and the function of the camp in determining the level of supervision necessary to maintain the safety and welfare of the youth and staff.
- Personnel with primary responsibilities for other duties such as administration, supervision of personnel, academic or trade instructions, clerical, farm, forestry, kitchen, or maintenance shall NOT be considered as youth supervision staff positions. Only youth supervision staff shall be included in these ratios.

**Note:** These are minimum staffing ratios, which do not reflect other state, Federal, and program mandates. Therefore, staffing ratios will be adjusted accordingly, depending on the individual camp requirements.

## 207 APPOINTMENT AND QUALIFICATIONS

The Department shall (15 CCR 1320):

- Recruit and hire employees who possess knowledge, skills, and abilities appropriate to their job classification and duties in accordance with applicable civil service or merit system rules.
- Require a medical evaluation and physical examination, including tuberculosis screening test and evaluation for immunity to contagious illnesses of childhood (i.e., diphtheria, rubeola, rubella, and mumps).

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- Adhere to the minimum standards for the selection and training requirements adopted by the BSCC pursuant to Penal Code § 6035.
- Conduct a criminal records review and psychological examination in accordance with Government Code § 1031.

Before exercising any peace officer powers, the employee must successfully complete the training requirements of Penal Code § 832. Contract personnel, volunteers, and other non-employees at the facility shall have clearance and qualifications as may be required by law, and their presence in the facility shall be subject to the approval and control of the facility manager.

There is no provision for waiving any of these requirements in the event an employee is on part-time or on-call status.

## **208 ORGANIZATION CHART**

Each facility is required to develop an organizational chart depicting the chain of command. This organizational chart shall be subjected to periodic review and updates, and it shall be made accessible to all relevant parties.

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| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT SERVICES<br/>BUREAU</b><br><br><br><br><b>CAMP INTAKE</b> | <b>Section Number:</b><br><b>RTSB-300</b>                                                                                                                    |
|                                                                                                           | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                           | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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| Subject:<br><br>RESIDENTIAL TREATMENT SERVICES<br>BUREAU MANUAL<br><br><br>CAMP INTAKE | Section Number:<br>RTSB-300                                                                                                                           |
|                                                                                        | Effective Date: April 7, 2026                                                                                                                         |
|                                                                                        | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

**301 INTRODUCTION**

The goal of the Juvenile Justice Delinquency Court is to use the least restrictive disposition possible to address the youth's risks and needs while also protecting the community. One disposition available to the Court is the Camp Community Placement (CCP) order, which is typically referred to as camp. Youth can only be ordered to camp after they have incurred at least one sustained criminal offense and are declared a youth of the court pursuant to Welfare and Institutions Code (WIC) § 602.

While a camp commitment is typically not the first option for judicial officers, it may be in cases involving very serious criminal behavior. The Camp may also be ordered in situations where the youth has failed to cooperate with their conditions of probation in the community (15 CCR 1342 (b)).

**302 CAMP ASSESSMENT UNIT**

The Camp Assessment Unit (CAU) is tasked with coordinating a comprehensive assessment of each youth's risks and needs to determine which camp or camps can best address them. The CAU works with a multi-disciplinary team, including Juvenile Court Health Services (JCHS), the Department of Mental Health (DMH), and the LA County Office of Education (LACOE), to determine the most appropriate camp setting. The CAU officer shall review the information, the dispositional court report, the court order, the Los Angeles Risk & Resiliency Checkup (LARRC), and conduct a face-to-face interview with the youth to help determine the most appropriate camp. The Camp Assessment form includes a comprehensive assessment of the youth's risk factors, needs, and strengths, including but not limited to identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of known history of trauma, and family strengths and needs (15 CCR 1355(a)).

**303 EDUCATIONAL ASSESSMENT**

LACOE participates in the Multidisciplinary Assessment (MDA) process in the

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CAU. LACOE provides educational data during this process, including the student information summary, the Aeries progress report, student transcripts, and information on specific special education needs. The student information report indicates if the student previously attended a Non-Public School (NPS), has an Individualized Education Plan (IEP), or if the youth is in need of Special Day Classes (SDC).

#### **304 HEALTH ASSESSMENT**

JCHS conducts a physical exam within the first 72 hours of intake into juvenile hall. JCHS reviews the medical charts for all camp-ordered youth prior to movement to one of the RTSB facilities. JCHS advises Probation if any youth has any specific medical needs or restrictions, and medically clears the youth as suitable for transfer to camp.

#### **305 MENTAL HEALTH ASSESSMENT**

DMH conducts a Massachusetts Youth Screening Inventory (MAYSI) within 72 hours of the youth's admission into juvenile hall. DMH staff review the daily list of new CCP orders and check the DMH database for prior DMH involvement with the youth. They also provide a recommendation for the type of DMH services that appear warranted for each youth. CAU has direct access to a minimum of two clinicians, one who provides general information and a psychologist who provides additional psychological testing as needed.

#### **306 LIVE SCAN AND DNA COLLECTION**

CAU deputies determine if each CCP-ordered youth has had a DNA collection ordered or if they are required to have it collected. They are also responsible for checking the DNA Offense Tracking System (DOTS) and ensuring that each eligible candidate has been tested and the results are documented. If unable to do so, they refer the case to the appropriate juvenile hall DNA coordinator to request that the youth be tested.

#### **307 CAMP ASSIGNMENT AND MOVEMENT TO CAMP**

Camp Assessment Unit deputies are responsible for evaluating all of the specific information gathered by the four different LA County agencies (Probation, LACOE, JCHS, and DMH) to weigh the relevant and most salient factors in determining the most appropriate camp or camps that can best meet the youth's needs. They also ensure that the youth's placement coincides with the goal of maintaining safe facilities and a safer community.

RTSB Administration (Admin) shall collaborate with CAU in the movement process

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of camp-ordered youth. Once assigned to a camp, Admin shall track the youth to ensure delivery to the assigned facility. If the youth's movement is canceled for any reason (e.g., medical or mental health issues), Admin shall track the youth's movement status on a daily basis until the youth is placed in the camp. If CAU determines that the youth is not suitable for camp placement, via information provided by JCHS or DMH, Admin evaluates the case for a more appropriate disposition and returns the youth to court on a 778 WIC Change of Plan petition.

### 308 DOCUMENTATION OF MENTAL HEALTH RECORDING FORM AND MENTAL HEALTH RECORDING LOG IN RTSB

The mental health treatment staff shall begin formally implementing the *Mental Health Recording* form. This document is commonly referred to as the "Mental Health Green Sheet" and is utilized by mental health clinicians to share information necessary to assist probation staff in the proper care and treatment for detained youth with mental health issues.

Each time a mental health staff consults with the youth in the facility, the clinician shall be required to complete a *Mental Health Recording* form and shall distribute copies as noted below:

- Two copies to the duty supervisor.
- One copy to the youth mental health file.
- One copy to the DMH Regional Office.
- One copy is maintained by DMH at the facility.

The mental health clinician shall immediately notify the facility's duty supervisor either in person or via telephone upon placing any youth on a level 2 or level 3 Enhancement Supervision status to ensure that appropriate housing and supervision services are immediately initiated to keep the youth safe. The clinician shall note the date, time, and name of the duty supervisor the clinician spoke to on the Mental Health Recording form and shall ensure that two copies of the signed, dated, and time-documented *Mental Health Recording* form are provided to the duty supervisor as soon as practical.

Upon receiving the two copies of the *Mental Health Recording* form from the mental health clinician, the duty supervisor shall:

- Review the form(s) thoroughly and ensure the clinician has signed, dated, and noted the time of assessment and the youth's current level of supervision on the form.
- Ensure that the information on the form(s) is clearly articulated and understandable.
- Immediately discuss any areas of concern with the mental health staff.



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- Note any recommendation changes in the level of supervision required for the youth.
- Ensure appropriate housing and supervision are initiated to keep the youth safe based on the recommended level of supervision.
- Ensure that the facility's alert log is updated with any new level-status information.
- Ensure that the Probation Case Management System (PCMS) is updated with any new special codes and/or level-status information.
- Place one copy of the Mental Health Recording form(s) in the mental health log binder (see next section), on the right-hand side, in chronological date order with the most recently dated form(s) on top.
- Ensure that the remaining copy of the Mental Health Recording form is placed in the youth's behavior chart on the top right-hand side of the file.

**NOTE:** Do not remove any of the older forms from the youth's behavior chart, as the forms in the file are considered a permanent part of the behavioral file.

Upon issuance of this policy, each Facility Director shall create and implement a Mental Health Log binder. The Mental Health Log binder shall be maintained in the Duty Supervisor's office or other designated area in the facility, accessible to staff only. The Duty Supervisor shall account for the presence of the Mental Health Log binder and the current and updated Mental Health Log Review Verification Sheet contained in the binder at the beginning and the end of each day or at the end of each eight (8) hour shift.

A copy of each Mental Health Recording form completed by the Mental Health Clinician shall be placed in the Mental Health Log binder. Copies of the Specialized Supervision Plans completed in accordance with the Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities policy shall be maintained in the Mental Health Log binder in chronological date order, with the most recently dated documents on top.

The Mental Health Recording form allows the Clinician to:

- Provide identifying information regarding the youth.
- Share notifications regarding behaviors of concern.
- Communicate the mental health clinician's current mental health assessment of the youth.
- Underline various interventions that can be utilized while working with the youth.
- Outline the type of housing, clothing, and level of supervision recommended.

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- Note and effect a change in the level of supervision necessary for the youth.
- Provide the date of the next scheduled mental health consultation with the youth.
- Facilitate the updating of the change in level of supervision in the PCMS.

At the beginning of each shift work (each day or each eight (8)-hour shift), all officers on duty shall access a Mental Health Log binder and review the *Mental Health Recording* forms and Specialized Supervision Plans contained therein. They must then incorporate the relevant information, including changes in the level of supervision and strategies that the Mental Health Clinician and/or Multi-Disciplinary Team (MDT) have recommended, to facilitate, include supervision and communication practices in order to provide a safer and more secure environment for all youth in the Department's care.

After reviewing the *Mental Health Recording* forms, staff shall print their initials on each new copy of the *Mental Health Recording* forms and Specialized Supervision Plans that have been placed in the Mental Health binder since the staff's last review of it.

Upon completing the review and printing their initials on the *Mental Health Recording* forms, the staff shall then also initial the Mental Health Log Review Verification Sheet located on the left side cover of the Mental Health Log binder to indicate the date on which the *Mental Health Recording* forms and Specialized Supervision Plans were reviewed.

Each day, the facility's Alert Log Coordinator shall review the Mental Health Log binder and purge it of multiple *Mental Health Recording* forms and/or Specialized Supervision Plans pertaining to any one youth. Only the most recently dated example of each form in the log is to be retained. The Alert Log Coordinator shall also remove any *Mental Health Recording* forms and Specialized Supervision Plans for youth that have been released from the facility and are not expected to return. Documents purged shall be placed in the purged Mental Health Log documents file located in the Duty Supervisor's office. The coordinator shall ensure that the newly purged Mental Health Log document file is placed in use at the facility each month. Each month purged mental health document log file is to be maintained in the Director's office for one year.

On the first day of every month, the Alert Log Coordinator shall remove from the binder the Mental Health Log Review Verification Sheet from the month prior and replace it with a fresh Mental Health Log Review Verification sheet. They shall then properly annotate the header area of the document with the proper month and facility name, etc. Two copies of the previous month's Mental Health Log Review Verification Sheet shall then be made. One copy shall be provided to the Duty Supervisor for placement in the previous month's purged Mental Health Log

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document; one copy shall be retained by the coordinator; and the original copy shall be placed with the Facility Director. The Facility Director shall maintain these documents in a Mental Health Log Review Verification file in the Director's office.

### 308.1 REASONS FOR MENTAL HEALTH REFERRALS

The primary assessment and intervention agency in the juvenile hall is the DMH. Youth exhibiting the following behavior(s) shall be referred to DMH for consultation and assessment:

- Self-Injurious behavior
- Destructive to property
- Rapid mood swings
- Anxious or intense
- Poor concentration
- Refused medication(s)
- Family or friends' death/illness
- Reported psychotropic medication side effects
- Suicidal behavior
- Talks to self
- Crying
- Poor hygiene
- Hyperactive
- Withdrawn/keeps to self
- Difficulty following instructions
- Verbal/written plans to harm self
- Expresses thoughts of suicide
- Aggressive/hurts others Poor social skills
- Refuses meals (on-going)
- Sleep problems (on-going)

In addition to the foregoing, youth involved in any of the following situations shall be referred to DMH for assessment:

- Fights or assaults (all parties involved are to be referred)
- Physical Intervention Incidents (uses of force – all parties involved are to be

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referred)

- Attempted Escapes
- On Level 2 or Level 3 Supervision status and transferring into the juvenile hall
- On psychotropic medications and transferring into the juvenile hall
- Requires AB 3632 services as a part of their Individualized Educational Plan (IEP)
- History of recent exposure to trauma, which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs (15 CCR 1437 (a-b))

### 308.2 MENTAL HEALTH REFERRAL PROCESS

A referral for mental health services shall be performed by:

- Placing a completed Request for Mental Health Consultation form in the Mental Health Mailbox located in the juvenile hall mail room
- Placing a Request for Mental Health Consultation form in the "Mental Health" basket at the nurse's station in the Medical Unit
- Hand-carrying a copy of the Request for Mental Health Consultation form to the DMH on-duty clinician at the juvenile hall
- Ensuring a copy of the referral is placed in the youth's Behavior Chart/Camp File

Designated DMH staff shall retrieve the above-referenced referrals from the designated areas and forward them to the Mental Health office for processing and provision of services.

Pending the actual consultation with DMH, staff shall show concern and encourage the youth to express their feelings in order to lessen their sense of isolation, anger, and/or anxiety while at the same time providing appropriate Enhanced Supervision precautions (direct and continuous supervision) if self-harming behavior is threatened or exhibited. The implementation of these supportive measures and/or supervision should in no way interfere with or delay the expeditious processing of a mental health referral.

### 308.3 INSTRUCTIONS FOR COMPLETING THE REQUEST FOR MENTAL HEALTH CONSULTATION FORM

**Section A – Youth's Information:** This section contains information on the youth and shall be filled out completely by all staff initiating a *Request for Mental Health*

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*Consultation* form. The staff member shall clearly print the youth's Probation Department Juvenile (PDJ) number, name, date of birth, any known AKAs, age, ethnicity, gender, unit/camp, and the primary language spoken.

**Section B – Psychotropic Medications:** If the staff is aware of any psychotropic medication(s) the youth is taking, the staff shall note the medication(s) and dosage (if known).

**Section C – Staff Information:** This section contains identifying information on the staff initiating the Request for Mental Health Consultation form and shall be filled out completely. The staff member shall clearly print their name, phone extension, date of request, and time of request, and check the box that indicates the department the staff works for.

**Section D – Reason(s) for Request:** Staff shall check the box(es) that apply to the youth behavior(s) that were observed. If the behaviors that initiated the request are not listed, staff shall check the box next to "other" and report their observations.

JCHS nursing staff shall use the last line in this section to refer youth who appear to need a refill of their psychotropic medication to DMH for consideration and/or reevaluation by DMH. Referral to DMH for this purpose shall be accomplished by completing sections A and B, checking the box marked "JCHS ONLY," and providing the requested information regarding medication type and dosage.

**Section E – Description of Concerns:** Staff shall provide comments supporting the "Reason(s) For Request" in section "C," making sure to indicate how these behaviors came to their attention (observed, reported, or by history).

**Section F – AB 3632 Referrals:** This section is to be completed only by school officials (LACOE).

- If LACOE is requesting counseling or other services for the youth pursuant to an existing Individualized Educational Plan (IEP), the LACOE staff shall check the box preceding the statement, "Youth has an IEP with Existing AB 3632 Services, and LACOE is Requesting DMH Services."
- If LACOE initiates a new referral for AB 3632 Services to the Department of Mental Health's off-site AB 3632 Assessment Unit, they are to check the box preceding the statement, "LACOE Referred Youth to DMH AB 3632 Assessment Unit," and note the date the packet was sent to the DMH off-site assessment unit.

**Section G:** This section is to be completed only by the facility or Camp Movement Coordinator. This section is to be used by the Movement Coordinator at the receiving facility to immediately refer youth transferring in from other juvenile halls or camps who are on enhanced levels of supervision (Level 2 or Level 3) to DMH for consultation.

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- Upon identifying an enhanced supervision youth (Level 2 or Level 3 Supervision) entering the facility, the Movement Coordinator shall notify the Officer of the Day/Camp Acting Director and the Intake/Receiving Unit or Dormitory of their transfer into the facility so that appropriate housing and supervision can be initiated.
- The Movement Coordinator shall then initiate a Request for Mental Health Consultation form and complete ONLY sections A, B, and G on the form and forward it to the DMH on-duty clinician for processing.
- Upon receipt of the Request for Mental Health Consultation form, the DMH on-duty clinician shall ensure that youth on Level 2 and Level 3 Supervision statuses are scheduled for consultation with a DMH clinician to facilitate continuity of care as follows:
  - Level 3 Supervision Youth – Consultation on the day of arrival
  - Level 2 Supervision Youth – Consultation within twenty-four (24) hours of arrival
- The preceding processes are being placed in effect to ensure that youth who are receiving mental health treatment (the administration of psychotropic medications and/or counseling services) and are transferred between juvenile hall and camp are identified by the Movement Coordinator and referred for assessment by DMH staff immediately upon their arrival at the facility. This will ensure that needed counseling services and/or the administration of psychotropic medications continue in an uninterrupted fashion.

#### 308.4 RESPONSE FROM THE DEPARTMENT OF MENTAL HEALTH

DMH will complete sections H through L of the Mental Health Referral form.

Section H – DMH Comments: In this section, the DMH clinician writes any specialized instructions relative to the care and treatment of the youth and/or any other important information that Probation, JCHS, and/or LACOE staff should be aware of when providing care or other services.

Section I – Enhanced Supervision Level Determination: In this section, the DMH clinician shall note either the initiation of an Enhanced Supervision level or the continuation of an existing level of Enhanced Supervision (pursuant to Directive 945, entitled Enhanced Supervision) as follows:

- If the DMH clinician is placing a youth on a new level of supervision, the clinician shall check the box preceding "Youth placed on:" and then check the appropriate new level of Enhanced Supervision needed.
- If, after assessment, the DMH clinician is continuing the level of supervision that the youth is currently on, the clinician shall check the box preceding

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"Youth to remain on:" and then check the appropriate level of Enhanced Supervision that should be continued.

- The DMH clinician shall notify the OD/Camp Acting Director via telephone of the placement of the youth on Level 3 supervision status to ensure that appropriate housing and supervision services are immediately initiated to keep the youth safe and shall ensure that a completed Request For Mental Health Consultation form, that has been signed by the clinician, is provided to the OD/Camp Acting Director.

Section J – Suicide Risk: In this section, the clinician shall note whether or not the youth is a suicide risk. If the youth is a suicide risk, the clinician shall check the box that designates the level of risk posed by the youth.

Section K – Housing Recommendations: In this section, the clinician shall check the box that indicates the unit that the youth should be housed in to best address their mental health needs. All recommendations are, however, contingent upon facility safety and security considerations.

Section L– Signature: The DMH clinician shall sign their name and the date and time the assessment of the youth was completed.

### 308.5 DISTRIBUTION OF THE COMPLETED REQUEST FOR MENTAL HEALTH CONSULTATION FORM

After consultation and assessment, identified Department of Mental Health staff shall, at the end of the day, facilitate the distribution of the completed copies of the Request for Mental Health Consultation form to the mailboxes of the:

- Youth's Unit
- Youth's Temporary Housing Unit (if on Level 3, Supervision of the unit)
- Youth's Assigned DMH Clinician (if different from clinician consulting with youth)
- Unit SDSO
- Division Director
- Assistant Superintendent
- Facility Movement Coordinator
- Juvenile Court Health Services (Nursing)
- Los Angeles County Office of Education (School)

Probation Case Management System Updates (PCMS Updates) - A copy of all Request for Mental Health Consultation forms that have been completed and signed by DMH clinicians must be placed in the PCMS Update box located in the Clerical

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Admissions area each day at the end of the business day by identified DMH staff.

Any Request for Mental Health Consultation that has been signed by a DMH clinician may be utilized in lieu of a PCMS Update form to change the level of supervision in the PCMS. If the clinician has noted an enhanced level of supervision for the youth on the Request for Mental Health Consultation form, clerical and/or Probation staff, as designated by the Superintendent, shall enter the Enhanced Supervision level information noted in section "I" into the PCMS system.



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|                                                                                                    | Effective Date: April 7, 2026                                                                                                                         |
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|                                                                                                   | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

**401 INTRODUCTION**

This section addresses the process of admitting a new camp youth.

**402 ASSESSMENT AND CLASSIFICATION**

Upon entering camp, staff shall provide for the safety of the youth, other youth, facility staff, and the public by placing youth in the appropriate, least restrictive housing and program settings. Housing assignments shall consider the need for location within the dormitory and consideration of the facility's population and physical design.

Youth shall be classified upon admittance to the facility. Classification factors shall include, but not be limited to, age, maturity, sophistication, emotional stability, program needs, legal status, public safety considerations, medical/mental health considerations, and gender/gender identity of the youth (15 CCR 1352 (a-c)).

**402.1 ADMITTANCE PROCESS CAMPS VERNON KILPATRICK (CVK)**

Once CVK receives bookings and intake, the Supervisor/Officer of the Day (OD) shall utilize the following facility-specific intake process for the detention at CVK.

- The Intake, Detention, and Control Unit shall contact Information Control at CVK to notify the OD of the clearance call and the incoming admission.
- If the youth has any physical injuries, is pregnant, has been under the influence of any drugs or alcohol within the last 24 hours, or has any medical condition that requires specialized care (e.g., seizure, diabetes with insulin dependency), the OD shall instruct the law enforcement officer to obtain a medical clearance from a hospital prior to bringing the youth to the facility.
- The law enforcement is not required to obtain another clearance call for the same youth; however, they are required to provide proper hospital documentation that states the youth has been medically cleared to be detained by the Department.

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- The OD shall confirm that the law enforcement agency has notified the youth's parents/legal guardians of the arrest. If law enforcement has not notified the youth's parents/ legal guardians, the youth shall not be accepted for intake until the proper notifications have been completed.

#### 402.2 ASSESSMENT AND CLASSIFICATION POLICY

It is the policy of the Department that appropriate assessments, classification, and reclassification efforts shall occur on behalf of the youth at any facility to ensure the ongoing safety and security of youths, staff, and the facility.

#### 402.3 ASSESSMENT BY THE RTSB CAMP ASSESSMENT UNIT (CAU)

Upon a youth being ordered to camp, CAU shall conduct a thorough assessment and classification review of the youth to determine the youth's suitability for camp. This consists of a comprehensive assessment of the youth's risk factors, needs, and strengths, including but not limited to identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of known history of trauma, and family strengths and needs. If the youth is suitable for camp assessment, the CAU shall assign the youth to a camp that appropriately meets the youth's needs. Staff shall ascertain this information through conversation with the youth during the assessment process.

Based on information collected during the admission process, the CAU assessment process shall consist of the following: Based on information collected during the admission process, the CAU assessment process shall consist of the following:

- **Medical Information:** A Juvenile Court Health Services (JCHS) physician shall conduct a physical examination of each youth prior to the youth's delivery to camp. Information from this examination and any other medical history information, as printed by law, are shared with the CAU. Specific attention shall be paid to any noted injuries, physical limitations, or other medical information that may preclude the youth from a camp assignment or require special accommodations upon assessment to a camp.
- **Mental Health Information:** The Department of Mental Health (DMH) staff shall conduct a MAYSI-2 (Massachusetts Youth Screening Inventory-II) and follow-up assessment on each youth . Additional mental health services shall be provided to the youth on an as-needed basis while detained in juvenile facilities. A DMH clinician assigned to liaise with the CAU shall collaborate with the CAU and review the youth's mental health file. The clinician shall take note of any existing mental health or substance abuse disorders, additional mental health service needs, and/or other information that may need to be shared, as per the law, to make an appropriate determination as to the youth's suitability

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for a camp assessment.

- **Education Information:** The Los Angeles County Office of Education (LACOE) shall conduct an educational assessment of each youth and shall share the results of these assessments with the CAU. A LACOE liaison will collaborate with the CAU and assist in appropriately placing the youth with special education needs, English language learner issues, and other learning difficulties.
- **Criminal History:** The CAU shall consider the criteria that include, but are not limited to, the following information when it is available:
  - Youth's age and committing offense(s).
  - Gang affiliation
  - Delinquency history
  - Treatment needs
  - Los Angeles County Risk and Resiliency Checkup (LARRC) scores
- **Interview of Youth:** CAU officer shall conduct a face-to-face interview with each youth ordered to camp and utilize information gathered from this interview, as well as a review of the Probation
- Caseload Management System (PCMS), behavior files, and the PDJ file to assist in making an overall assessment. If a youth discloses that they are LGBTQI, staff shall talk with the youth and determine if the youth has any safety, housing, clothing, medical, mental health, or programming/service-related concerns. Careful consideration should be given to the youth's known history of trauma as well as family strengths and needs.

The assessment information gathered and reviewed shall be utilized to determine the most appropriate camp environment in which to place each youth. This assessment shall form the foundation upon which the case plan for the youth can be initiated.

Occasionally, this assessment may indicate the youth may not be suitable for camp. When this situation occurs, the youth's case will then be considered for a change of plan (WIC § 778). The case will be reviewed with the CAU SDPO. If it is determined that the youth is not appropriate for camp, a WIC § 778 will be initiated by admission staff (15 CCR 1355(a)).

#### 402.4 ASSESSMENT AND CLASSIFICATION DURING INITIAL ORIENTATION UPON ARRIVAL AT CAMP

Upon each youth's initial arrival at the assigned facility, the youth shall be afforded a full orientation to the facility by a camp orientation staff. As a part of the orientation process, the orientation staff shall conduct a thorough review of camp assessment

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unit documents, the youth's behavior file, the PDJ file (if available), and PCMS. Staff conducting the orientation and classification review shall be especially aware of youth who appear to be potential victims, have engaged in predatory or dangerous behaviors, and/or have multiple incident reports that relate to inappropriate conduct or behavior in the behavior file. Youth who are identified as such must be appropriately classified and placed within the dormitory or the HOPE Center to ensure appropriate supervision. Camp staff shall not separate the youth from the general population or assign the youth to a single occupancy room based solely on the youth's actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, gender, sexual orientation, gender identity, gender expression, mental or physical disability, or HIV status. Staff are not prohibited from placing youth in a single occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation (15 CCR 1352 (e)).

The camp nurse, mental health clinician, and designated education staff shall review the respective medical, mental health, and education files of all youth. They shall then, as permitted by the law, advise Probation of any medical, mental health, or educational issues the youth may have so that camp staff may be aware of the issue so as to provide appropriate educational opportunities, housing, and supervision of the youth to keep the youth reasonably safe and maintain the safety and security of the facility.

While conducting documentation reviews, Probation, medical, and mental health staff shall be alert to the following:

- Special coding in the behavior file (S, SI, D, E, and K) from previous detention
- Gang affiliation and level of involvement in gang-related activities in juvenile facilities
- Youth placed on Level 2, 3, or 4 in the last six months (L2, L3, and L4)
- History of self-harming behaviors (Level II or III coding) in the behavior chart or in PCMS
- Serious mental health issues/conditions or currently on psychotropic medications
- Serious medical conditions (asthma, diabetes, seizures, heart conditions, etc.)
- Activity restrictions due to medical or mental health condition(s)
- History of serious misconduct in juvenile hall or camp (upon review of incident reports)
- History of predatory behavior (physical or sexual assault)

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- History of involvement in incidents involving disturbances, assaults, fights, and/or contraband
- History of involvement in physical intervention incidents
- History of multiple HOPE Center referrals
- History of victimization (repetitive assault victim, personal belongings or food taken repeatedly)
- Alleged victim of sexual assault at any time during detention history
- History of consensual sexual activity at any time during detention history
- Offense history involving misconduct, violence, and/or sexual assault in or out of custody facilities
- Screening for the risk of sexual abuse:
  - Prior sexual victimization or abusiveness
  - Gender nonconforming appearance or manner
  - Identification as lesbian, gay, bisexual, transgender, questioning, or intersex
  - Current charges and offensive history
  - Age
  - Level of emotional and cognitive development
  - Physical size and stature
  - Mental illness or mental disabilities
  - Intellectual or developmental disabilities
  - Physical disabilities
  - Use perception of vulnerability
  - Any other specific information about the individual youth that may indicate the heightened need for supervision, additional safety precautions, or separation from certain other uses

Upon completing the orientation and documentation of the review process, the youth shall then be classified regarding any self-harm, medical, mental health issues, or safety and security concerns that the youth may pose to themselves, other youth, staff, and/or the facility, utilizing the assessment and classification form in accordance with the instructions provided. The Duty Supervisor shall review, approve, and sign the assessment and classification form upon completion of the process.

Should any Specialized Supervision arrangements be needed for the youth, (which may include placement of youth in a specified location in the dormitory to provide for

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increased/better supervision and/or to provide for the safety and security of the youth and/or facility), these arrangements shall be documented on a Specialized Supervision Plan (SSP) as outlined in Enhanced and Specialized Supervision Requirements for youth in Juvenile Facilities policy Those arrangements must also be approved by the duty Supervisor. All SSPs shall be reassessed every 30 days for suitability.

The Assessment and Classification form, the Initial Intake Screening Questionnaire form, and any Specialized Supervision Plans or Request for Mental Health Consultation forms generated during the initial orientation and classification process shall be distributed as follows:

- Original copy attached to the youth's orientation file document
- Copy in the youth's Behavior File
- Copy to Alert Log Coordinator's mailbox
- A copy is placed in the youth's monthly assessment and classification file maintained by the Facility Director.

Youth on a SSP shall be annotated on the facility's Alert Log, and a copy of the SSP placed in the facility's mental health log binder. The camp's population sheet, bed chart, and behavior files shall be annotated and/or updated with any special coding related to the youth's classification requirements by the orientation staff.

SSPs must be reviewed as to their necessity at least once every 30 days and updated as appropriate by the facility's Alert Log Coordinator in consultation with the facility's Alert Log Supervisor and/or Multidisciplinary Team (MDT). Upon completion of the initial assessment and classification process, it may be determined that the current camp placement is not appropriate for the youth. After this time, the youth may be considered for a transfer to another camp by utilizing the established MDT assessment, re-class meeting, and recommendation process.

#### 402.5 ONGOING IN CAMP ASSESSMENT AND CLASSIFICATION PROCESSES

Assessment and classification of youth within the camp facilities shall be an ongoing process. The facility's Alert Log Coordinator shall conduct a weekly review of the Facility Incident Report database (FIR) from the previous 60 days. The Alert Log Coordinator shall identify youth who, based on the number and/or types of incidents they have recently been involved in, may be experiencing difficulty adjusting to the camp environment and/or may require additional services. When conducting this review, the Alert Log Coordinator shall refer to Section (B) of the assessment classification form and the instructions provided as a general guide for determining which youth may require additional assessment and possible reclassification. Upon identifying any youth that meets these criteria, the youth shall be counted for the

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facility's next regularly scheduled daily MDT meeting. At the meeting, the MDT shall conduct an assessment and classification review of the youth's behavior, medical and mental health statuses, any facility incident reports (special incident reports and physical intervention reports), the facility's Alert Log, and other pertinent documents. The purpose is to determine if the youth may benefit from the provisions of additional services and/or placement on a specialized supervision plan to facilitate rehabilitative efforts and/or to provide for the safety and security of the youth, the youth's staff, and/or the facility. Each youth reviewed shall have an assessment and classification form generated on their behalf, upon which the MDT recommendation is documented. Once monthly, during one of the scheduled weekly MDT meetings for that month, all of the youth that are on a SSP shall be reviewed, and their SSPs continued, adjusted, or terminated by the MDT as circumstances dictate. The Facility Director shall ensure all MDT meetings are fully documented, and specific actions taken on behalf of individual youth are included in the meeting minutes. The facility's Alert Log Supervisor shall ensure that youth on active SSPs are calendared for review by the MDT at least every 30 days.

Compliance with the foregoing classification assessment process shall not preclude the immediate placement of a youth on SSP based on a youth's actions, behavior, and/or the receipt of additional information concerning the youth that warrants immediate action to ensure the safety and security of the youth, staff, or the facility. Once placed on a SSP, the youth's plan shall be reviewed at the next MDT meeting.

During the youth's camp assessment, a changed circumstance may occur that may necessitate a change of plan. When this occurs, the camp staff must use the initial assessment information and any other subsequent information gathered on behalf of the youth to develop a change of plan that will help the court determine a more suitable or appropriate environment for the youth, as outlined in WIC § 778 Petitions-Change of Plan policy.

The Duty Supervisor shall review, approve, assign, and date the classification forms generated on behalf of each youth during the weekly MDT process. The Assessment and Classification form and the SSP generated (including 30-day SSP extensions approved by the Facility Director) during the weekly MDT meeting shall be stapled together. Copies of these documents shall be placed in the following locations:

- Youth's behavior file
- Alert Log Coordinator's mailbox
- The monthly MDT assessment and classification file is maintained by the Facility Director

Youth on SSP shall be annotated on the facility's Alert Log, and a copy of the SSP shall be placed in the facility's mental health log binder. The camp's population sheet, bed chart, and behavior files shall be annotated and/or updated with any special



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coding consistent with the youth's classification requirements by the orientation staff.

#### 402.6 CLASSIFICATION STATUS VERIFICATION UPON ASSESSMENT TO THE HOPE CENTER OR ASSESSMENT REQUIRED AT RTSB FACILITIES

The assessment of a youth to the HOPE Center or an Assessment Center (AC) at a camp is usually undertaken as a disciplinary measure or in response to the safety and security needs of the youth, other youth, and/or the facility. Occasionally, a youth may be assigned to one of these units for administrative purposes by the Camp Director. Experience has demonstrated that youth assigned to these units, especially upon initial arrival, may be at high risk for engaging in self-harming behavior and/or acting out in a violent or other inappropriate manner.

Upon the assigned youth's arrival at the HOPE Center, and prior to the youth's placement in any room or day room area that is not under direct supervision, the HOPE Center staff shall orient the youth to the rules and regulations of the HOPE Center and complete a HOPE Center classification verification form for the youth. This is to ensure that appropriate housing and supervision are initiated to keep the youth safe. Upon entry, if the youth is upset and not amenable to the orientation of the classification and verification process, staff may place the youth in a room, or day room, or another area in the unit where continuous visual supervision can be afforded to the youth until the youth regains control and these processes can be initiated.

HOPE Center staff receiving, orienting, and assessing youth upon arrival shall be cognizant of the fact that, in many instances, youth assigned to the HOPE Center are from different camp facilities. Accordingly, as part of the classification and verification process, the HOPE Center staff shall initiate contact with the Duty Supervisor at the youth's home camp to determine if the youth is currently noted at that facility's Alert Log. If the youth is on that facility's Alert Log, the Duty Supervisor at the youth's home camp shall be asked to provide the HOPE Center with a copy of the most recent mental health recording form and/or SSP completed on behalf of the youth. During the contact with the Duty Supervisor, the HOPE Center staff shall also attempt to gather information from the Duty Supervisor or other knowledgeable staff at the camp regarding the youth's behavior and any current or recent issues that surround or affect the youth.

HOPE Center classification and verification process shall consist of the following, as necessary and appropriate:

- Review of PCMS, behavior file, and mental health recording forms in the behavior file
- Review of the Alert Log from the youth's home camp
- Review of any SSPs in the youth's file or from the youth's home camp

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- Review of any placement of special coding on the HOPE Center population, grade sheet, and bed chart
- Administration intake screening questionnaire to the youth
- Contact the Duty Supervisor at the youth's home camp facility to verify classification information
- Prepare a request for mental health consultation for the youth that are currently on a mental health caseload at their home camp as a precautionary measure
- Prepare a request for a mental health consultation form for any youth that are currently on Level II or Level III (L2 or L3) enhanced supervision status or appears to require counseling and assessment
- Contact medical/mental health staff for assessment information that HOPE Center staff should be aware of in order to house and care for the youth appropriately
- Place youth on L2 or L3 supervision as required by the home camp's Alert Log, SSP, or other emerging circumstances that require a pending mental health assessment
- Place the youth's information on the HOPE Center Facility's Alert Log as appropriate
- Place the SSP forms from the youth's home camp, if any exist, into the mental health log binder at the facility where the HOPE Center is located;
- Place the youth in a room/bed location that is most appropriate or safe for supervision purposes

#### 402.7 INSTRUCTIONS FOR COMPLETING THE ASSESSMENT AND CLASSIFICATION FORM

All youth entering the camp for the first time pursuant to a new camp order or administrative reassignment to a different camp shall be provided with a formal assessment and classification upon entering the facility. An assessment and classification form shall be completed in accordance with the instructions provided below:

##### Youth Information:

The following must be noted in the classification:

- Youth's name
- Gender

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- Gender identity
- PDJ number
- Date of birth
- Date entered camp
- The name of the DPO responsible for conducting the initial assessment and classification of the youth
- The circumstances during which the form was completed (initial orientation or ongoing in-camp assessment as a part of the MDT process)
- The name of any MDT staff present during the assessment process
- Facility staff shall not consider lesbian, gay, bisexual, transgender, questioning, or intersect identification or status as an indicator of the likelihood of being sexually abusive (15 CCR 1352 (c) (f))

#### Probation Document and System Reviews:

As a part of the orientation process, the orientation staff shall conduct a thorough review of camp assessment unit documents, the youth's behavior file, the PDJ file, and the PCMS system so that the youth can be appropriately classified and placed within a dormitory or HOPE Center to ensure appropriate supervision.

Review of Behavior Charts, PCMS , and PDJ files: Note whether these files/systems were reviewed during the process. If not, note the reason why the files/systems were not reviewed.

Staff conducting the document and system reviews preparatory to initiating any orientation and/or classification process shall be especially alert to documentation that indicates that the youth:

- May be a potential victim
- Engage in predatory behaviors
- Has engaged in any acts of violence (indicate YOYV, physical or sexual assaults or disturbances)
- Has engaged in other types of misconduct such as gang activity, acting out, possession of controlled items, escape attempts, and/or sexual misconduct)
- Has been involved in three (3) or more use-of-force incidents during the current detention period
- Has multiple HOPE Center referrals (at least 3 or more in the most recent 30-day detention period)

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- Has engaged in self-harming behaviors resulting in placement on Levels II, III, or IV (L2, L3, L4)
- Currently is on psychotropic medications
- Has any documented developmental disabilities, education, psychological, or medical conditions
- Has any activity restrictions due to medical or mental health issues
- Has a history of violent offenses
- Has a current gang membership or affiliation and the youth's status in that particular gang (if known)

While conducting the review of these documents, staff shall adhere to the instructions provided below:

Gang Affiliation:

If the youth admits to or appears to be affiliated with a gang, check the box, then note the name of the gang and check the box that indicates whether the youth admits to or appears to be:

- A leader in the gang
- General gang member
- An associate (desirous of belonging)

If the youth is determined to have a leadership role in the gang, the youth must be placed on a SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, which allows the staff the ability to observe the youth at all times. This SSP shall be reassessed in 30 days, and a decision will be made as to whether to continue the SSP and specialized dormitory supervision and/or placement supervision and/or placement based on the youth's behaviors.

Special Coding:

Note whether the youth has any special codes noted in the file. If the youth is coded, check the box and circle the code(s) that apply. Ensure that these codes are added to the population sheet and bed chart as appropriate:

- **S or SI Code:** If the youth is "S" or "SI" coded and has been placed on Level II, III, or IV in the past six months, the youth must be placed on a SSP. In addition, the youth shall be assigned to a bed in the dormitory that is in immediate proximity to the control center so that the staff may easily observe the youth at all times. This SSP shall be reassessed every 30 days, and a decision is to be made as to whether to continue the SSP. Staff shall also be

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cognizant as to whether or not this youth has demonstrated other predatory behaviors prior to or while in the camp environment, and factor this information into the 30-day reassessment decision regarding whether or not to terminate or continue the SSP.

- **E Code:** If the youth has escaped, or attempted to escape, from a secured probation department facility at any time in the past, check the box. The youth must be placed on an SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, which allows staff to easily observe and account for the youth. This SSP shall be reassessed every 30 days, and a decision is to be made as to whether to continue the SSP. When a youth is on E-code-related SSP, they may only be removed from SSP status by the Facility Director, who must formally document this action.
- **D and K Codes:** If the youth is “D” or “K” coded, check the box. Staff shall review the circumstances of the coding and shall determine if placement on an SSP is necessary. Staff shall also be cognizant of any situations where a youth coded “K” is assigned to the same camp as the youth or gang that the youth is designated as a “keep-away” from. If this situation occurs, the Duty Supervisor shall be contacted and shall investigate the appropriateness of the youth’s assignment to the camp Level II, III, or IV placement in the last 6 months or history of self-harming behaviors:
- Note whether or not the youth has been placed on Level II, Level III, or Level IV enhanced supervision status at any time in the past six months or if the youth has engaged in any type of self-harming behavior at any time in the past six months. If yes, the box must be checked, and the youth must be placed on a SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, allowing staff to observe the youth at all times. This SSP shall be reassessed in 30 days, and a decision will be made as to whether to continue the SSP.

History of committing sexual assault, either in or out of custody:

If the youth has a history of sexual assault, including non-substantiated allegations of sexual assault/misconduct, check the box. The youth must be placed on an SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, allowing staff to observe the youth at all times. The SSP shall be reassessed in 30 days, and a decision will be made as to whether to continue the SSP. Staff should also be cognizant as to whether or not this youth has demonstrated other predatory behaviors prior to or while in the camp environment, and factor this information into their 30-day reassessment decision regarding whether or not to terminate/continue the SSP.

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History as a victim of sexual assault, either in or out of custody:

If the youth has a history of being a victim of sexual assault, either in or out of custody (if known), check the box. The youth must be placed on a SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, allowing staff to observe the youth at all times. The SSP shall be reassessed in 30 days, and a decision will be made as to whether to continue the SSP. Staff should also be cognizant as to whether or not this youth has been victimized in any manner while in the camp environment, and factor this information into their 30-day reassessment decision regarding whether or not to terminate or continue the SSP.

History of engaging in consensual sexual activity while in custody (one or more incidents):

If a youth has a history of engaging in consensual sexual activity while in custody, check the box. The SSP shall be reassessed in 30 days, and a decision will be made as to whether to continue the SSP. Staff should also be cognizant as to whether or not this youth has been victimized in any manner while in the camp environment, and factor this information into their 30-day reassessment decision regarding whether or not to terminate or continue the SSP. Staff should also be cognizant as to whether or not the youth has been observed to be out of bounds or has engaged in any other types of sexual misconduct while in the camp environment, and factor this information into their 30-day reassessment decision regarding whether or not to terminate/continue the SSP for the youth.

60-day detention history review:

Orientation and MDT staff shall review the youth's prior detention history over the course of the past 60 days, including behavior at juvenile hall, camp, and/or the Dorothy Kirby Center. This is generally accomplished via a review of the behavior file and PCMS . Staff shall fully review each incident that in any way involves the youth's participation in acts of misconduct. If any box is checked in this section, then the item shall be discussed at the youth's MDT. The MDT shall fully review the circumstances of any YES answer(s) and follow the instructions for completing this form, and determine if the youth should be placed on a SSP at the facility.

- Serious Misconduct Incidents: Serious incidents may consist of the following types of behaviors:
  - Predatory behaviors
  - Assault (sexual or physical) on other youth or physical assault on staff
  - Participating in a major disturbance
  - An escape attempt or a well-developed plan for escape

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- Consensual sexual misconduct
- “The hoarding of medication and/or possession of other youth medications

Youth engaging in these behaviors and who meet any of the specific criteria outlined below must be placed on a SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, allowing staff to observe the youth at all times. The SSP shall be reassessed in 30 days, and a decision is to be made as to whether to continue the SSP. Staff shall also be cognizant as to whether or not the youth had engaged in any other serious misconduct incidents while on a 30day SSP. Enter this information into the 30day reassessment decision regarding whether or not to terminate/continue the SSP.

- **Predatory Behaviors:** Serious unprovoked physical or sexual assaults on other youth resulting in injury, pressuring, targeting, and/or bullying smaller stature or weaker youth for favors and/or the taking of personal items and/or food from these youth
- **Assault on Other Youth or Staff Resulting in Injury:** Physical or sexual assault on a youth or assault on a staff resulting in serious injury requiring off-site medical treatment for the youth or staff
- **Initiating or Leading a Major Disturbance:** The youth initiated or helped to lead a large group disturbance in the facility that involved five or more youth
- **Escape Attempt or Planning Escape:** Participating in an escape attempt or planning an escape.
- **Consensual Sexual Misconduct:** Engaged in sexual misconduct with another youth involving physical contact, intentionally exposed themselves to others, or has a history of sexual misconduct and is continually moving out of staff supervision (out of bounds) and/or encouraging other youth to engage in sexual misconduct
- **Hoarding Medication or Possessing Medication of Other Youth:** Possessing prescription medication prescribed for that youth or other youth at any time.
  - Involvement in three (3) or more of the following incidents:
    - Participates in a disturbance (not an initiator/leader)
    - Assault
    - Fight
    - Possession of contraband such as weapons, drugs, cigarettes/lighters, alcohol, electronic devices, tattoo machines, etc.

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- Gang-related activities
    - If the youth has engaged in a combination of at least three (3) of these incidents combined in the past 60 days, the MDT must review the youth's combined conduct to determine if a SSP is indicated.
- **Initiating or Leading in Major Disturbance:** While detained in a juvenile hall or camp, if a youth has engaged in the act of initiating or helping to lead a major disturbance, the youth must be placed on a SSP and assigned to a bed in the dormitory that is in the immediate proximity of the control center, allowing staff to observe the youth at all times. The SSP shall be reassessed in 30 days, and a decision is to be made as to whether to continue the SSP. Staff should also be cognizant as to whether or not the youth has engaged in other serious misconduct incidents while on the 30-day SSP, and factor this information into the 30-day reassessment decision regarding whether or not to terminate/continue the SSP.
- **Involvement in Three (3) or More Physical Intervention Incidents Within Sixty (60) Days:** If the youth was involved in three or more use of force incidents within the past 60 days that resolved at Levels IV, V, or VI, the MDT must review the youth's conduct in each of the incidents. That information, in combination with the youth's overall conduct in juvenile hall and/or camp settings during the prior 60 days, determines whether a SSP is indicated for the safety of the youth and staff.
- **History of Multiple HOPE Center Referrals (Three or More in the Most Recent 30-Day Period):** If the youth was involved in three or more HOPE Center referrals for misconduct (not assigned to the HOPE Center for administrative purposes) within the last 30 days, the MDT must review the youth's conduct in each of these incidents. This, in combination with the youth's overall conduct in juvenile hall and/or camp during the prior three days, will be used to determine whether a SSP is necessary to provide better supervision for the youth in the facility setting.

Medical, mental health, education, and other safety/security concerns:

Upon the youth's arrival at camp, the camp nurse, mental health clinician, and designated education staff shall review the respective medical, mental health, and educational files of the youth as permitted by law. They will advise Probation of any medical, mental health, or education issues that camp staff should be made aware of to provide appropriate educational opportunities, housing, and supervision of the youth to keep the youth reasonably safe and maintain the safety and security of this facility.

- **Serious Mental Health Illness/Conditions:** If the youth has a serious mental



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health illness/condition, check the box and note there has been a mental illness, if known, in the comments section provided.

- Current Use of Psychotropic Medication: If the youth is currently taking psychotropic medications, check the box and note the type(s) of medication currently being taken by the youth, if known, in the comments section.

NOTE: If the box is checked for either of the above sections, the assessment and classification staff shall:

- Complete a *Request for Mental Health Consultation* form
- Notify the Duty Supervisor of the situation
- Ensure that appropriate supervision is provided to the youth as directed by the Duty Supervisor pending mental health assessment. DMH staff who assist in the classification process shall advise the MDT participants if the youth's mental health condition requires special placement in the dormitory or other accommodations that will require a SSP. If the youth is currently taking psychotropic medications, the youth's name shall be added to the facility's list of youth on psychotropic medications.

Serious medical conditions:

- If the youth has a serious medical condition, check the box, then note the condition/illness, if known, in the comments section.

Current activity restrictions:

- If the youth has current activity restrictions as noted in the medical file, mental health file, or PCMS, check the box and then note the type and duration of activity restrictions in the comments section.

NOTE: The staff shall consult with medical or mental health staff on serious medical/mental health conditions and determine if a SSP is indicated for the condition and the attached attendant activity restrictions. If the youth has any permanent activity restrictions related to the condition, the youth must be placed on a SSP, and the nature and duration of the activity restrictions are noted on the SSP. The SSP shall be reassessed every 30 days or when a change in the medical condition occurs, and the SSP will continue until the permanent activity restriction has been lifted. At this time, a decision shall be made by the MDT as to whether to discontinue the SSP. For purposes of classification, a "permanent activity restriction" is one that does not have a defined or otherwise documented endpoint. If the youth has a temporary activity restriction related to a medical issue that will resolve itself in a designated time period, then a SSP is not generally indicated.

Special Education Needs or High School Graduate/General Educational Development (GED): Note whether the youth has educational issues (special education needs or

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high school graduate/GED recipient by checking the appropriate boxes. Note that the type of educational issue will determine whether there is a need to provide the youth with specialized or other educational services.

Recommendation:

This section indicates, by checking one or more boxes, the actions that were taken or recommended by the MDT:

- The youth was placed on a SSP
- The youth was removed from a SSP
- The youth was continued on an existing SSP for an additional 30 days
- The youth's SSP information was added to the facility's Alert Log
- The youth's SSP information was removed from the facility's Alert Log
- No action was recommended

If no actions were recommended, then the "No Action Recommended" box shall be checked.

If a youth is placed on a SSP or if the youth's SSP was extended for an additional 30 days, the youth's SSP status must be added to or updated on the facility's Alert Log, and a copy of the new or updated SSP must be placed in the facility's mental health log binder. If it is recommended that the youth's SSP be discontinued, then the youth's SSP status must be removed from the Alert Log.

No youth may appear on the Alert Log that does not have either an active SSP or a current *Mental Health Recording* form indicating Level 2, Level 3, or Level 4 enhanced supervision status on file in the facility's Mental Health Log.

Duty Supervisor approval:

The Duty Supervisor shall, upon completion of the assessment and classification process, review, approve, assign, and date the assessment and classification form.

Document distribution:

For assessment and classification documents generated during the initial orientation process:

The assessment and classification form, the initial intake screening questionnaire form, and any SSP or *Request for Mental Health Consultation* form that is generated during the initial orientation and classification process shall be distributed as follows:

- Original copy attached to the youth's orientation file documents.

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- A copy to the youth's behavior file.
- A copy to the Alert Log Coordinator's mailbox.
- A copy is placed in the monthly assessment and classification file maintained by the Facility Director.

For assessment and classification documents generated during the weekly MDT meetings:

- The Duty Supervisor shall review, approve, assign, and date assessment and classification forms generated on behalf of each youth during the weekly MDT process. The assessment and classification form and any Specialized Supervision Plan generated (including 30-day SSP extensions approved by the Facility Director) during the weekly MDT meetings shall be stapled together. Copies of these documents shall be placed in the following locations:
  - Youth's behavior file.
  - Alert Log Coordinator's mailbox.
  - The monthly MDT assessment and classification file is maintained by the Facility Director.

#### 402.8 CVK ORIENTATION AND CLASSIFICATION PROCESS

All youth shall be assessed using the Department's validated classification and risk assessment tools. Placement decisions will align with each youth's legal status (pre- or post-disposition), behavioral history, medical and mental health needs, and other relevant safety considerations. A Supervisor has the authority to override a youth's classification due to safety concerns, population overflow, medical concerns, or other needs not specified.

The Supervisor must obtain final approval from the facility's Assistant Director, Director, or Assistant Superintendent.

The facility Assistant Director may audit the unit classification of youth monthly.

Youth shall be housed in units appropriate to their classification, while also ensuring safety, legal compliance, and continuity of care.

#### Secure Youth Treatment Facility (SYTF) disposition

Staff shall complete intake and orientation, which includes the review of the youth's program length, program incentives/developmental stage system, visiting days, rules, and expectations. Staff will then escort the youth to their new unit and program.

Youth shall receive the designated program uniform, be assigned a bed, and receive an overview of the daily schedules. Staff shall ensure the youth receives a phone

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call to their parents/legal guardian to notify them of their program changes.

The case plan shall be initiated by the Institutional Assessment and completed within 10 days of the youth's admission.

The case plan/MDT shall be completed within 14 days of the completion of the youth's Institutional Assessment. The periodic review of the case plan/MDT will take place every 30 days thereafter.

### Post-Disposition

The Caseworker shall complete a Collaborative, Assessment, Rehabilitation, and Education (CARE) Treatment Program Intake and Orientation. Staff shall review the youth's program length, program incentives/developmental stage system, visiting days, rules, and expectations.

The Case Plan shall be initiated by the Institutional Assessment and completed within seven (7) days of the youth's CARE Treatment Program order.

The case plan/Multi-Disciplinary Team (MDT) shall be completed within 14 days of the completion of the youth's Institutional Assessment. The periodic review of the case plan/MDT will take place every 30 days thereafter.

Youth shall receive the designated program uniform, be assigned a bed, and be provided with an overview of the daily schedules.

Staff shall ensure the youth receives a phone call to their parents/legal guardian to notify them of their program change.

## **403 JUVENILE SUPERVISION OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) YOUTH IN INSTITUTIONAL SETTINGS**

It is the policy of the Department to maintain a zero-tolerance policy toward all forms of sexual abuse, discrimination, and harassment. This policy is to reinforce departmental policy and work performance expectations of staff relative to the supervision of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth detained in juvenile facilities.

This policy is also intended to foster and maintain a system free from organizational and personal biases, both intentional and unintentional, and to support operational practices that ensure respect and equitable treatment of LGBTQI youth while recognizing and addressing the individual needs of all detained youth.

Department Staff, contractors, and volunteers shall:

Provide fair and equal treatment to LGBTQI youth in Probation's care and custody.

- Protect LGBTQI youth from discrimination, physical and sexual harassment or

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assault, and verbal harassment by either staff or other youth based on a youth's actual or perceived sexual orientation or gender identity.

- Respect and protect the rights of LGBTQI youth to question and determine their own sexual orientation and gender identity.
- Ensure a workplace environment that fosters a culture in which anti-LGBTQI threats of violence, actual violence, abuse, harassment, and disrespectful or suggestive comments or gestures will not be tolerated.
- Utilize respectful language and terminology that does not stereotype or convey bias or hatred towards LGBTQI youth. In addition, staff should not tolerate such language among youth.

#### 403.1 LEGAL BASIS

This policy is governed by the United States and California Constitutions, as well as the California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 5 et seq., and 28 C.F.R. Part 115 et. seq.(Prison Rape Elimination Act).

#### 403.2 DEFINITIONS

**Bisexual-** A person who is emotionally, romantically, and sexually attracted to two genders.

**Gay-** A person who is primarily emotionally, romantically, and sexually attracted to individuals of the same gender.

**Gender Identity-** A person's internal, deeply felt sense of gender, regardless of biological sex.

**Gender Nonconforming-** A person whose appearance, gender expression, or manner does not conform to traditional masculine and feminine norms.

**Harassment-** Conduct that may include, but is not limited to, name-calling; disrespectful or humiliating gestures, jokes, or comments; inappropriate touching; threats of physical or emotional acts or negative consequences (including religious indoctrination); pantomiming inappropriate behavior; shunning or isolation; or making attempts to change a youth's sexual orientation, gender identity, or gender expression.

**Intersex-** A youth whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female.

**Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)-** is a diversity of sexuality and gender, identity-based cultures. It may be used to refer to anyone who is non-heterosexual or non-cisgender instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, the letter

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Q is for those who identify as queer or are questioning their sexual identity. The letter I stands for intersex, which is defined above.

**Lesbian-** A female who is primarily emotionally, romantically, and sexually attracted to individuals of the same gender.

**Questioning-** A person who is exploring or unsure about their sexual orientation and/or gender identity.

**Sexual Orientation-** A person's emotional, romantic, and sexual attraction for members of the same, opposite, or both genders.

**Transgender-** A person whose gender identity is different from the person's assigned sex at birth.

**Individual Behavior Management Plan (IBMP)/Multi-Disciplinary Assessment (MDA)/Multi-Disciplinary Team (MDT)** - An interdisciplinary team consisting of members from medical, mental health, education, and probation who shall be designated to assess the needs of youth.

#### 403.3 CONFIDENTIALLY

Staff shall not disclose a youth's sexual orientation or gender identity to other youth at the facility or to outside parties, individuals, or agencies, including the youth's family or friends, without the youth's permission. Disclosure is authorized only to other Probation staff members with a need to know, to members of MDTs, agencies providing treatment or supervision of the youth, or where necessary to comply with State or federal law. If a youth discloses their sexual orientation or gender identity to a staff member, and that staff member assesses that the youth is at risk of sexual or physical abuse, the staff member shall then act consistent with *the Juvenile Prison Rapes Elimination Act (PREA)* and other protocols governing the safety of youth.

#### 403.4 NAMES AND LANGUAGE

- Staff, volunteers, and contractors working with youth shall use respectful language and terminology that does not further stereotypes about LGBTQI people.
- Staff shall respect the choices made by the youth and refer to the youth by the youth's preferred name and pronoun (including but not limited to he/she, his/her, they/them/their) even if their name has not been legally changed. Facilities may prohibit the use of gang or slang names or names that otherwise compromise facility operations, as determined by the Facility Director or the authorized designee, and shall document any decision made on this basis. All written documentation about a transgender youth shall utilize the youth's preferred name, as well as noting the youth's legal name recognized by the

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court.

- Staff shall refer to a transgender or intersex youth by the youth's last name or asserted first name.
- The youth's legal name will be used in all systems, such as but not limited to the PCMS , the Probation Electronic Medical Records System (PEMRS), and the Juvenile Automated Index (JAI). The youth's legal name will be used along with any preferred name as an AKA.
- Staff shall not direct/apply derisive or demeaning names to youth; use contemptuous language directed at youth, which may include vulgar or profane words; use any words that show prejudice or intolerance toward an individual based on their actual or perceived sex, sexual orientation, or gender identity; engage in verbal interactions that a reasonable person would view as abusive.
- Staff, volunteers, and contractors, in the course of their work, shall not refer to youth by using derogatory language in a manner that conveys bias towards LGBTQI people. In particular, staff shall not imply to or tell LGBTQI youth that they are abnormal, deviant, sinful, or that they can or should change their sexual orientation or gender identity.

#### 403.5 INTAKE

The following apply to juvenile detention facility operations:

- Intake staff shall ask all youth, as standard practice, if they identify as LGBTQI in line with applicable intake forms
- If a youth discloses that they are LGBTQI, staff shall talk with the youth and determine if the youth has safety concerns
- If a youth discloses that they are transgender or intersex, the staff should refer the youth to medical staff for continuation and coordination of gender-affirming services, including medical services
- Intake staff shall complete the PEMRS-PREA Risk Assessment form for each youth admitted to the facility. If the youth indicates that they are transgender or intersex and requests to be housed in a juvenile hall living unit or camp, which houses youth of another assigned biological birth sex of the transgender or intersex youth, a medical referral shall be completed and shall be forwarded to the IBMP/MDA/MDT Coordinator.
- If a transgender or intersex youth requests to be housed in a living unit or facility that houses youth of another assigned biological birth sex of the transgender or intersex youth, the IBMP/MDA/MDT shall be convened to

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determine how to meet the classification and housing needs of the transgender or intersex youth. Facility staff shall house youth in the unit or room that best meets their individual needs and promotes their safety and well-being. Transgender or intersex youth shall not automatically be housed based on their assigned biological birth sex. In addition to the general considerations that apply to all classification and housing decisions, the IBMP/MDA/MDT shall make housing recommendations for transgender or intersex youth, prioritizing the youth's health and safety needs with consideration as to whether the placement would present management or security concerns. The IBMP/MDA/MDT shall also consider the transgender or intersex resident's own views with respect to their own safety.

- If the IBMP/MDA/MDT recommends housing the youth in a living unit or facility that houses youth of another assigned biological birth sex of the transgender or intersex youth, a recommendation for housing shall be submitted to the juvenile hall Superintendent/Regional Director or the authorized designee. Final housing determination for a transgender or intersex youth shall be made by the Superintendent/Regional Director or designee. The Superintendent/Regional Director or the authorized designee shall indicate in writing the decision for housing and email the decision to the IBMP/MDA/MDT Coordinator.
- Pending a decision on housing within the facility (decision to be finalized within two (2) business days), transgender or intersex youth shall be housed in a designated unit within the facility, pending MDT.
- If the administrative decision is made to house the youth in a living unit housing youth of another assigned biological birth sex, the IBMP Coordinator shall coordinate with the supervisors of the current housing unit and the new housing unit to ensure that the transfer is completed. For youth residing in the juvenile hall pending movement to camp, the Camp's Intake Supervising Deputy Probation Officer (SDPO) shall ensure that the camp packet and special needs are provided to the receiving location prior to the youth's arrival. The Camp's Intake Supervisor will ensure that transportation is notified of the pending movement. When camp youth are transferred to opposite assigned biological birth sex camps, the Regional Director shall ensure that the MDT notes and relevant documents are provided to the receiving location prior to the arrival of the youth. The Regional Director shall ensure that the management of the receiving location is aware of the transfer and the pending arrival of the youth. It is the responsibility of the sending camp to notify transportation regarding the transfer prior to the movement of the youth.

#### 403.6 CLOTHING AND GENDER PRESENTATION



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- Transgender and intersex youth who request specific clothing and/or undergarments shall be provided with the desired clothing. These garments shall not be leveraged for purposes of discipline
- Access to grooming and hygiene products/aids shall not be restricted based on gender

#### 403.7 BATHROOMS AND SHOWERS

Consistent with the facility's reasonable and necessary security considerations and physical plan, facility staff shall make every effort to ensure the safety and privacy of transgender and intersex youth when the youth are using the bathroom, shower, dressing, or undressing. Transgender or intersex youth, or any other youth who has been determined to be vulnerable to sexual harassment or abuse, shall have the option to shower at a different time from other youth and be afforded reasonable privacy.

#### 403.8 MEDICAL AND MENTAL HEALTH CARE

- Refer to JCHS and DMH policies
- Transgender or intersex youth shall not be denied gender-affirming medical and mental health services as a form of punishment or for any other reason

#### 403.9 SEARCHES

Institution staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining genital status. If a youth's genital status is unknown, it may be determined during routine intake medical examinations that all youth are required to undergo by reviewing medical records or by speaking with the youth.

Staff shall conduct searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Youth may identify the gender of a staff with whom they would feel most comfortable conducting the search. If the youth has no preference, they shall be searched by a staff of the same assigned biological birth or sex/gender.

The Duty supervisor shall make the determination whether a transgender youth may be searched by a staff of the opposite assigned biological birth or sex/gender.

#### 403.10 REPORTING AND RESPONDING TO HARASSMENT AND DISCRIMINATION

Probation staff shall promptly and appropriately intervene to de-escalate situations where a youth is being physically, verbally, or sexually abused or harassed for any reason, including based on the youth's actual or perceived sexual orientation or

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gender identity. This includes the use of homophobic and transphobic slurs/remarks.

- All staff, contractors, and volunteers shall report any violations of this policy. Failure to report a violation may result in disciplinary action or, in the case of contractors and volunteers, removal from continued services in the juvenile halls/camps.
- Youth shall be able to report LGBTQI concerns by following the facility's grievance policy and procedures.
- Supervisory and management staff shall treat all reports of alleged violations of this policy seriously. Administrators shall take swift action per established procedures when staff, contractors, or volunteers report alleged violations of this policy. Facility staff shall not conduct physical searches of any youth for the purpose of determining the use of anatomical sex. Whenever feasible, the facility shall respect the youth's preference regarding the gender of the staff member who conducts any search of the youth (15 CCR 1352.5 (a– e)).

#### 403.11 ONGOING ASSESSMENTS AND SURVEY

At any time, if a youth in a detained setting indicates a gender identity different than what was initially provided during the intake process, staff are required to update PCMS accordingly. The IBMP/MDA/MDT shall review the changes and address any requirements or reclassifications, if necessary, at the next meeting.

### **404 DOCUMENTATION**

When the youth arrives at camp, the receiving DPO shall ensure that the transporting deputy has also delivered the youth's medical and behavior charts. The receiving DPO shall place the youth's medical chart in the nurse's inbox.

From time to time, the transporting deputy provides the receiving camp staff with a temporary behavior chart. It is important for the receiving staff to document that the behavior chart was not delivered, as juvenile hall staff may not accept the youth back into juvenile hall at a future date with a temporary chart.

The receiving camp DPO shall write clearly on the cover of the temporary chart the following information:

- Date of the youth's entry to the facility
- "Temporary chart received this date."

### **405 MEDICAL CONSENT**

The provision of routine medical and dental care to youth requires consent and

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authorization from the youth's parents/ legal guardians for youth under 18 years old. To obtain such permission, an Authorization for Medical Care form shall be completed and signed by a parent/legal guardian. Detention facilities shall attempt to obtain a signed medical consent from the youth's parents/legal guardians for each youth being detained in Los Angeles County by the juvenile court. The Medical Consent Coordinator (MCC) must make demonstrable attempts to receive medical consent from the youth's parents/legal guardians within the first 24 hours of admission. When a youth is in temporary custody, a probation officer may consent for necessary health care, as recommended by an attending doctor or dentist; however, before providing authorization, the probation officer must make reasonable efforts to notify the parent /legal guardians. If this person objects, care cannot be provided without a court order authorizing treatment. Youth who are 18 years of age or older are allowed to consent to their own medical care. The process for obtaining medical consent shall be as follows:

#### 405.1 CAMPS

If juvenile hall staff have not secured a signed Medical Consent form for a youth receiving a Camp Community Placement (CCP) Order, or a DKC Order, the CAU Officer shall verify if the youth receiving a CCP has current signed medical forms in PEMRS. The CAU Officer shall indicate in their 18-point assessment and as a case note in the PCMS if a youth has a signed Medical Consent form on file or if one is needed. Designated admission staff shall be assigned as the Medical Consent Coordinator (MCC). The MCC shall ensure that all youth with a CCP have a current and signed Medical Consent form on file and in PEMRS. It shall be the responsibility of the MCC to follow up with the assigned officer to acquire missing medical consent forms.

Upon the youth's transfer to camp:

- The assigned officer is to verify if the youth has a current signed Medical Consent form by checking case notes from the CAU Officer in PCMS.
- The assigned officer shall place a copy of the Medical Consent form on the bottom left side of the Behavior Chart, provide a copy to the camp nurse, and shall ensure that a copy has been uploaded into PEMRS.
- If there is no Medical Consent form available, check with the camp nurse or request MCC to upload the signed Medical Consent form into PEMRS, if available. If the form is not attainable, the assigned officer shall contact a parent/legal guardian telephonically, indicating that a Medical Consent form has been mailed to their home, which needs to be returned by mail or at visitation. The signed medical consent should be received within the same week of the telephone call if the parent/legal guardian is delivering the Medical Consent form at the visit; otherwise, the parent/legal guardian is to be

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instructed to send the Medical Consent form by mail.

- Upon acquiring a signed Medical Consent form, the officer shall document receipt in PCMS by making an entry in Case Notes with a Case Note Type of “Medical Consent – Detained Youth” and Sub-Type of “Camp officer.” If the parent/legal guardian does not bring the Medical Consent form during the Saturday or Sunday visit, the Camp officer shall follow up with the parents/legal guardians. If the parent/legal guardian refuses to sign a Medical Consent form, the Camp officer shall indicate the parent/legal guardian's refusal on the form and notify the MCC via email. The Camp officer shall also make a PCMS entry in Case Notes using a Case Note Type of “Medical Consent – Detained Youth” and a Sub-Type of “Camp officer.”
  - If a parent/legal guardian refuses to sign a medical consent, a Director or Supervisor shall consult with the parent/legal guardian, explaining the importance of having a signed medical consent on file. The parent/legal guardian's refusal to sign the medical consent shall not preclude them from visitation. If a parent/legal guardian still refuses, the MCC shall acquire court authorization through an Ex Parte court report. Once authorization is received, the related minute order shall be uploaded into PEMRS, and a copy shall be emailed to the Camp officer.

A Medical Consent form shall be on file and in PEMRS for each camp youth within 14 days of the youth's assignment to camp, to the extent possible.

#### 405.2 TELEPHONIC MEDICAL CONSENT

To obtain temporary consent for youth who do not have a Medical Consent form on file, the MCC or Camp officer shall contact the parent/legal guardian by telephone and request authorization for medical care. The following instructions shall be completed by the MCC/Camp officer when contacting the parent/legal guardian telephonically to request medical consent:

- The MCC/Camp officer shall contact the parent/legal guardian by telephone, indicating they are requesting telephonic medical consent for their youth.
- The MCC/Camp officer shall verify they are speaking to the parent/legal guardian of the youth where telephonic medical consent is being requested.
- Verification shall be in the form of the parent/legal guardian providing the address and date of birth of the youth.
- The MCC/Camp officer shall read the Medical Consent form to the parent/legal guardian. Once completed, the MCC/Camp officer shall ask the parent/legal guardian if they understand the terms of the medical consent and

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if they agree to allow the Department to provide medical care to their child.

- If the parent/legal guardian agrees to allow telephonic medical consent, the MCC/Camp officer shall complete and sign the Medical Consent form as an indication that the parent/legal guardian has agreed to allow the Department to provide medical care to the youth. The MCC/Camp officer shall also indicate with a check mark on the parent/legal guardian-approved medical consent by telephone, and the youth's information was verified by the parent/legal guardian.
- The MCC/Camp officer shall include on the Medical Consent form: the time and date signed, the telephone number, and the address of the MCC/Camp officer.
- The MCC/Camp officer shall place a copy of the Medical Consent form on the bottom left side of the Behavior Chart, provide a copy to the nurse, and shall ensure that a copy has been uploaded into PEMRS.
- The MCC/Camp officer shall continue to obtain the original signature on the Medical Consent form from the parent/legal guardian during visits or by mail.
- All successful and unsuccessful attempts shall be documented in PEMRS as an Ad-Hoc entry and in PCMS under Case Notes using the appropriate Type and Sub-Type.

#### 405.3 EX PARTE COURT REPORT

If a Medical Consent form is not obtained from the parent/legal guardian using the above-mentioned process, and no signed medical consent or court order authorizing medical services is found in either PEMRS or the DDES, the MCC or Camp officer shall complete an Ex Parte court report requesting the court to authorize the Probation Officer to provide consent for medical treatment.

Once the Court order with authorization is obtained, the MCC or the Camp officer shall complete a Medical Consent form and sign as the parent/ legal guardian. The Medical Consent form, along with a copy of the minute order, shall be provided to Medical Records or the nurse.

#### Ex Parte Court Reports for Non-Wards of the Court Without Parents or Guardians

Per WIC § 739(b), whenever a petition has been filed with the court for medical, surgical, dental, or other remedial care and there is no parent, legal guardian, or parent standing in loco-parentis capable of authorizing or willing to authorize the remedial care or treatment for youth, the court, upon a written recommendation of a licensed physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, legal guardian or person standing in loco parentis,

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if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for the youth.

- MCC shall complete the Ex Parte report requesting the court to authorize medical care for the youth.
- A check mark shall indicate the efforts that were made by the MCC to obtain medical consent from the parent/legal guardian. The dates and the types of efforts made to obtain the consent shall be indicated in the report.
- A copy of the letter from the licensed physician shall be attached to the Ex Parte report.
- MCC shall make four (4) copies of the Ex Parte packet. The packets shall be sent via County messenger to the court clerk where the hearing will take place.

Ex Parte Court Report for Wards of the Court (i.e., Suitable Placement, Home On Probation, Camp Placement) With No Authorization From Parents or Legal Guardians

Per WIC § 739(c), whenever a ward of the juvenile court is placed by order of the court within the care and custody or under the supervision of the Officer of the county in which the ward resides and it appears to the court that there is no parent, legal guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the youth, the court may, after due notice to the parent, legal guardian, or person standing in loco parentis, if any, order the Officer to authorize the medical, surgical, dental or other remedial care for the youth by a licensed practitioner, as may from time to time appear necessary.

- MCC/Camp officer shall complete the Ex Parte report requesting the court to authorize medical care for the youth. A check mark shall indicate the efforts that were made by the MCC/Camp officer to obtain medical consent from the parent/legal guardian. The dates and the types of efforts made to obtain the consent shall be indicated in the report.
- MCC/Camp officer shall make four (4) copies of the Ex Parte packet. The packets shall be sent via County messenger to the court clerk in the courtroom wherein the hearing will take place.

Data pertaining to preparing Ex Parte court reports shall be logged and shall indicate: (1) the youth's name; (2) DOB; (3) PDJ Number; (4) Court Department; (5) the Date Ex Parte was sent to court if the Ex Parte was ordered, court clerk information, and the date the Ex Parte was ordered. If the parent/legal guardian signs a Medical Consent form during the Ex Parte process, that shall be indicated on the Ex Parte Log.

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#### **406 ON-SITE MEDICAL CLEARANCE**

The receiving officer shall contact the camp nurse, if available, who will medically clear the youth into camp. If the nurse is not available, the receiving officer shall place the youth's medical chart in the nurse's inbox so that the nurse can clear the youth when the nurse becomes available.

#### **407 ON-SITE DENIAL CRITERIA**

In certain circumstances, the receiving facility shall not allow the youth to be admitted. The youth cannot be admitted if there is no medical file or if proper clearances have not been issued by medical and mental health staff at the facility. In such instances, the receiving officer shall notify the Supervisor, who shall authorize the return of the youth to juvenile hall pending proper clearance or file receipt.

#### **408 CLASSIFICATION**

When a youth is moved to camp, admission staff shall provide the Assessment Report to the designated staff at camp. This contains classification information, which clerical staff enter into the camp's matrix/ database. The classification codes are as follows:

- D (Dangerous): Offenses such as PC 187 (murder), PC 192 (manslaughter), and PC 245 (assault).
- E (Escape Risk): Escape from juvenile hall, camp, placement, or runaways from transportation or field staff.
- I (Impairment): This code identifies youth with physical and/or mental impairments, as well as those with special needs.
- K (Keep Away): The youth is to be physically separated from specific individual(s), such as crime partner(s) or victim(s), as ordered or specified by the arresting agency, IDC, court, or facility administration.
- P (Pregnant): This has been established from medical records, self-reporting, and subsequent medical findings, parental/interested party reporting, police reports, or other reliable sources. This coding indicates that the youth has special needs requirements and that precautionary measures might be possible.
- S (Suicide/Mental Problems): Established from police and arrest record by a psychiatrist, mental health staff, court officer, the youth's probation officer, recorded past history and attempts, history of previous mental hospital placement, wrist wounds, extreme depression, and history of excessive alcohol and drug abuse.

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- SI (Self Injury): Evidence of self-injurious behavior not rising to “S” level.

All youth coded S shall be assigned to one of the first four beds in each row of any living unit.

#### **409 CAMP ADMISSION SEARCHES– GENERAL POLICY**

All youth newly arriving in camp shall be subject to a pat down and metal detection search only to maintain a safe and secure setting for youth, staff, and civilians in the camp environment. Refer to this manual for detailed procedures, which provide staff in the control center with enhanced visual supervision.

No admission search shall be conducted as a disciplinary measure or for harassment purposes. All camp admission searches shall be conducted in a professional manner, affording the youth as much privacy as possible consistent with camp security. All camp admission searches, except metal detector searches, shall be conducted by an authorized person of the same sex as the youth. Under no circumstances shall the admission clothing change and/or showering process be used to conduct a search of the youth.

During the camp admission process, the receiving officer shall fill out a Strip Search Authorization Form (SSAF) only if the officer finds reasonable cause to conduct a strip search. In such an instance, the officer will follow strip search procedures, which may include receiving written authorization from the Camp Director.

#### **410 CHANGE OF CLOTHING AND CONTINUED SEARCH**

Where no reasonable suspicion exists to warrant a strip search and/or visual body cavity search, the officer will continue to process the youth as follows:

- Escort the youth to the appropriate dressing/shower area and issue them a towel
- Direct the youth to remove their clothing and cover up with a towel and to alert the Officer once completed
- Remove yourself from the area while the youth is undressing and dressing.
- Once the youth has disrobed and covered by the towel, return to the area and carefully examine each piece of clothing removed. Place the clothing in the area designated for laundry
- Use a hand-held metal detector (wand) over the towel to examine the youth
- Instruct the youth to shower, if appropriate to the camp’s requirements
- Issue camp clothing to the youth and have them clothe themselves appropriately for the camp setting



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#### 410.1 CONTROL OF VERMIN IN YOUTH'S PERSONAL CLOTHING

To prevent infestations of lice, mites, vermin, and ecto-parasites on the youth's clothing, staff shall enclose clothing in a sealed and tagged plastic bag to be stored with the youth's personal property according to routine property storage procedures. Infested clothing shall be cleaned or stored in a closed container to eradicate or stop the spread of the vermin (15 CCR 1484).

#### **411 BEDDING ISSUANCE**

Clean, laundered, suitable bedding and linens in good repair shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but are not limited to (15 CCR 1500):

- One (1) mattress or mattress-pillow combination which meets the requirements of 15 CCR 1502
- One (1) pillow and one (1) pillowcase, unless provided for in the above
- One (1) mattress cover and a sheet or two sheets
- One (1) towel
- One (1) blanket (or more, upon request)

Sheets and pillowcases are exchanged weekly. Blankets are exchanged once a month, and towels are exchanged daily. Bedding may be exchanged sooner if requested.

All youth are provided with a fire-retardant mattress and pillow. The mattress shall conform to the size of the bed and be enclosed in an easily cleaned, non-absorbent ticking. The mattress shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard. Consideration shall be given to the mattress type for pregnant youth or youth with other medical-related needs.

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|                                                                                                                                           | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
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### 501 INTRODUCTION – DUE PROCESS

When the Court orders a youth to camp, the youth has been deprived of their freedom. Due process is the idea that the government must be respectful of a citizen's legal rights when taking away the citizen's freedom or property. Many of the youth's due process rights are outlined in the Welfare and Institutions Code (WIC), Article 1, Youth Bill of Rights (WIC § 224.70 –224.74). Staff have an obligation to ensure that the youth's due process rights are preserved while detained in camp, and that the youth is treated fairly.

Staff shall ensure that youth with disabilities have equal opportunity and access to services, programs, and activities. Youth have the right to be safe and to be treated fairly, regardless of race, religion, national origin, disability, gender, or sexual orientation (15 CCR 1324(h)).

### 502 ORIENTATION PROCESS AND HANDBOOK

Staff must conduct respectful and humane engagement with youth and reflect that the admission process may be traumatic to youth who may have already experienced trauma. Policies and procedures shall be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youth.

Both written and verbal information shall be provided and supplemented with video orientation, if feasible, prior to placement in a living area in the juvenile facility. As part of the camp admittance process, the Supervisor or the authorized designee shall ensure a youth receives a camp orientation upon admission to camp and before being placed into a living area.

This orientation shall include, but is not limited to:

- Access to two (2) free phone calls within one (1) hour of admittance to a parent, legal guardian, or caregiver, in accordance with the provisions of WIC § 627
- Offer of a shower upon arrival

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- Offer of food upon arrival
- Document secure storage of personal belongings and valuables

It is the policy of the Department that the Camp Orientation is explained in a respectful manner and is done with humane engagement so the youth understands:

- Facility rules
- Access to legal services, including immigration legal services
- Access to care
- Grievance procedures
- Housing assignments
- Estimated length of stay
- Program guidelines
- Criteria for inclusion and exclusion from the program
- Court process and release dates
- What happens if youth doesn't follow the rules
- Special Incident Reports (SIRs)
- Physical Incident Reports (PIRs)
- Appeal and Hearing Rights
- Healing Opportunities and Positive Engagement (HOPE) Center, including room confinement
- Probation violations or new charges
- Multi-Disciplinary Team (MDT) meeting
- Behavior Management Program (BMP) - facility's system of positive behavior interventions and supports, including behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility
- Merit Ladder
- Access to Recreational Activities
- Restroom use
- Meal time rules
- Major rule violations and enhancements to major rule violation penalties
- Visiting

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- Special visits
- Family Engagement Day
- Telephone use
- Mail
- Hygiene opportunities and clothing
- Personal items
- Drinking fountains
- Youth rule violations
- Property damage
- Fighting
- Youth-On-Youth Violence (YOYV)
- Staff are Peace Officers
- Drugs/Alcohol
- Weapons
- Daily schedule
- Program and activities
- Access to Education
- Access to routine and emergency health and mental health care
- Medical needs
- Dental needs
- Mental health needs
- Access to religious services
- Youth rights
- Rights against discrimination, which include the right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff
- Ombudsman
- Contacting their attorney
- Age-appropriate information that explains the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents/suspensions of sexual abuse or sexual harassment

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- Special needs
- Emergency
- Contraband and Searches
- Wildlife
- Availability of personal care items and opportunity for personal hygiene and daily showers
- Rules and access to correspondence, visiting, and telephone use
- Availability of reading materials, programming, and other activities
- Identification of key staff and their roles (Probation, LACOE, DMH, JCHS, MSB, etc.)
- Process of requesting different housing, education, programming, and work assignments
- Facility policy on the Use of Restraints, Use of Force, and Evacuation Procedures. Staff shall deliver the aforementioned information through conversation with the youth during the orientation and intake process
- The camp orientation must be understood by youth who are impaired, illiterate, or who do not speak English if the youth's primary language is other than English; interpreter services to explain the availability of services and programs shall be arranged through facility management
- Youth shall have access to a copy of the Title 15 Minimum Standards for Juvenile Facilities upon request (15 CCR 1350,1353)

#### 502.1 THE ORIENTATION PROCESS

The orientation shall take place during the admittance procedure and includes staff advising the youth of the estimated length of stay, informing them of program guidelines, and providing them with written screening criteria for inclusion and exclusion from the available programs.

The youth shall receive an opportunity to place a telephone call to a parent, legal guardian, or caregiver before being placed in the main camp population. If the parents, legal guardians, or caregivers are unavailable, continued efforts to contact them shall be made until a phone call is completed. When initiating the telephone call, staff shall ensure it is to the parent, legal guardian, or caregiver prior to allowing the youth to speak with them. Once the youth completes their conversation with the parent, legal guardian, or caregiver, staff shall talk to the caregiver and inquire about the following:

- The youth's gang history, substance abuse history, education status,

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vocational, counseling, behavior health, considerations of known history of trauma and family strengths and needs, and other pertinent case plan information

- Whether the parent, legal guardian, or caregiver has any questions regarding the youth's camp program

Staff should provide the parent, legal guardian, or caregiver information regarding the youth's stay in the facility that, at a minimum, includes answering all questions courteously and thoroughly, promising to call the parent, legal guardian or caregiver back if a question cannot be immediately answered, and providing contact information for the facility, medical, school, and mental health. Staff shall also inform the family member of the camp's established visiting hours.

Following the phone call, staff shall issue a camp orientation packet to the youth. The officer shall adequately explain and discuss each document in the camp orientation packet. The absence of a meaningful discussion between the youth and staff invalidates the camp orientation process. Staff members must, therefore, determine that the youth understands each document in the packet before the youth signs the form indicating that they have received the packet.

## 502.2 YOUTH WHO ARE SUSPECTED OF DEVELOPMENTAL DISABILITY

It is the policy of the Department that youth who have been referred to the Regional Center, and are current Regional Center consumers, should generally not be considered for camp community placement. If, during the orientation process, a youth is suspected of having a developmental disability, a second orientation shall be conducted by the camp Supervisor. If the supervisor is in agreement with the assessment, the officer shall:

- Complete the applicable Regional Center referral form(s)-available on Probnat
- Forward completed referral form to the appropriate Regional Center for Evaluation
- Refer to Probnat for the link to [www.dds.ca.gov/rc/rclist.cfm](http://www.dds.ca.gov/rc/rclist.cfm) for a listing of Regional Center locations
- Forward a copy of the referral form(s) to the probationer's attorney via fax or US mail
- Document the referral in Probation Case Management System (PCMS)
- Email the Developmentally Disabled Field Services Coordinator (DDFSC) [EDL-PR08 Field-DD Office or [Field-DDOffice@probation.lacounty.gov](mailto:Field-DDOffice@probation.lacounty.gov)] or Developmentally Disabled Placement Coordinator (DDPC) [EDL-Prob Placement DD Office or [Placement-DDOffice@probation.lacounty.gov](mailto:Placement-DDOffice@probation.lacounty.gov)], as

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applicable, once the referral is submitted to the Regional Center document in PCMS

- Contact the DDFSC or DDPC, as applicable, if no notification of Regional Center acceptance/rejection has been received and more than 60 days have passed since the Regional Center referral date and document in PCMS

The Camp Director must then be immediately notified to seek approval from the Superintendent to transport the youth to a facility to receive developmentally disabled services. The officer may then be responsible for preparing a 778 petition for the youth for a possible change of plan upon positive identification of the youth's disability (15 CCR 1350(5)(6)(7))

### **503 SCREENING FOR THE RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

The *PREA Risk of Sexual Victimization and Abusiveness Screening Tool* (RSVAST) has been integrated within the Probation Electronic Medical Records System (PEMRS). The tool has been designed to ascertain information through conversations with the youth during the admittance process, medical and behavioral health screenings, classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files<sup>1</sup>. Probation staff shall, at a minimum, utilize the PREA RSVAST to evaluate a youth on the following information:

- Prior sexual victimization or abusiveness
- Any gender-nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse
- Current charges and offense history
- Age
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- The youth's own perception of vulnerability
- Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation

<sup>1</sup> PREA Juvenile Facility Standards § 115.341(d); BSCC Juvenile Title 15 Minimum Standards § 1350.5



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from certain other youth<sup>2</sup>

The PREA RSVAST serves as an objective screening instrument<sup>3</sup>. Integration of the PREA RSVAST into PEMRS is intended to prevent sensitive information from being exploited to the youth's detriment by staff or other youth<sup>4</sup>. The outcomes produced from the PREA RSVAST yield general classification codes to initiate the implementation of appropriate safeguards by the juvenile facilities to maximize the safety and security of youth within the Probation Department care.

Based on the youth responses and information obtained from various other sources noted above, the PREA RSVAST was designed to automatically calculate the following risk of victimization and abusiveness classification codes:

- General Supervision (GS) - At the time of the selected screening and through the information provided, the youth requires no additional specialized supervision requirements
- Vulnerable to Victimization (VV) - At the time of the selected screening and through the information provided, youth have a moderate to high potential of becoming victimized
- Sexually Aggressive Behavior (SAB) - At the time of the selected screening and through the information provided, youth have a moderate to high potential of exhibiting predatory behaviors

Classification codes can change for each screening tool completed. Youth can also be classified as two codes (i.e., VV/SAB, or VV/SAB).

### 503.1 SCREENINGS<sup>5</sup>

The *PREA Risk of Sexual Victimization and Abusiveness Screening* tool shall be required to be completed periodically throughout a youth's custody. The required screening and rescreening occurrences are as follows:

- Facility Intake Screenings: During the Camp intake screening process, youth shall be screened using the PEMRS AdHoc Charting Powerform for Probation, subsection: PREA Risk for Sexual Victimization.
- Facility Rescreening: Within seventy-two (72) hours of the youth's arrival, youth shall be screened using the PEMRS AdHoc Charting Powerform for Probation, subsection: PREA Risk for Sexual Victimization.
- As-Needed Screenings: The PREA Risk of Sexual Victimization and Abusiveness Screening tool shall be completed after each substantiated and

<sup>2</sup> PREA Juvenile Facility Standards § 115.341(c); BSCC Juvenile Title 15 Minimum Standards § 1350.5(a-k)

<sup>3</sup> PREA Juvenile Facility Standards § 115.341(e); BSCC Juvenile Title 15 Minimum Standards § 1350.5

<sup>4</sup> PREA Juvenile Facility Standards § 115.341(b)

<sup>5</sup> PREA Juvenile Facility Standards § 115.341(a); BSCC Juvenile Title 15 Minimum Standards § 1350.5

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unsubstantiated/inconclusive incident of sexual assault/abuse for both youthful victims and perpetrators. As needed, screenings shall also be required upon any additional reported information to Probation staff obtained during medical and/or mental health screenings or in any other manner during or after the admissions process. The As Needed Screenings shall be completed utilizing the PEMRS AdHoc Charting Powerform for Probation, subsection: PREA Risk for Sexual Victimization.

### 503.2 REFERRALS/NOTIFICATIONS

If a youth is classified as SAB and/or reaches a score equal to or above 15, classifying a youth as VV, staff shall:

- Complete and submit a mental health referral
- Notify Director and/or Supervisor
- Refer to the Specialized Supervision process

If a youth indicates that they have experienced prior victimization or perpetrated sexual abuse/assault, whether in an institutional setting or in the community, staff have an affirmative duty to complete required notifications and file all required documentation pursuant to Probation's most current Child Abuse Reporting policies, submit a mental health referral, and/or notify medical personnel, as needed.

### 503.3 CLASSIFICATION AND HOUSING REQUIREMENTS

If, upon completion of the PREA RSVAST, a youth is identified with a classification code of VV and/or SAB, the youth shall be placed on Specialized Supervision status in accordance with the most current policies regarding Specialized Supervision Requirements. In accordance with such policies, Department staff shall take precautionary measures, such as distancing room and/or bed assignments, when there are VV and/or SAB youth housed in the same unit/dorm.

If separation is deemed necessary for the safety of the youth, the youth may be separated from others by being placed on administrative separation status. Separated youth shall be afforded daily large-muscle exercise and any legally required educational programming or special education services. Youth shall have access to other programs and work opportunities to the extent possible. Youth shall also receive visits from medical or mental health practitioners daily<sup>6</sup>. Documentation for youth who are placed on administrative separation status shall include the facility's concern for the youth's safety and the reason why no alternative means of separation can be provided<sup>7</sup>. Youth placed on administrative separation status shall be reviewed every

<sup>6</sup> PREA Juvenile Facility Standards § 115.342(b)

<sup>7</sup> PREA Juvenile Facility Standards § 115.342(h)

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30 days to determine whether there is a continuing need for separation from the general population<sup>8</sup>.

#### **503.4 TRAINING**

Designated staff shall receive PEMRS training per the requirements established by the Staff Training Office (STO) and the Information Systems Bureau (ISB). STO shall maintain appropriate training records for all completed training. Juvenile Institutions Operations shall work with ISB to ensure that designated personnel have access to the PEMRS system to complete required system tasks. Juvenile institution operations shall also ensure that the appropriate number of personnel are trained at each facility to ensure compliance with screening mandates.

#### **504 NON\_DISCRIMINATION**

It is the policy of the Department that discrimination or harassment against youth detained in a juvenile facility is prohibited.

All youth housed in juvenile facilities shall have fair and equal access to all available services, placement, care, treatment, and benefits. In carrying out various functions and duties of all staff are required to adhere to the County's non-discrimination policies pertaining to all individuals, including youth in our custody.

Discrimination or harassment is defined as the act of showing prejudice or intolerance toward an individual(s) based on actual or perceived race, ethnic group, ancestry, national origin, color, religion, gender, sexual orientation, gender identity, gender expression, immigration status, mental or physical disability, or HIV status, including restrictive housing or classification decisions based solely on any of the aforementioned categories.

Incidents of discrimination shall be thoroughly investigated by the appropriate bureau, and discipline and/or corrective action shall be initiated where warranted. In addition, staff who fail to comply with these policies and laws may be subject to criminal prosecution and/or departmental disciplinary action, which may include dismissal from county service (15 CCR 1324 (k)).

#### **505 OMBUDSMAN**

This policy provides protocols for hearing-impaired monitoring and resolving complaints and concerns.

This policy is distinguished from juvenile facility Youth Grievance policies and practices set forth in (15 CCR 1361 (d)(2)); however, should the youth request to provide a complaint or concern to the Ombudsman, staff shall provide Ombudsman

<sup>8</sup> PREA Juvenile Facility Standards § 115.342(i)

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contact information noted herein and the means for confidential access.

#### 505.1 HEARING-IMPAIRED POLICY MONITORING

Ombudsman Office acts as a resource for both youth and adult operations. When hearing-impaired services are required, it is the responsibility of a Director or the authorized designee to notify the Ombudsman Office. Anyone with questions or concerns related to hearing-impaired services are encouraged to contact the Ombudsman Hotline (877-822- 3222).

#### 505.2 OMBUDSMAN OFFICE

The Ombudsman Office can be accessed via the Ombudsman Hotline (877-822-3222) Monday-Friday (except on County observed holidays); mail, or in-person at Probation Headquarters- (9150 East Imperial Highway, Downey, CA 90242 Attention: Ombudsman); online ([probation.lacounty.gov/ombudsman](http://probation.lacounty.gov/ombudsman)); or email ([ombudsman@probation.lacounty.gov](mailto:ombudsman@probation.lacounty.gov)).

#### 505.3 COMPLAINTS/CONCERNS

The Ombudsman Office is an avenue to express complaints or concerns regarding clients' (youth and adult) care and services without fear of retribution. Ombudsman representatives will provide information, guidance, advocacy, and support. Upon receipt of complaints or concerns from clients, citizens, and external agencies, the Ombudsman Office assists bureaus/operations with resolve, and/or initiate an investigation.

The Ombudsman Office also has special responsibilities to enforce the rights of youth in foster care. When appropriate, personnel will ensure that youth receive information regarding their rights when placed under probation supervision (WIC § 16001.9). When a commenter or complainant contacts the Ombudsman Office directly, Ombudsman Office protocols include, but are not limited to:

- Complete an informal review of the information received and provide an acknowledgment receipt
- Forward appropriate matters directly to the Internal Affairs Bureau for a formal investigation and/or to the County Equity Oversight Panel (CEOP), when applicable
- Submit a Suspected Child Abuse Report (SCAR) if an allegation of child abuse is received, if applicable; forward to the Internal Affairs Bureau-Special Investigation Unit (SIU), and/or appropriate Bureau/Unit and (i.e., Placement Permanency and Quality Assurance)
- Submit written notification of the matter to the appropriate Bureau

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representative within five (5) business days

- Bureau representative to respond, in writing, to the Ombudsman Office within 14 business days, acknowledging receipt and providing a resolution or indicating an investigation is being initiated
- Upon completion of the investigation, the Bureau representative shall forward all related reports, including attachments, to the Ombudsman Office
- If any matter is not resolved within two weeks, a status report is forwarded to the Ombudsman Office every two (2) weeks from the date of referral until resolution

#### 505.4 COMPLAINT HANDLING PROCESS FOR PROBATION FACILITIES

All juvenile facilities personnel receiving a complaint or concern shall obtain the nature of the complaint or concern and, if possible, resolve the matter immediately. If the personnel are unable to resolve the complaint or concern, it shall be referred to the Officer of the Day (OD) or Assistant Director (AD). Depending upon the circumstances and nature of the complaint or concern, the matter may be referred to the Director, Assistant Superintendent, or Superintendent. Should the complainant or commenter request an alternative resolution in lieu of speaking to facility personnel, personnel to provide a Citizen's Complaint Form or Ombudsman Hotline number. All complaints and concerns shall be addressed and resolved, and a response shall be provided to the complainant or commenter.

Note: All Citizen Complaint Forms, upon receipt, and copies of documents shall be forwarded to the Ombudsman Office within five (5) business days.

The Ombudsman Office maintains a tracking system of all contacts (complaints and concerns).

### **506 ACCESS TO CARE/REQUEST FOR SERVICES**

The purpose of this departmental policy is to reinforce work performance expectations relative to access to care/request for services by youth.

#### 506.1 EXPECTATION

It is the policy of the Department, and in cooperation with JCHS and DMH, that all youth committed to a camp program shall be provided the opportunity to confidentially convey, through written or verbal communications, the request for the following services:

- Probation Services: Includes religious services, haircuts, and other services

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that are not defined as medical or mental health, such as issues concerning housing, education, or programs.

- Medical Services: Includes dental services.
- Behavioral/Mental Health Services.

Facilities shall post signs describing access to care information throughout the intake area and living area units.

Staff shall assist youth who have a literacy barrier with their requests. In the event a youth requires an interpreter and staff are unable to interpret, staff shall follow the procedures for obtaining translation services as detailed in Non-English Speaking Youth and Deaf and Hearing Impaired Services.

Staff shall relay requests from the youth and initiate the appropriate referral when a need for services is observed. When a health and/or behavioral/mental health concern appears urgent, staff shall arrange for the youth to see the on-duty mental health clinician and/or medical staff for a “walk-in” for evaluation. Where appropriate, grievances related to health and safety issues must be addressed immediately.

Staff shall inquire and make observations of each youth regarding their medical, dental, and behavioral/mental health, including the presence of trauma-related behaviors, injury, and illness.

Youth and staff can communicate the need for emergency medical and behavioral/mental health care services daily, including sleeping hours.

All medical, dental, and behavioral/mental health care requests shall be documented and maintained by JCHS and DMH unless the request was made on a Probation Request for Services form (15 CCR 1433).

## 506.2 YOUTH-PROCESS FOR SELF-REFERRALS

While youth currently make requests to staff to facilitate medical, dental, and behavioral/mental health services, there are instances where youth, for various reasons, do not want to discuss their needs with staff. When this occurs, youth may refer themselves for service(s) by:

- Completing the applicable form by placing a check mark next to the service requested
- Printing their name on the form
- Signing the form
- Placing the completed form in the applicable box located in every unit
- Forms for services include:

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- Probation Services – Complete a Request for Probation Services form (Probnet)
- Medical Services – Complete a Request for Medical Services form (ProbNet)
- Mental Health Services – Complete a Request for Mental Health Services form (ProbNet)

### 506.3 GRIEVANCE OFFICER – PROCEDURE FOR PROCESSING YOUTH SELF-REFERRALS FOR PROBATION SERVICES

The Grievance Officer shall facilitate the following procedures to ensure that youth are able to access needed services at each camp:

- Post Request for Probation Services forms next to the Probation Request for Services and Grievance box in all living units, dorms, school, Medical Unit, and Admission areas
- Ensure these forms are stocked and available on a daily basis
- Collect Request for Probation Services on a daily basis
- Refer the youth to the requested services immediately upon receipt of the grievance
- Follow-up to ensure that the requests for Probation services are responded to within 48 hours of receipt of the grievance
- Investigate matters where services were not provided; refer youth to the requested services or immediately refer the matter to the Camp Director or designee for handling when it is appropriate
- Document a record of the grievance in PCMS in the grievance information and also under the youth's case notes
- Provide information regarding the process to request Probation, Medical and Mental Health services to each newly admitted youth during the orientation process

If a youth places the *Request for Medical Services* form in the Probation Request for Services and Grievance box, the Grievance Officer shall prepare a transmittal and provide the Request for Medical Services form to JCHS medical staff as soon as possible, but no later than 24 hours. The Grievance Officer shall keep the original signed transmittal as proof that the Request for Medical Services form was given to medical staff. The Grievance Officer shall give a copy of the transmittal to the JCHS medical staff.

If a youth places the Request for Mental Health Services form in the Probation

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Request for Services and Grievance box, the Grievance Officer shall prepare a transmittal and provide the Request for Mental Health Services form to the DMH staff. The Grievance Officer shall keep the original signed transmittal as proof that the Request for Mental Health Services form was given to DMH staff.

#### 506.4 JUVENILE COURT HEALTH SERVICES (JCHS) – PROCEDURES FOR PROCESSING YOUTH-SELF-REFERRALS FOR MEDICAL SERVICES

- Collect Request for Medical Services forms not less than one (1) time each day for processing.
- Review forms to determine if a referral is needed or if the youth must be seen immediately.
- Provide the Camp Director or designee with the names of the youth who will need to be seen in the nurse's clinic, so they can arrange transportation.

#### 506.5 DEPARTMENT OF MENTAL HEALTH (DMH) – PROCEDURE FOR PROCESSING YOUTH-SELF REFERRALS FOR MENTAL HEALTH SERVICES

- Collect Request for Mental Health Services forms not less than one (1) time each day for processing.
- Provide the Camp Director or the authorized designee with the names of the youth who will need to be seen in the nurse's clinic so they can arrange for the youth to be present
- Overall, staff should encourage youth to request a referral for desired services. However, in the event that a youth desires the use of the Request for Probation Services, the Request for Medical Services, or the Request for Behavioral/Mental Health Services process, staff shall not deter, prevent, or discourage youth from utilizing this process to access services.

### **507 NON-ENGLISH-SPEAKING YOUTH**

It is the policy of the Department to facilitate communication with youth while maintaining the safety and security of the facility. Whenever possible, bilingual staff will communicate with non-English speaking youth; however, such bilingual skills may not always be available.

#### 507.1 RIGHTS OF CAMP YOUTH

No staff shall prohibit youth from speaking a foreign language. Every individual has the right to communicate in their primary language without fear of reprisal.

The only deviation from this policy may occur when, in the staff member's professional



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judgment, a situation that endangers the safety of the youth, staff, or the camp has arisen. In these circumstances, staff will intervene in a swift and appropriate manner. This might make it necessary for all individuals to speak English, if capable of doing so, to lessen tension and keep the situation from becoming volatile. Youth unable to speak English may have to be moved temporarily to lessen tensions.

## **508 DEAF AND HEARING IMPAIRED SERVICES**

Consistent with the Americans with Disabilities Act, the State of California Unruh Civil Rights Act, and the Los Angeles County Policy of Nondiscrimination on the Basis of Disability, it is the Department's policy that persons with disabilities be given equal opportunity and access to services, programs, and activities. It is the Department's intent to ensure that services are provided in a timely manner and as completely as required.

Staff shall adhere to the following procedures for ensuring effective communication and accessibility to Probation services and treatment options for deaf and hearing-impaired youth.

### **508.1 RTSB ADMINISTRATION (ADMIN)**

RTSB Admin is responsible for placing youth in appropriate camp settings to meet their treatment needs. When youth are identified as being deaf or hearing-impaired, RTSB Admin shall:

- Determine during the screening process what accommodations are required to meet the youth's needs.
- Notify the facility Superintendent, the bureau Consultant, Deputy Director, Superintendent, and the Department Ombudsman within 24 hours via a Facility Incident Report. A tracking process will then be initiated to ensure that the youth is properly tracked in the system to prepare for their arrival at a camp.
- If an interpreter is needed, the bureau Consultant shall be notified. The Consultant will contact the approved vendor and arrange for interpreter services to be provided during transportation and throughout waking hours.
- Maintain a Special Needs log for tracking purposes that will denote the youth's name, date of birth, Probation Department Juvenile (PDJ) number, Court number, and special needs.
- Notify the receiving facility of the youth's special needs and advise the Camp Director of the need to acquire the auxiliary aids and services necessary to accommodate the youth.
- Ensure that the appropriate services are available for the youth at the receiving

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facility and arrange for transportation of the youth to the facility.

- Ensure that notifications of the transfer to camp are made to the Superintendent and the Ombudsman Office.

## 508.2 CAMP STAFF

The Camp Director shall:

- Notify the camp's Assistant Director (AD) or the authorized designee, school personnel, medical staff, and camp staff of the pending arrival of the deaf or hearing-impaired youth.
- Advise supervisory personnel regarding timekeeping documentation pertaining to the interpreter.
- Ensure that the youth is given equal opportunity and access to all services, programs, and activities available to other youth.
- Ensure that the youth is not segregated from the general population solely because of the youth's deafness or hearing impairment.
- Ensure that a deaf or hearing-impaired youth, who is transferred to another facility for any reason, will have appropriate auxiliary aids and services available upon arrival.
- Ensure that the youth's camp release is reported to both the Deputy Director and the Department Ombudsman within 24 hours of the release.
- Documentation regarding the use of the interpreter and/or other auxiliary aids and services shall be made in the youth's case notes in PCMS and in the behavior chart on a weekly basis. A monthly Record of Auxiliary Aids/Services form shall be completed and faxed to the Department Ombudsman before the 5<sup>th</sup> of each month.

## 508.3 INTERPRETER SERVICES

The Department has contracted for sign language interpreting services. Staff members shall not use the youth's family members or friends to interpret except in emergencies. Only qualified interpreters shall be used. The office of the bureau Consultant is responsible for arranging interpreter services for hearing-impaired youth through an approved contractor.

The Ombudsman also has a Telecommunications Device for the Deaf (TDD) and is able to send and receive communications from the deaf and hearing-impaired. Questions regarding interpreter services may be directed to the Probation Ombudsman at (562) 940-2842 or (562) 940-2843.

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## 509 GRIEVANCE PROCEDURES

The purpose of this policy is to reinforce Department policy and work performance expectations of staff relative to grievance procedures for youth detained in the camps.

This policy has been created to comply with federal, state, and local mandates such as the Board of State and Community Corrections (BSCC) Title 15 Minimum Standards for Juvenile Facilities and the Prison Rape Elimination Act (PREA) Juvenile Facility Standards to ensure Probation provides youth with an opportunity to appeal and have resolved grievances relating to any condition of confinement, including but not limited to health care services, classification decisions, program participation, telephone, mail or visiting procedures, food, clothing, bedding, mistreatment, harassment or violations of the nondiscrimination policy (15 CCR 1361). This grievance process is also an integral process for PREA compliance, as it establishes multiple internal and external methods for youth to confidentially report sexual abuse/assault and sexual harassment, and retaliation by other youth or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents<sup>9</sup>.

All youth shall be provided with a grievance process for resolving complaints arising from juvenile institution matters. There shall be no time limit on filing grievances.

Staff shall assist the youth with completing and filing grievances upon the youth's request (15 CCR 1361(d)(2)). Staff shall remain objective and helpful while assisting the youth with the grievance process and not direct any form of reprisal/retaliation against the youth for filing grievances. This policy shall ensure that any youth may appeal and have resolved grievances relating to any condition of confinement.

The Grievance Procedures and forms must, at a minimum, be available in English and Spanish, with the opportunity of translation services for all other languages, and shall be easily accessible to youth. These forms shall be provided as hard copies available in all living spaces. Grievances may be submitted through the electronic grievances system when available. Youth shall:

- Be educated on the Department's grievance process and procedures during their initial orientation.
- Receive and have free access to the grievance forms (Prob. 1622) and grievance procedures throughout their detainment (15 CCR 1361 (a)).
- Be provided with access to tools (i.e., pencils, computers, etc.) necessary to make a written report<sup>10</sup>.
- Staff shall periodically remind youth how to access the grievance system

<sup>9</sup> PREA Juvenile Facility Standards §115.351(a)

<sup>10</sup> Prison Rape Elimination Act (PREA) Juvenile Facility Standards §115.351(d)

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and their associated rights.

#### 509.1 POSTING OF GRIEVANCE PROCEDURES

Juvenile facilities shall post a copy of the Grievance procedures and blank Grievance forms as follows:

- Post on each side of each living unit and in other locations where youth congregate, such as school, medical unit, gymnasium, court holding areas, and Intake.
- Posts on both sides of each dormitory and in other locations where youth congregate (such as the school, dining hall, and main office).

#### 509.2 GRIEVANCE PROCEDURES

Youth may complete a *Grievance Form* (hereafter “grievance”) and provide the grievance to any Probation personnel or non-deputized personnel, such as the doctor, nurse, therapist, teacher, advocate, and/or volunteer at the facility. Grievances may also be placed confidentially and/or anonymously in one of the locked Grievance/Request for Services boxes mounted in the dayrooms of each living unit, dormitory, school, Medical Unit, or HOPE Center. Grievances can be submitted in hard copy and/or digital formats and through third-party reporting practices. (15 CCR 1361(b)).

Youth are not required to use the grievance process or grievance forms. Rather, staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document these reports<sup>11</sup>. Youth may elect to be present to explain their version of the grievance to a person not directly involved in the circumstances that led to the grievance (15 CCR 1361(d)(1)).

Non-deputized personnel who receive a grievance shall immediately forward the grievance to the Officer of the Day (OD), Assistant Director (AD), or Director. Upon receipt, the OD, AD, or Director shall assign the grievance to staff at the lowest appropriate level to address (15 CCR 1361(C)).

Grievance Officer or the authorized designee at each facility shall collect and process *Grievance Forms* from each of the Grievance Boxes at their facility three (3) times a day, once during the AM shift, once during the PM shift, and once during the EM (early morning) shift.

All grievances that relate to health and safety issues must be addressed immediately (15 CCR 1361(d)).

<sup>11</sup> PREA Juvenile Facility Standards §115.351(c)

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Youth have the right to bypass personnel who are directly involved or of whom the grievance/complaint is concerning<sup>12</sup>. Grievances are not referred to personnel who are the subject of the complaint. Any grievance appeal shall be heard by a person not involved in the circumstances that led to the grievance (15 CCR 1361(f)).

### 509.3 STEPS TO COMPLETING THE GRIEVANCE PROCESS

The Grievance Officer or the authorized designee shall ensure that grievances are not referred to personnel who are subject to the complaint and shall process the grievances received as outlined below:

**STEP 1:** A youth completes a grievance and submits it via the electronic grievance system, and/or provides a written grievance form to any Probation personnel or non-deputized personnel, and/or submits a form confidentially in one of the locked Grievance/Request for Services boxes.

Staff who receive a grievance and are able to resolve said grievance shall do so and document the resolution on the grievance form prior to submitting to the Grievance Officer. Grievance resolutions are firm decisions/actions to do or not to do something. A recommendation shall not be considered a resolved grievance.

The Grievance Officer or the authorized designee shall review and document whether the grievance is resolved or remains unresolved (15 CCR 1361(c)).

If the youth grieves more than one (1) issue on the form, each issue must be individually addressed on the *Grievance Form* by the personnel handling the grievance.

**STEP 2:** If the youth does not agree with the resolution at step 1, the youth shall:

- Have the option to appeal the result to a supervisor. If the youth wishes to appeal, the supervisor will hold a formal appeal hearing within two (2) business days of the appeal.
- If the grievance involves a complaint against the Supervisor, the Director, or authorized designee, shall assign a Supervisor who was not directly involved in the circumstances that led to the grievance.

At each step above, the youth may elect to be present to explain their version of the grievance to a person not directly involved in the circumstances that led to it. Also, at each step above, responses to each grieved issue are to be made on the Grievance Form, including a description of the actions taken to resolve the grievance or a notation of the reason the grievance was unresolved (15 CCR 1361(e)).

The Grievance Officer or the authorized designee shall discuss the grievance results with the youth, note the date the grievance was discussed, ask the youth to sign and

<sup>12</sup> PREA Juvenile Facility Standards §115.352(c)(1)

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date the grievance, provide the youth with a copy of the original grievance, and forward the completed grievance to the Supervisor.

**STEP 3:** If the youth does not agree with the resolution at step 2, the youth may elect to appeal the grievance to the Camp Director. A formal Grievance Appeal Hearing will be held by the Director within two (2) business days of receipt of the appeal. The Director may continue the hearing to a reasonable date to obtain all pertinent facts. The Director's response is to be made on the *Grievance Form* initiated by the youth and shall include a description of the action(s) taken on behalf of the youth to resolve the grievance or a notation as to the reason why the grievance was unresolved. The Director's decision will be final and will be given to the youth in writing within one (1) business day. The grievance resolution shall occur within ten (10) business days from the filing date unless circumstances dictate a longer timeframe. In cases where the grievance is not resolved within ten (10) business days, the youth shall be notified of any delay (15 CCR 1361(g)).

At any level of the grievance process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level<sup>13</sup>.

In a juvenile facility, if the regularly assigned Director or the authorized designee is unavailable to conduct the appeal hearing, the Superintendent shall appoint another Director to handle the appeal. In a camp, if the Camp Director is unavailable, the AD not involved in the original grievance shall be assigned to handle the appeal.

#### 509.4 EMERGENCY GRIEVANCES

Emergency grievances are all grievances related to health and safety issues. Examples of emergency grievances may include, but are not limited to:

- Excessive Use of Force
- Sexual Abuse/Assault/Harassment of any kind from anyone
- Illness and/or pain
- Mental health concerns/issues
- Retaliation for any reason
- Youth is/was subject to any form of abuse and/or at substantial risk of imminent physical harm
- Any other misconduct and/or health concern that may affect the safety or health of the youth or other youth

<sup>13</sup> PREA Juvenile Facility Standards §115.352(d)(4)

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- Grievances that an officer can reasonably interpret as a safety and/or health concern that requires an immediate response

An emergency grievance shall be addressed immediately in the following manner<sup>14</sup>:

- Forward the grievance with a completed Special Incident Report (SIR) to the OD, AD, Director, or the authorized designee for review
- Immediate corrective action must be taken to ensure the appropriate response protocols are implemented in a timely manner in accordance with the current department policies. The Department has developed response protocols compliant with the mandates that regulate specific actionable requirements for certain types of incidents, for example:
  - Incidents of sexual abuse/assault/harassment response protocols
- The OD, AD, Director, or the authorized designee shall provide an initial response to the emergency grievance and shall immediately issue a final decision. In addition, if circumstances warrant, the matter is to be referred to the Internal Affairs Bureau and/or Local Law Enforcement<sup>15</sup>. The initial response and final decision shall document the Department's determination of whether the youth is in substantial risk of imminent threat of continued abuse and the action taken in response to the emergency grievance<sup>16</sup>. A referral to investigation shall be considered the final resolution of a grievance and shall be noted in the closing of the grievance process
- If applicable, emergency grievances that are deemed to be of an egregious nature, such as those related to sexual abuse or excessive use of force, shall adhere to the notification requirements established by the Department
- Preliminary/Follow-up Incident Notifications Procedures. Including, but not limited to, notifying the parent/legal guardian of the pertinent youth
- The Department has implemented multiple reporting strategies to ensure that a youth who alleges any form of abuse, harassment, or retaliation may submit a grievance without submitting it to staff who is the subject of the complaint<sup>17</sup>
- The Grievance Officer or the authorized designee shall ensure that such grievances are not referred to staff who is/are the subject of the complaint<sup>18</sup>

Health and safety grievances can take any form. Thus, the Department does not require youth to use any informal grievance process or attempt to resolve a grievance classified as a health and/or safety grievance with staff. There shall be no time limits

<sup>14</sup> PREA Juvenile Facility Standards §115.352(f)(1)

<sup>15</sup> PREA Juvenile Facility Standards §115.352(d)(1-3)

<sup>16</sup> PREA Juvenile Facility Standards §115.352(f)(2)

<sup>17</sup> PREA Juvenile Facility Standards §115.352(c)(1)

<sup>18</sup> PREA Juvenile Facility Standards §115.352(c)(2)

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imposed on when a youth may submit a grievance regarding an allegation related to health and/or safety concerns<sup>19</sup>.

#### 509.5 ANONYMOUS GRIEVANCES

When addressing anonymous grievances, staff will follow the same processes and requirements outlined in this policy. However, since the youth's identity is unknown, the youth's participation and notice requirements may be omitted.

#### 509.6 THIRD-PARTY FILINGS<sup>20</sup>

Third parties, including staff members, family members, attorneys, other youth, outside advocates, the Department's Ombudsman, and/or the Office of Youth and Community Restoration (OYCR) Ombudsperson, shall be permitted to assist youth and/or file grievances on a youth's behalf.

A parent or legal guardian of a youth shall be allowed to file a citizen's complaint regarding allegations of sexual abuse/assault, including appeals, on behalf of the youth. Such a complaint shall not be reliant upon the youth agreeing to have the request filed on their behalf.

Concerns of third parties are to be addressed and documented in a timely manner (15 CCR 1361). The third-party complainant shall resolve the issue with a facility administrator or an on-site Supervisor. If the grievance or complaint is not resolvable or the person does not wish to resolve it at the facility level, the Ombudsman's Office may be contacted. The Ombudsman's Office will provide feedback and recommendations to every complainant as soon as possible, with the intent to provide a response within 10 business days from the date of the initial complaint.

Department Ombudsman Office contact information:

- Telephone: 1 (877) 822-3222
- Email: [Ombudsman@probation.lacounty.gov](mailto:Ombudsman@probation.lacounty.gov)

The Office of Youth and Community Restoration (OYCR) Ombudsperson<sup>21</sup> is also a third-party resource available for youth. The OYCR Ombudsperson provides services to youth who have questions or want to file a complaint if their rights have been violated or ignored, or if they have concerns about the condition of the facility in which they are.

OYCR Ombudsperson contact information:

- Telephone: 1 (844) 402-1880

<sup>19</sup> PREA Juvenile Facility Standards §115.352(b)(1)

<sup>20</sup> PREA Juvenile Facility Standards §115.352(e)

<sup>21</sup> The Office of Youth and Community Restoration (OYCR) Ombudsperson. <https://www.chhs.ca.gov/oocr/>



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- Email: OYCRombuds@chhs.ca.gov
- Write to: OYCR Ombudsperson, 1215 O Street, Sacramento, CA 95814

#### 509.7 GRIEVANCE ACCOUNTABILITY

Supervisors shall review all grievances filed in the living unit or camp while on duty. The Supervisor shall ensure the youth has an opportunity to review, sign, and receive a copy of their completed grievance. The Supervisor shall then forward the completed grievance(s) to the Superintendent or Camp Director for review.

The Superintendent or Camp Director shall review each grievance, ensure it has been handled in compliance with applicable policy and procedure, processed and handled appropriately, and print their name in the designated section of the *Grievance Form*. Each grievance shall be retained for one (1) year from the date of the final reviewer's signature.

The Superintendent or Camp Director shall also be responsible for maintaining a log of all grievances filed at the facility utilizing the Probation Incident Reporting System (PIRS).

#### 509.8 JUVENILE INSTITUTIONS GRIEVANCE OFFICER

A Grievance Officer shall be assigned to each juvenile facility. The facility Grievance Officer's primary responsibility shall be to facilitate the timely resolution of all grievances and to coordinate any grievance appeals filed at the facility.

Each Grievance Officer shall:

- Process and handle the grievances and appealed grievances
- Review the grievances collected, handled, and processed in the facility each day
- Provide an initial response to grievances within three (3) business days. Grievances classified as emergency grievances shall be addressed immediately (15 CCR 1361(d))
- Complete a *SIR* for any grievances classified as an Emergency Grievance
- Ensure that each grievance or appealed grievance is processed properly and in a timely manner.
- Ensure that grievances that are filed and involve another agency or entity within the facility are handled and addressed by the responsible agency in a timely manner and accounted for through conclusion.
- Ensure that grievances that involve multiple issues have resolutions for each issue noted.

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- Meet with all youth who have filed grievances each week to ensure their grievances have been addressed.
- Retain copies of the grievances for filing in the Superintendent's or Facility Director's office.
- Enter grievance information into the PIRS.
- Maintain a current log of all grievances filed at the facility.
- Prepare weekly and monthly reports regarding grievances as instructed by the Superintendent or Facility Director.
- Provide a resolution, with a completed youth signature, of the grievance within 10 business days unless circumstances dictate a longer timeframe. In this case, the youth shall be notified of any delay.
- Ensure that youth sign their completed grievances and receive copies.

#### 509.9 FORMS

The Grievance Procedures and Forms (in English and Spanish) are available on ProbNet.

### **510 TELEPHONE CALLS**

It is the Department's policy to facilitate telephone calls for youth in order to enhance the reunification process.

Youth shall not be denied telephone privileges as a form of punishment, discipline, or retaliation.

Reconnecting youth with their families in ways that enhance and increase protective factors is a critical cross-bureau task and an overarching goal for the Department.

The process of reconnecting camp youth with their families is accomplished through a variety of case management supports and services that include monitored telephone calls. Structured, monitored, and goal-directed telephonic contact is one of the ways in which case management activities can facilitate positive communication between camp youth and their families in the reunification process.

Youth who themselves have children of their own shall be allowed telephone calls to their children in order to maintain meaningful contact as part of the overall case plan. In addition, youth shall be allowed telephone contact with the caregiver, those individuals involved in the upbringing and care of their children.

Safety and security considerations require that staff adhere to all rules and regulations pertaining to telephone call procedures. At no time are youth to use a telephone unsupervised.

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### 510.1 PROHIBITED AND RESTRICTED TELEPHONE CALLS

Youth shall not be allowed to make telephone calls to other juvenile facilities, victims, witnesses, or anyone specifically restricted by proper authority. The Caseworker is responsible for restricting such calls.

### 510.2 TELEPHONE CALL PROCEDURES

The Caseworker shall authorize telephone calls according to the following procedures:

- Youth shall be allowed at least one (1) telephone call per week, except for a limited time when safety and security are concerns
- Calls shall be allowed during periods that do not interfere with established programs or with essential health, safety, and security procedures
- Probation staff shall monitor all calls except those to or from the attorney of record. The Caseworker shall be in close proximity to the youth, making a telephone call
- Calls shall take place in a casework area (such as an administration office, assessment unit, etc.). Youth shall not make calls from phones in the open dormitory
- There shall be no denial of the weekly phone call due to disciplinary issues
- Staff shall document all telephone calls in PCMS. Documentation shall include the following information
  - Youth's name
  - Name, number, and relationship of the person called
  - Date and time the call was attempted and completed
  - Name of the staff member authorizing and monitoring the phone call

### 510.3 COURT-ORDERED TELEPHONE CALLS

Staff shall adhere to the following procedures when processing court-ordered telephone calls:

- Court-ordered telephone calls shall be completed on the date ordered by the court
- AD or the authorized designee shall notify the caseworker that the court has authorized a telephone call for the youth
- A log shall be maintained, noting the existence of the order, the name of the

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youth, the name and number of the person to be called, who made the notification to the building, and who in the building received the notification

- Telephone calls between youth and their attorney of record are confidential and shall not be monitored
- Staff shall record the completion of the call in PCMS
- If, for some reason, the call cannot be completed within 48 hours of the court order, the Supervisor or the authorized designee shall notify the court and request further direction

## **511 MAIL**

Correspondence with family members is another means for fostering the reunification process. All youth have a right to send and receive mail.

Mail to and from attorneys, elected officials, the Board of State and Community Corrections (BSCC), and Federal and other courts shall not be opened or read under any circumstances. All other mail is subject to inspection for contraband or for security reasons.

Mail shall not be read or withheld unless there is reasonable suspicion that the facility may be in danger. If mail is withheld, the youth shall be notified. The staff member shall notify the Supervisor of any withheld mail, and the Supervisor will communicate with the youth's caseworker. Staff shall distribute all other mail to the youth daily.

Fundamental to the right to send mail is the opportunity to write letters in order to promote communication between youth and their families and interested parties.

At the time of orientation, staff shall advise each youth that there is no limit to the amount of mail that they may send or receive. Youth may write or receive mail to or from anyone not specifically disapproved of by the Casework or the court. Staff shall also advise the youth that they shall not be allowed to write to other probationers.

Communication with relatives in a detention or correctional facility must be reviewed on a case-by-case basis and authorized by a supervisor. The Caseworker must note in PCMS the reasons for approval.

### **511.1 INCOMING/OUTGOING MAIL**

These procedures are to be followed in processing mail:

- Facilities with MailSecur scanner technology shall scan mail using the MailSecur scanner prior to distribution
- Incoming mail shall be picked up each delivery day, inspected, and, absent a security-related emergency, shall be distributed the same day received (unless

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rejected for contraband or security reasons)

- When mail is considered inappropriate under the provisions of this policy or when a youth is sent material that is not prohibited by law but is considered contraband by the juvenile institutions, the material may be returned to the sender or held in the youth's property to be given to the youth upon release
- Outgoing mail from wards shall be inspected, sealed, and delivered each day for mailing. Staff shall check all outgoing mail to determine its destination. All forbidden mail shall be confiscated as contraband and given to the ward's caseworker
- There is no limit on the amount of mail that youth may send out. The Department shall provide postage

## 511.2 INSPECTION FINDINGS

In the case of detecting abnormalities or possible contraband:

- The Mailroom staff shall immediately notify the OD/Supervisor or the authorized designee. The OD/Supervisor or the authorized designee shall follow proper protocols and procedures for recovering, documenting, and booking evidence per department policy.
- The OD/Supervisor or the authorized designee shall ensure that a SIR is generated to include:
  - Date and time of the incident.
  - Name of the youth to whom the mail was addressed.
  - Name and address of the sender.
  - Type of contraband, if known.
  - Name, date, and time the OD or supervisor was notified.
- Mail scanner machine recording and images shall be documented for further analysis and investigative purposes.

## 511.3 INVESTIGATION AND CRIMINAL PROSECUTION

- If narcotics or prohibited items are discovered during the inspection, the department shall initiate a thorough investigation.
- Attempting to send narcotics or prohibited items into a juvenile facility is a serious offense with possible criminal implications. Individuals may face legal consequences as such and can be prosecuted under various criminal statutes (e.g., Drug trafficking, possession of controlled substances, smuggling of contraband into a secure facility).

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#### 511.4 MAIL SCANNER TRAINING

Designated staff members must complete all the necessary training requirements prior to the use of the mail scanner device. Training includes:

- Operating procedures for the mail scanner device
- Identification of abnormalities and contraband
- Proper chain of custody documentation
- Data recording and image capturing procedures
- Maintenance and troubleshooting of the mail scanner device
- Legal and privacy considerations related to youth mail handling and review of this policy

#### 511.5 MAIL SCANNER MAINTENANCE AND SERVICE CALLS

- Management Services Bureau (MSB) shall manage maintenance and service calls for the mail scanner device through the Probation Facilities Management System (PFMS)
- Any repair or maintenance needed for the mail scanner shall be requested through PFMS. The operating staff shall submit a work order through PFMS for any maintenance, and a copy of the email confirming the work order shall be filed for record-keeping purposes.
- The OD/Supervisor shall send an email notification to the Campus Safety and Security Operation (CSSO)

### **512 PERSONAL ITEMS**

The Superintendent or the authorized designee shall ensure that written, site-specific procedures are developed and implemented for the availability of personal hygiene items (15 CCR 1485).

Each female youth shall be provided with sanitary napkins, panty liners, and tampons as requested (15 CCR 1485).

Each youth to be held more than 24 hours shall be issued, at a minimum, the following personal care items (15 CCR 1485):

- Toothbrush
- Toothpaste
- One bar of bath soap or equivalent

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- One unbreakable comb or brush
- Shaving equipment (see the Shaving Policy)
- Deodorant
- Lotion
- Shampoo
- Post-shower conditioning hair products
- Toilet paper

The Superintendent or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers (15 CCR 1485). Personal hygiene items should be appropriate for the youth's sex. Additional hygiene items shall be provided to youths upon request, as needed (15 CCR 1485).

Youth shall not be required to share personal care items. Items provided through a common dispenser is permitted (15 CCR 1485).

Youth shall not share disposable razors (15 CCR 1485). Used razors are to be disposed of in approved sharps containers. Double-edged safety razors, electric razors, and other shaving equipment capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the California Board of Barbering and Cosmetology to meet the requirements of 16 CCR 979 and 16 CCR 980, Chapter 9 of Title 16 of the California Code of Regulations (15 CCR 1267(c); 15 CCR 1485).

Each facility may allow additional individual items as approved by the facility management based on their specific BMP rewards policy, as noted below:

- One (1) pair of county-issued tennis shoes
- One (1) orientation manual
- One (1) rosary (not to be worn)
- One (1) religious text
- Combination of five (5) reading materials (paperback books, magazines, etc.)
- Five (5) family pictures and personal letters.

### **513 JUVENILE- YOUTH'S PERSONAL PROPERTY IN JUVENILE FACILITIES**

It shall be the policy of the Department to authorize youth in juvenile facilities to process a specific quantity of approved personal items.

#### **513.1 EXPECTATIONS**

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Each camp shall provide a list of allowed personal items and their approved quantity to each youth at the time of their initial orientation to the facility. Any expansion of this basic list of approved personal items must be authorized by the Superintendent to implement. Any items used for treatment purposes, journals, homework, etc., must be approved in writing by the Duty Supervisor and must be posted on the current and pending board for all staff to review.

## 513.2 POLICY

It should be clearly understood that occasional situations might occur that require that youth possess items that are related to their ongoing educational, medical, mental health, or other treatment needs. In the interest of safety and security, education, medical needs, and mental health, probation staff are required to obtain approval from the Duty Supervisor prior to providing these items to youth. Notwithstanding, before going, a youth may occasionally be found to be in possession of one or more of these items without knowledge or approval by the Duty Supervisor. When these situations occur, that shall initiate dialogue with the youth, assess the situation, contact educational, medical, mental health, or probation staff as appropriate, regarding the situation, and obtain the duty Supervisor's approval for ongoing possession of these items.

Strong safety and security practices dictate that staff are continually alert to their surroundings and to the actions of the youth under their supervision. It is important that these practices, daily safety and security checks, shall be routinely performed to facilitate ongoing security of the facility and ensure the safety of the youth and staff.

When performing routine safety and security duties, staff shall be cognizant of the type and quality of items maintained in the youth's personal storage area and on the youth's person. When excess personal items and/or contraband items are found, they shall be immediately confiscated.

Youth may maintain possession of the allowable quantity of approved personal items in a specific designated area in the dormitory or cottage while assigned to the facility. Authorized items and quantities may be changed depending on the youth's stage and privileges within the camp's Behavioral Management Program (BMP). These changes must be in writing, approved by the Duty Supervisor, and clearly documented in the youth's behavioral chart.

Staff are prohibited from confiscating approved personal items except when a youth:

- Is in possession of an excess quantity of approved item(s)
- Uses a personal item for other than its intended purpose
- Carries a personal item on their person in violation of facility rules
- Uses/threatens to use an item to engage in self-harm or injurious behavior



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- Uses the item or threatens to use the item as a weapon
- Is pending transportation out of the facility to a medical/mental health facility
- Is pending transportation out of the facility to another detention facility
- Is placed on either an enhanced level of supervision (L-2 or L-3) on a Specialized Supervision Plan (SSP) that limits possession of personal items for safety reasons. (However, removal of personal items due to an enhanced level of supervision or SSP must be documented on the Mental Health Recording Form or "Green Sheet" and/or SSP Form.) (Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities)

The above list is not comprehensive. There may be other instances where approved items may be subject to confiscation, as approved by the Duty Supervisor.

When a youth carries an approved personal item on their person in violation of facility rules, the youth should be counseled regarding the rules regarding carrying personal items during movement, and the item returned to them unless the youth is carrying the item to engage in inappropriate activity.

The confiscation and disposition of contraband items, including excess personal items that are confiscated, shall be completely documented on the Property Receipt, and a photocopy of the Property Receipt shall be attached to the SIR.

In situations where a crime is suspected of occurring, all items confiscated as evidence are to be handled in accordance with the Crime Scene Evidence Preservation policy.

While interacting with youth, especially when conducting searches and engaging in confiscation of contraband and/or excess personal items, staff must understand that modeling appropriate behavior assists in promoting pro-social skills. As such, staff shall set an example of courtesy and consideration in their interactions with youth while at the same time affirming that the rules and regulations will be enforced by staff and that youth should follow them.

Staff are prohibited from threatening to confiscate personal items from a youth as a means of disciplining a youth. Engaging in these types of actions is considered a violation of Departmental Policy pursuant to the Abusive Institutional Practices policy.

Occasionally, situations occur that require a significant portion of the facility, cottage, or dormitory (including the youth's lockers) to be searched for contraband items such as drugs, weapons, money, or other unauthorized items. When these situations arise, the search must be authorized by the duty Supervisor or a higher-ranking manager. The dorm search is a preventative security measure and is not to be used as punishment or conducted in a punitive manner. These searches shall be completely documented, and all contraband discovered and/or excess personal items taken from individual youth should be noted on the Property Receipt and a photocopy attached

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to the SIR.

### 513.3 DOCUMENTATION RELATED TO THE CONFISCATION OF CONTRABAND OR EXCESS PERSONAL ITEMS

When confiscation of contraband items and/or excess personal items occurs that are not related to a suspected criminal offense, the following procedures shall be followed;

- Staff confiscating the item shall package the item in clear plastic baggage (or other containers as necessary and appropriate), seal the package, and attach the photocopy of the Property Receipt listing the confiscated items. The Property Receipt must be signed by the officer confiscating the property; it must then be reviewed with and signed by the youth. One copy of the Property Receipt must be attached to the package containing the items, and one copy given to the youth. If a youth refuses to sign the Property Receipt, an additional staff shall witness and countersign the Property Receipt. A copy of the Property Receipt must be placed in the youth's behavioral file, and a copy must be kept in the property room.
- Staff confiscating the item shall complete a SIR that notes the circumstances of the incident, the date, time, and location of the incident, as well as attach a photocopy of the Property Receipt listing the items confiscated.
- The SIR shall include the youth's identifying information (youth's full name, PDJ number, and date of birth) and the expected disposition of the contraband items (securely stored at the facility until the youth is released; stored at the facility unit the youth returns from and out-of-camp medical situation or the court matter is resolved; turned over to the Camp Manager for disposal; or given to the parents during the next visit to camp). When returning property to a parent/legal guardian, staff shall provide a photocopy of the Property Receipt that contains a complete inventory of property to the parent or legal guardian, requiring the parent/legal guardian to sign the Property Receipt that they have received the property. One photocopy of the signed Property Receipt shall be given to the parent/legal guardian, and one photocopy shall be placed in the youth's behavioral file.
- The staff confiscating the items shall maintain secure possession of the items until appropriately received by the Duty Supervisor, no later than the end of the day when the items were confiscated. The Duty Supervisor shall ensure that confiscated items are properly packaged and documented. The Duty Supervisor/Camp Director shall maintain secure possession of the packaged confiscated items until transferred to the Camp Service Manager for storage in a secure property room. Confiscated items are to be logged into the property room when received and logged out when returned to the youth or

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parent(s)/legal guardian(s). The secured property room shall be accessible only to supervisors, the Camp Service Manager, and the Camp Director.

- The Camp Manager shall review all actions taken as documented on the SIR or Physical Intervention Report (PIR) to ensure procedures are followed, and appropriate action is taken.
- The Camp Manager shall maintain in an annual file of SIR related to contraband and/or excess personal items that have been confiscated, including SIR related to all youth housed in the HOPE Center.
- Youth shall be allowed the opportunity to request some or all of the personal items that have been confiscated as excess personal items when the items are no longer considered to be excess. The duty Supervisor or Camp Manager shall review and approve this process.

#### 513.4 DOCUMENTATION RELATED TO THE CONFISCATION OF PERSONAL ITEMS FOR YOUTH TRANSFERRED

When a youth is transferred from a facility for medical, mental health, or court reasons, or the youth is assigned to the HOPE Center, or placed on an enhanced level of supervision or on a Specialized Supervision Plan, and the youth's personal items are temporarily confiscated, the following procedure shall be followed:

- Staff temporarily confiscating the items shall package the item in a clear plastic package (or other containers as necessary and appropriate), seal the package, and label the package with the youth's full name, PDJ number, date of confiscation, and date of transfer or the HOPE Center assignment.
- Staff temporarily confiscating the items shall document on the SIR pertaining to the transfer of the youth, the types and quantities of items confiscated.
- Staff temporarily confiscating the items shall maintain secure possession of the items until appropriately received by the Duty Supervisor.
- The Duty Supervisor shall maintain secure possession of the temporarily confiscated items and shall note them in a pre-designated secure storage location that is accessible only to supervisors, the Camp Services Manager, and the Camp Manager.
- The Camp Manager shall review all actions taken as documented on the SIR or PIR to ensure procedures were followed and appropriate action was taken.
- Upon the youth's return to the facility or removal from the enhanced level of supervision or Specialized Supervision Plan, the Duty Supervisor shall obtain the sealed package and shall facilitate the return of the items to the youth.

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#### **513.5 DOCUMENTATION RELATED TO THE CONFISCATION OF CONTRABAND OR PERSONAL ITEMS AS EVIDENCE IN A SUSPECTED CRIMINAL OFFENSE**

In situations where a crime is suspected of occurring and items/evidence are collected that appear to be related to the crime, staff shall adhere to the procedural instructions contained in the Crime Scene Evidence Preservation policy, including immediate notification to the Duty Supervisor.

### **514 SEPARATION**

From time to time, situations arise that threaten the camp's safety and security, necessitating the removal of a youth from the main population. Such removal is a temporary circumstance, and staff shall take proactive steps to assist the youth in returning to their normal program as soon as possible.

When removed from the general population, careful consideration should be given to positive youth development and trauma-informed care. Youth shall not be denied normal privileges except when necessary to accomplish the objectives of separation. Separation may be imposed for the following:

- Disciplinary/behavioral reasons
- Medical/mental health reasons
- Assaultive behavior
- Disciplinary consequences
- Protective custody

When the objective of the separation is discipline, Title 15 §1390 shall apply as outlined in the Behavioral Expectations and Discipline. When separation results in room confinement, the separation shall occur in accordance with WIC § 208.3 and (15 CCR 1354.5) .

A youth with suspected developmental disabilities shall be segregated when their behavior indicates that their safety would be jeopardized in the general population. Not all youth with developmental disabilities require separation; however, staff shall understand that such youth are often highly susceptible to assaults and abuse.

#### **514.1 SEPARATION REQUIRES DUE PROCESS**

The youth must be allowed to tell their side of the story. At a minimum, the youth shall be interviewed to advise them of the placement and the opportunity to respond to the information. The grievance process must be available to a segregated youth.

Although separation may include restricting privileges, only those that correspond to the need for separation, the limitations of the facility, and the reasons for placement

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in separation may be limited.

If separation is used as pre-disciplinary housing pending a disciplinary hearing, the decision to separate must be based on the reasons safety and security reasons, rather than limiting privileges pending a disciplinary hearing. This means that the youth's conduct either made the camp setting unsafe or threatened the youth's safety in the general camp population.

Only those restrictions necessary to maintain the safety, security, and order of the facility pending disciplinary procedures should be imposed.

Separation can be used for protective custody either when the youth requests it or the camp administration determines there is reason to believe it is warranted. Camp staff must document those reasons supporting or not supporting protective custody in the youth's PCMS and in a SIR, which must be approved by the Supervisor.

Staff will monitor separated youth for depression and/or suicide risk and shall ensure a daily review of separated youth to determine if separation remains necessary (15 CCR 1354 (a-f)).

## **515 ROOM CONFINEMENT**

It is the policy of the Department that placement of a youth in a room with a locked door is an option, in accordance with WIC §208.3, to be utilized only in very rare instances when a youth's behavior poses an immediate risk of harm to any person. Youth must be placed in the least restrictive setting necessary to maintain safety and may only be placed in a room for the least amount of time necessary to achieve behavioral stabilization. The placement of a youth in room confinement shall be accomplished in accordance with the following guidelines:

- Room confinement shall not be used before other, less restrictive options have been attempted and exhausted unless attempting those options poses a threat to the safety or the security of any youth or staff.
- Room confinement shall not be for the purpose of punishment, coercion, convenience, or retaliation by staff.
- Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth.

Separation of youth for purposes of punishment is not effective and is prohibited. A youth may not be placed in room confinement in retaliation for any youth conduct or as a means of harassment or coercion.

In the event that the youth requires a temporary assignment to the Healing Opportunities and Positive Engagement (HOPE) Center for stabilization purposes, refer to the HOPE Center policy. The HOPE Center provides a temporary supervision

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alternative designed to minimize dangerous behaviors that compromise the safety and security of the youth and staff in the facility.

This section is not intended to limit the use of single-person rooms or cells for the housing of youth in juvenile facilities and does not apply to normal sleeping hours.

This section does not apply to youth in court holding facilities or adult facilities. Nothing in this section shall be construed to conflict with any law providing greater or additional protections to youth.

This section does not apply during extraordinary emergency circumstances that require a significant departure from normal institutional operations, including a natural disaster or a facility-wide threat that poses an imminent and substantial risk of harm to multiple staff or youth. This exception shall apply for the shortest amount of time needed to address the imminent and substantial risk of harm.

This section does not apply when a youth is placed in a locked, separate room or sleeping room to treat and protect against the spread of communicable diseases for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for an illness. Additionally, this section does not apply when a youth is placed in a locked, separate room or sleeping room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner when the youth is not required to be in an infirmary for illness (15 CCR 1354.5).

## **516 JUVENILE- EDUCATIONAL RIGHTS**

The purpose of this policy is to define the responsibilities of staff regarding the provision of accurate school data and developmental services information to the Court to assist in enforcing the educational and developmental services rights of each youth and to assist with determining a youth's general and special education needs and the youth's developmental service needs.

Students in the State of California have certain educational rights that have been established by Federal and State Codes. It is the responsibility of the Department to work collaboratively with the courts, school districts, and other juvenile justice partners to ensure that these rights are afforded to all youth under its jurisdiction. Further, for youth with developmental disabilities, the State of California has established specific rights for these individuals, and it is the responsibility of the Department to work collaboratively with the courts, regional centers, and other juvenile justice partners to ensure that these rights are afforded to all applicable youth under its jurisdiction.

### **516.1 COURT REPORT CONTENT REQUIREMENTS**

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California Rules of Court Number 5.651 requires that the court, at every hearing, inquire about school attendance and achievement and make findings to ensure the youth are afforded their educational rights. This Rule of Court also requires that at every hearing, the court inquire into the status of youth with developmental disabilities and make findings to ensure that the needs of these youth with developmental disabilities are met. This Rule of Court also applies to all children for whom petitions have been filed in accordance with WIC § 300, 601, and 602. At all hearings, including dispositions and joint assessment hearings, the court must ensure that, to the extent the information is available, the social worker or officer's report for the hearing provides the following information, delineated in the Rule:

- The youth's age, behavior, educational and developmental status, and any discrepancies between that person's age and their level of achievement in education and their level of cognitive, physical, and emotional development.
- The youth's educational, physical, mental health, or developmental needs.
- Whether the youth is participating in developmentally appropriate extracurricular activities and social activities.
- Whether the youth is attending a comprehensive, regular, public, or private school.
- Whether the youth may have physical, mental, or learning-related disabilities or learning characteristics indicating a need for developmental services or special education and related services as provided by the State or Federal Law.
- If the child is 0 to 3 years old, whether the child may be eligible for or is already receiving early intervention services available under the California Early Services Act (Government Code § 95000 et seq.), and if the child is receiving services, the specific nature of those services.
- If the child is between the ages of 3 and 5 years and is or may be eligible for special education services, whether the child is receiving the early educational opportunities provided by Education Code § 56001, and if so, the specific nature of those opportunities.
- Whether the child or youth is receiving special education and related services or any other services through a current individualized education program should be attached to the report. A copy of the current individualized educational program should be attached to the report unless disclosure would create a risk of harm. In that case, the report should explain the risk\*.
- Whether the child is receiving services in accordance with section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.) and, if so, the specific nature of those services: (i) a copy of the current individualized educational program should be attached to the report unless disclosure would create a risk

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of harm. In that case, the report should explain the risk\*.

- Whether the youth is eligible for developmental services or is already receiving developmental services and the specific nature of those services: (i) A copy of the current individualized educational program should be attached to the report unless disclosure would create a risk of harm. In that case, the report should explain the risk.
- Whether the parents' or legal guardians' educational or developmental services decision-making rights have been or should be limited or restored.
- If the social worker or probation officer recommends limiting the parents' or legal guardians' right to make educational decisions or developmental services decisions, the reasons for those rights should be limited, and those actions that the parent or the legal guardian may take to restore those rights if they are limited.
- If the parents' or guardians' educational or developmental services decision-making rights have been limited, the identity of the designated or appointed educational rights holder or surrogate parent.
- Recommendations and case time goals to meet the youth's identified education, physical, mental health, and developmental-service needs, including all related information listed in section 16010(a) as required by section 16010(b).
- Whether any orders to direct an appropriate person to take the necessary steps for the youth to receive assessments, evaluations, or services, including those for developmental services or for special education and related services, are requested.
- In this case of joint assessments, a separate statement by the child welfare department and the probation department, each addressing whether the youth may have a disability and whether the youth needs developmental services or special education and related services, or qualifies for any assessments or evaluation required by state or federal law.

\*Disclosure is considered harmful if the report contains references to trauma or circumstances which may induce psychological harm to the youth. In the event that there is a need for the court report to explain a risk, the report should be sent to the court in an envelope addressed to the Bench Officer and marked as confidential.

## 516.2 DEPUTY PROBATION OFFICERS (DPO) RESPONSIBILITIES:

Effective for school Enrollment/Achievement Progress, Annual/Progress, and Supplemental Reports:



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When a parent/legal guardian is unavailable or unable to provide educational and/or developmental services decisions, the Court may limit the parents' right to make these services decisions and assign that right to another educational or developmental services representative.

A recommendation to limit a parent's/legal guardian's educational and/or developmental services rights and to appoint an educational rights holder and/or a developmental service needs holder for the youth. An officer can make a recommendation for an educational rights holder in the School Enrollment/Achievement Progress Report (Prob. 1568) and a recommendation for a developmental services decision-maker holder in the Annual/Progress Report (Prob. 1245) or the Supplemental Report (Prob. 24).

In the event that a School Enrollment/Achievement Progress Report (Prob. 1568) or an Annual/Progress Report (Prob. 1245) is not calendared by the court, the officer can request an ex parte Supplemental Report (Prob. 24) to make a recommendation regarding educational rights and/or developmental services decisions. Procedures for arranging an ex parte submission vary among court departments. Therefore, the officer must contact the designated department court clerk via telephone for instructions.

Officers shall:

- Include the above requisite information (to the extent available to the officer) in the below-identified section of all PRE-PLEA/Disposition (PROB. 1570) and Joint Assessments (241.1 WIC) reports for the purpose of assessing educational and developmental needs as mandated by California Rules of Court Number 5.651:
  - Court report face sheet
  - Health information
  - School information
  - Prior services summary
  - Service delivery plan summary
- Court Report Face Sheet: Indicate the youth's age
- Health Information: Describe any physical, mental health, or developmental issues that might affect the youth's school achievement or require special programs
- School Information:
  - Indicate the type of school the youth is attending (comprehensive, regular, public, or private school)

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- Indicate whether the youth is a special education student:
  - If yes, indicate services received and whether the youth is receiving appropriate services through the current Individualized Education Plan (IEP). A copy of the current individualized educational program should be attached to the report unless disclosure would create a risk of harm. In that case, the report should explain the risk
  - If no, indicate whether the youth may have physical, mental, or learning- related disabilities or other special needs and is in need of special education and related services
  - If no, and maintaining a 241.1 assessment, a separate statement by the officer and DCFS social worker, whether they believe that the youth may have a disability, and whether the youth is in need of special education and related services. Also, if the youth requires evaluation as required (Title 20, United States Code Section 1412 (a) (3), Education Code Section 56425, or Section 504 of the Rehabilitation Act of 1973).

- Include the youth's performance/behavior
- Include the youth's participation in developmentally appropriate extracurricular activities and social activities
- Identify the youth's educational needs
- Identify education and developmental achievements and any discrepancies in achievement in education and in cognitive, physical, and emotional development
- Indicate whether the holder of the educational rights has been directed (by the court) to initiate assessment, evaluation, or services (including those for special education and related services)
- Indicate whether the youth is, or may be eligible for, developmental services through the regional center services, or is already receiving regional center services. Attach copies of the current Individual Family Plan (1436 Title 20, United States Code) and the current Life Quality Assessment (4570 WIC) to the court report
- Identify who holds the youth's educational and developmental services decision-making rights and indicate if parent/legal guardian rights have been limited. If the parents' or legal guardian's educational or developmental services decision-making rights have been limited, identify the designated or appointed educational holder (surrogate parent) and the developmental

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services decision maker

- Indicate whether the parent or legal guardian's educational rights or developmental decision-making rights should be limited
- If the officer recommends limiting parents' or legal guardians' rights to make educational decisions, provide the reasons why those rights should be limited and any actions that the parent or legal guardian may take to restore these rights

### 516.3 PRIOR SERVICE SUMMARY

All prior services provided to youth shall be included, with particular attention to the following areas:

- DCFS Subsection: Include the type of services/placements
- Community-Based Organization (CBO) Subsection: Include the CBO name and type of service
- Additional Information Section: Report all mental health services that the youth has been provided

### 516.4 SERVICE DELIVERY PLAN SUMMARY

Services to meet the youth's educational, physical, mental health, and developmental needs shall be recommended in the Service Delivery Plan Summary.

- Recommendations and case time goals to meet the youth's identified educational, physical, mental health, and developmental needs

### 516.5 SUPERVISOR RESPONSIBILITIES

- Train and instruct officers on obtaining and including complete information in court reports
- As a part of the case clearance process prior to the completion of the court report, regarding the youth's educational needs:
  - Discuss the dynamics of the case; include educational issues with the officer
  - Review the worksheet for completeness and determine if all available school and developmental data have been included
  - Read and improve the completed report prior to submission to the court

### 516.6 CAMPS VERNON KILPATRICK (CVK)

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Operations Movement Team and Unit staff will support the teacher's efforts in other means of correction. The school's approach to addressing poor student behavior is to avoid suspensions. It is an opportunity for youth to take time to gather their composure and rejoin the class.

LACOE shall provide unit staff with schoolwork (including due date) for the youth to complete. Youth shall be provided with the opportunity to complete their schoolwork. If the school issues a suspension for a youth, LACOE shall provide unit staff with schoolwork for the youth to complete during the suspension period.

## **517 PROMOTING DIGNITY FOR FEMALE YOUTH HOUSED IN JUVENILE FACILITIES**

It is the policy of the Department to establish a standard of care to ensure that female youth can maintain a sense of respect and dignity during the time that they are under the care of the Department.

On January 24, 2017, the County of Los Angeles Board of Supervisors passed a Motion to improve the outcomes for female youth held in the Department's juvenile facilities. The implementation of this motion allows female youth to have autonomy over their own bodies and health by allowing them more options for personal feminine hygiene and a higher standard of healthcare to meet the unique needs of female youth in regard to reproductive health.

It is the goal of the Department, through partnership with Juvenile Court Health Services (JCHS), to provide a high level of care for female youth and to empower them with knowledge and the ability to make their own reproductive choices.

### **517.1 UNDERGARMENT ISSUANCE**

All female youth shall be issued new non-disposable cloth underwear upon intake into any juvenile facility as part of the clothing issuance process. Disposable underwear shall be made available upon request. Each female youth shall also be issued a new and properly fitted bra.

Additional new undergarments shall be made available for replacement should the youth's undergarments become soiled.

Youth at some facilities are given the opportunity to do their own laundry on a daily basis. Each youth is responsible for washing their own sheets, blankets, and clothing with the washing machines provided in the cottages. Clean clothing is kept on hand in the cottage to be given to the youth in case their clothing becomes soiled.

Each facility housing female youth shall maintain a supply of new non-disposable underwear, should the youth require replacement.

### **517.2 FEMININE HYGIENE PRODUCTS**

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All female youth shall be given the option of both feminine hygiene pads and tampons for use during menstruation. Feminine hygiene products shall be placed in an easily accessible location in plain view within the dormitory or cottage. At the beginning of every shift, staff shall ensure that there is an adequate supply available to the youth at all times. Youth must be allowed the opportunity to use the restroom as frequently as needed to safely and humanely use these products.

Informational pamphlets shall be made available to youth on the use of their choice of feminine hygiene product. Youth shall be informed that should they have any further questions regarding the use of the product, a Request for Services form may be submitted to the facility nurse, who shall provide additional information and educational materials.

### 517.3 FAMILY PLANNING AND SEXUAL HEALTH RESOURCES FOR FEMALE YOUTH IN JUVENILE FACILITIES

Per JCHS Policy, reproductive health services are available to all youth, and they shall be allowed access to comprehensive family planning services.

- Age-appropriate educational materials regarding reproductive health are available at all juvenile facilities
- Educational materials regarding contraceptives and condoms are available for youth upon release
- Any contraceptive method that a female youth has established prior to admission shall be continued if desired by the youth
- Female youth may initiate hormonal contraception during their stay in detention facilities if requested. If necessary, youth may be referred to outside specialty clinics for forms of contraception that are not offered by JCHS
- Female youth who are pregnant may be referred to an outside medical facility for options counseling and/or termination of pregnancy is requested

### 517.4 CARE PROCEDURES FOR PREGNANT YOUTH IN JUVENILE FACILITIES

Per JCHS Policy, all pregnant youth are to receive proper prenatal and postnatal care and are provided with nutrition, guidance, treatment, and counseling.

- All female youth shall receive a urine pregnancy test upon admission. During the physical examination, history regarding the youth's menstrual and sexual history is obtained. Additional testing shall be performed at the discretion of the physician as needed to ensure a diagnosis of pregnancy is made in a timely fashion
- Youth shall receive a full history and physical examination by a JCHS physician

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who shall refer the pregnant youth to a high-risk Outpatient Clinic (OC) at LAC+USC Medical Center for prenatal care. The high-risk OC clinic shall evaluate the youth and provide all appropriate care

- Youth taking psychotropic medications shall be followed closely by a treating psychiatrist and a treating obstetrician
- Upon release from the Department, appropriate youth are referred to the Department of Public Health for services available for pregnant teens or teenage mothers.
- Youth beginning labor shall be sent to the appropriate medical facility providing the youth's prenatal care, if possible, to ensure continuity of care. Any available prenatal information shall accompany the youth to the medical facility, with phone numbers to call if additional information is necessary.
- Post-partum youth are followed by JCHS, and if post-partum depression is suspected, the youth is immediately referred to the Department of Mental Health.
- JCHS shall notify Probation of all pregnant youth. Pregnant youth shall be identified as "Fragile Youth" in the Probation Electronic Medical Records System (PEMRS).
- All pregnant youth shall receive prenatal vitamins and a medical diet that includes supplementary snacks.

It is the responsibility of the Department to ensure that all pregnant youth receive proper prenatal care while detained in the juvenile facilities.

All youth receive a physical exam after intake; a pregnancy test is part of the JCHS nurse's intake exam. JCHS staff informs the youth of the results of the pregnancy test.

Parenting Classes shall be offered to all pregnant youth as part of their prenatal care during the 3rd trimester.

All youth who have been deemed to have a high-risk pregnancy shall be evaluated by JCHS. If JCHS determines that a higher level of care is required for the youth, the youth shall be transferred to a hospital.

The Multi-Disciplinary Team (MDT) shall work with the pregnant youth and assist with any needs during and after the pregnancy. The team is comprised of Probation, DMH, JCHS, LACOE, and the youth's parent/legal guardian or social worker. The team shall develop a plan for the youth to assist them with prenatal and postpartum needs.

Once the youth has delivered the baby and returns to their assigned facility, the Department shall offer the following services to help the youth adjust to separation:

- Baby bonding (Special Visit) with the youth and her baby; visits shall be

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scheduled through the Individualized Behavior Management Plan (IBMP) Coordinator

- Youth shall be given the option to provide breast milk for their babies. Lactation rooms shall be designated in the Medical Unit. The breast milk shall be kept in a specially designated refrigerator located in the Medical Unit. The baby's caregiver may pick up the milk for the baby during the visit, or as scheduled with the IBMP Coordinator (15 CCR 1324 (j))

#### 517.5 CVK YOUTH

A medical treatment plan (and safety plan) may be established to ensure that the pregnant youth receive the necessary support during their pregnancy. Youth lactating have a designated closed-door lactation room equipped with a chair and freezer to store their milk. The child's caregiver may pick up the milk for the baby during the visit or at a scheduled time with the IBMP Coordinator.

### **518 TRAUMA-INFORMED APPROACHES**

Trauma-informed care must involve both organizational and clinical practices that recognize the complex impact trauma has on both the youth and the youth's family. The following core principles of trauma-informed:

- **Youth empowerment:** Using individuals' strengths to empower them in the development of their case plan (MDT Process).
- **Choice:** Informing youth regarding service options so they can choose the options they prefer, where appropriate.
- **Collaboration:** Maximizing collaboration among stakeholders, youth, and their families in the MDT planning/process.
- **Safety:** Developing services and activities that ensure the youth's physical and emotional safety.
- **Trustworthiness:** Creating clear expectations with youth about what proposed services/treatments entail, who will provide services, and service delivery (15 CCR 1324 (h)).

### **519 CULTURALLY RESPONSIVE APPROACHES**

It is the policy of the Department in partnership with LACOE, to continue its commitment to providing an educational and culturally enriching experience to youth. The Department's juvenile real addition programs focus on providing youth with educational opportunities that engage their minds, build communication skills, and expose them to new ideas. Many of the youth have had little opportunity to experience these local resources (15 CCR 1324 (h)(i)).

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## **520 ACCESS TO LEGAL SERVICES**

Staff shall ensure the right of youth to have access to the courts and legal services. Such access shall include:

- Access, upon request by the youth, to licensed attorneys and their authorized representatives
- Confidential consultation with attorneys
- Unlimited free postage, legal correspondence, and cost-free telephone access as appropriate (15 CCR 1377)

## **521 VIRTUAL COMMUNICATION**

It is the Department's policy to facilitate virtual calls in order to enhance the family reunification process.

Reconnecting youth with their families in ways that enhance and increase protective factors is a critical cross-bureau task and an overarching goal for the Department.

For youth housed at juvenile facilities, this task is especially critical. The process of reconnecting youth with their families is accomplished through a variety of case management supports and services, including monitored virtual calls and teleconferencing. Structured, monitored, and goal-directed virtual contact is one way case management activities can facilitate positive communication between youth and their families during the reunification process.

Youth who themselves have children of their own shall be allowed virtual calls to their children (unless there is a protective order) to maintain meaningful contact as part of the overall case plan. In addition, youth shall be allowed virtual contact with the child's caregiver, who is involved in the upbringing and care of their child.

Microsoft Teams will be utilized for virtual calls, but other video conferencing platforms may be authorized by the Superintendent or the authorized designee. Workstations at each facility shall be utilized for virtual calls. Additionally, iPhones may also be utilized in the units to conduct virtual calls with families through the Microsoft Teams application or other authorized applications with appropriate security measures.

Staff shall refer to the Juvenile Institutions Communication Procedures for detailed processes to conduct the following types of virtual calls:

- Family engagement
- Court-ordered calls
- Court appointments



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- 730 evaluations
- Attorney appointments

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|                                                                                                                                                 | <b>Effective Date:</b> April 7, 2026                                                                                                                          |
|                                                                                                                                                 | <b>Approved By:</b><br><br>Guillermo Viera Rosa,<br>Chief Probation Officer |

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| Subject:<br><b>RESIDENTIAL TREATMENT SERVICES<br/>BUREAU (RTSB)</b><br><br><b>BEHAVIORAL EXPECTATIONS AND<br/>DISCIPLINE</b> | Section Number:<br><b>RTSB-600</b>                                                                                                                     |
|                                                                                                                              | Effective Date:                      April 7, 2026                                                                                                     |
|                                                                                                                              | Approved By:<br><br>Guillermo Viera Rosa,<br>Chief Probation Officer |

**601 INTRODUCTION**

The Department shall develop and implement written procedures for the administration of discipline and ensuring that youth rules and disciplinary sanctions are developed, distributed, reviewed annually, and revised as needed, which shall include but not be limited to:

- Designating staff members authorized to impose discipline on youth for violation of the rules (15 CCR 1391)
- Prohibiting the delegation of discipline on any youth

The administration of any form of discipline shall use trauma-informed approaches and positive behavior interventions (15 CCR 1391).

Youth cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a juvenile facility. Therefore, a current list of recognized infractions that are generally prohibited should be accessible to all youth. Youth rules shall be translated into the languages that are understood by the youth (Refer to the Youth Orientation Policy).

Disciplinary procedures governing youth rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, prehearing and post-hearing disciplinary actions, prehearing and post-hearing removal from the general population, and prehearing and post-hearing separation from other youth (15 CCR 1391).

A primary goal of camp programs is to effect positive probationer behavioral change using evidence-based practices. Cognitive-behavioral programs that stress positive reinforcement and changes in thinking provide the foundation for interventions used with youth. An inherent factor in these interventions is the focus on positive reinforcement, which is known to be a powerful change agent.

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The Department is responsible for providing a safe and secure environment while at the same time providing youth with rehabilitative interventions aligned with evidence-based best practices, including the use of positive behavior interventions and supports. Youth are expected to demonstrate pro-social behaviors throughout their stay, and staff members are expected to communicate clearly to the youth the expectations for pro-social behavior.

While discipline may correct negative behavior, it serves as a temporary remedy that does not bring about lasting change in pro-social behavior. Discipline should be used only after other strategies (such as positive reinforcement and modeling) have not effectively eliminated problematic behavior. Its purpose is to supplement reinforcement techniques rather than to replace them.

The Department shall develop and implement written procedures for youth discipline that shall promote acceptable behavior and include the use of positive behavior interventions and supports (15 CCR 1390). Discipline shall be imposed at the least restrictive level which promotes the desired behavior and shall not include corporal punishment, group punishment, or physical or psychological degradation. Deprivation of the following is not permitted

- Bed and bedding
- Daily shower, access to drinking fountain, toilet, and personal hygiene items, and clean clothing
- Full nutrition
- Contact with parent or attorney
- Weekly telephonic contact with family
- Visitation
- Exercise
- Recreation
- Religious services and practices
- Clean and sanitary living conditions
- Medical services and counseling
- The right to send and receive mail
- Education
- Rehabilitative programming

Rules of conduct and disciplinary penalties, such as major rule violations and minor rule violations, shall be stated simply and affirmatively during orientation and be made available to all youth. Special provision shall be made to provide such information to youth with disabilities, limited English proficiency, or limited literacy.

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## **602 FACILITY RULES**

Staff shall ensure that youth obey all facility rules. This must be accomplished consistently and uniformly with trauma-informed approaches and positive behavior interventions by all staff, on all shifts, and at all times. Inconsistent enforcement of the rules creates confusion among the youth and does not reinforce the development of lasting behavioral change.

## **603 BEHAVIOR MANAGEMENT PROGRAM**

The greatest support for behavior change occurs in programs that combine an understanding of basic behavioral principles with the teaching and practicing of new skills, the identification and modification of thought processes that lead to negative behaviors, and the use of reinforcement to increase desired behaviors and reduce negative behaviors. Each facility's Behavior Management Program (BMP) provides behavioral reinforcement and feedback 24 hours a day in all activities and circumstances. The BMP allows youth to earn points and privileges as they demonstrate behavioral control and use skillful behavior in their daily activities. The focus and activities in the camp are geared towards personal growth and youth development. Each aspect of the facility operation (meal times, school, recreation, other activities, etc.) provides opportunities for staff to structure the environment, describe behaviors that they expect to see, and create opportunities for youth to demonstrate these behaviors and be recognized for them. The BMP includes various progressive phases that allow staff and youth to see and measure progress. Youth access greater independence and privileges as they demonstrate increased skills and behavioral control. Points earned by youth can be utilized to purchase various rewards on a daily and weekly basis that are valuable to the youth. The youth earn their way through the camp program and gain greater levels of privileges, including the possibility of early release from the camp. Every interaction that occurs in camp can be viewed as an opportunity to work with youth and to support staff to create an environment that fosters long-term behavior change, decreased recidivism, increased problem-solving skills, and increased success in community reintegration.

The BMP consists of issuing points for desired behavior, daily rewards for accumulated points, increased "Stages" of privilege earned by demonstrating sustained positive behavior, and sanctions for undesired behavior. The use of sanctions or the removal of privileges is considered and utilized prior to removing a youth from the larger group whenever appropriate. Consequences for such lower-level behaviors might include essays, apologies, community service, privilege suspension, etc. Youth with sustained positive behavior earn the ability to request early release consideration. The BMP consists of the following elements:

- Points for desired behavior
- Daily rewards for youth who achieve a minimum threshold of points by a

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designated time each day

- “Made Days” for youth who achieve a minimum threshold of points for the entire day
- Increased “Stages” of privileges for youth who are able to demonstrate sustained positive behavior through the earning of consecutive Made Days
- Sanctions for undesired behavior
- Consideration for early release for youth with lengthy sustained positive behavior, based on total Made Days earned and completion of required cognitive behavioral and other programming

Designated staff in the living unit assess behavior and issue points to each youth on the Daily Merit Ladder grading sheet. Points shall be given for demonstration of compliant, pro-social behavior during activity periods throughout the day. Points in each period range from 0 to 2, with the possibility of earning bonus points for demonstrating targeted pro-social skills and for holding a camp job.

Daily rewards are awarded in order to acknowledge and encourage small increments of progress in youth’s overall positive behavioral change. A daily reward is earned when a point threshold (a minimum number of points) is achieved by a designated time in the day, and the youth does not have any Special Incident Reports (SIRs) or school referrals on that day. The youth then has the opportunity to choose a reward from an approved list of options at each camp. Daily rewards increase the likelihood that desired behaviors would be repeated.

Progression to higher “Stages” of privilege is achieved when a youth achieves a point threshold, called a “Made Day,” for a set number of consecutive days, and the youth does not have any SIRs or school referrals on those days. Youth progress through the Stages by continuing to accumulate consecutive Made Days. As the youth meet each point threshold and are promoted to a higher stage, their privileges in camp will increase. In addition, Made Days are totaled to determine when the Multi-Disciplinary Team (MDT) will convene to consider an early release recommendation.

Within the BMP, the use of sanctions or the removal of privileges should be considered and utilized in response to youth who demonstrate defiant or disruptive behavior that does not meet the minimum standard of compliance. All BMP privileges may be suspended as a sanction, depending on the nature of the rule violation. Youth may lose their Stage privileges through privilege suspension either for a specified time or by being dropped to lower Stages until they earn their way back. Sanctions may be rendered through a SIR or via a Sanction and Appeal Form. The Sanction and Appeal Form provides the ability to render consequences for behaviors that do not rise to the level of a SIR. Consequences can include essays, thinking reports, apologies, community service projects, privilege suspension, etc.

The effectiveness of the BMP is contingent upon the consistent implementation of

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the system and a collaborative effort among all staff. The Behavior Management Handbook provides the necessary instructions to effectively implement and maintain the BMP program.

## **604 CONTINUUM OF CORRECTION**

Privileges may be suspended for various behavioral infractions. Within the BMP, the use of sanctions or the removal of privileges should be considered and utilized as a response to undesired behavior. It is the policy of the Department that accommodations shall be provided to youth with disabilities, limited literacy, and English language learners. All BMP privileges may be suspended as a sanction, depending on the nature of the rule violation. Youth may lose their Stage privileges through privilege suspension either for a specified time or by being dropped to lower stages until they earn their way back. Sanctions may be rendered through a SIR or via a Sanction and Appeal Form. Behavior shall be addressed at the lowest level possible, and all lower levels of intervention must be attempted and exhausted before more serious consequences are utilized.

Sanctions are consequences given for negative behavior. Sanctions can be given for all negative behavior, from major to minor rule violations. Sanctions allow for creative consequences that are tailored to specific misconduct. Sanctions are usually most effective when used early to intervene with problem behaviors before they escalate to Major Rule Violations, but sanctions are intended to have varying levels of severity, depending on the infraction. Sanctions also have the potential to be extremely effective at curbing negative behavior because they can be targeted toward the individual behavior of youth and require thought-provoking responses that get to the core of why the youth engaged in the misconduct in the first place.

Just as it is important not to inadvertently ignore or reinforce unwanted behavior, it is equally important not to assign too heavy or too punitive a sanction and lose the learning opportunity and potential of the sanction's consequence. Sanctions that are too punitive or too lenient will not effectively reduce unwanted behaviors in our facilities.

It is important to assign a sanction consequence that may serve to trigger insight and learning. A sanctions assignment that is linked or connected to potential learning is more effective for behavior change than an assignment that is rote or requires little or no thinking on the part of the youth. An assignment that requires youth to describe what was going on for them when the negative behavior occurred and what they could have done differently has the greatest potential to reduce future negative behaviors and give staff opportunities to work with youth in a targeted and meaningful way.

Minor Rule Violations may include, but are not limited to:

- Verbal abuse, profanity, racial remarks, name-calling, or creating excessive noise or complaints

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- Failure to follow instructions, participate in scheduled activities, or run own program
- Instigating others to cause disruptive behavior
- Walking out of bounds or out of the supervision area
- Damaging or losing county property or flooding sinks and/or toilets
- Unauthorized telephone use
- Trading food or property without permission
- Horseplay
- Gang Activity
- Gambling
- Theft
- Littering
- Improper dress
- Possession of minor contraband such as extra clothing, sheets, books, etc.

Discipline shall be accompanied by written documentation.

Major Rule Violations may include, but are not limited to:

- Assaultive behavior (includes gassing, spitting, or throwing of urine/feces)
- Attempted escape (does not include "Out of Bounds")
- Fighting
- Major group disturbance
- Possession of drug-related contraband and/or paraphernalia
- Property damage

If a Major Rule Violation includes one of the following enhancements, additional Made Days will be added to the total Made Days required for early release consideration:

- Major Rule Violation that includes gang, racial, and/or hate violations
- Major Rule Violations that require a Physical Intervention to suppress them
- Participation in a major/group disturbance or inciting/participating in riotous behavior or creating a disturbance after lights out
- Fabricating and/or exaggerating symptoms of self-injurious or suicidal behavior
- Fighting, gassing, or assaulting, or committing physical abuse on other youth or staff



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- Making threats or intimidating or bullying others
- Tampering with security equipment
- Exchanging medication(s)
- Inappropriate or unacceptable sexual behavior
- AWOL or attempted AWOL
- Need for physical, chemical, and/or mechanical restraint
- Possession or ingestion of drugs, vape paraphernalia, and/or alcohol

#### 604.1 RULE VIOLATIONS

In the instance of ***Minor rule violations***, often youth may remain in their current privilege stage and have their stage privileges suspended for a specified number of days. Minor rule violations shall be documented on a Sanction and Appeals Form, reviewed, and approved by the Supervisor prior to the youth serving the consequence. In addition, the youth may appeal to the Supervisor.

In the instance of Major rule violations, youth may receive penalties and restorative actions, such as written apologies, behavior contracts, privilege suspensions, stage drops, days added, etc. These penalties shall be described on the Sanction and Appeals form.

Sanctions can be used for both Minor Rule and Major Rule Violations and allow for tailoring consequences to specific behaviors and situations. When considering a sanction assignment, it is important to consider what might give or prompt insight into a youth or repair harm caused.

#### 604.2 MINOR RULE VIOLATIONS:

Minor rule violations may be handled informally by counseling, advising the youth of expected conduct, and imposing a minor consequence. Violations that result in discipline and sanctions require a SIR and Sanctions and Appeals Form. Examples of minor violations include graffiti, possession of facility contraband, talking or acting out in movement, failing to follow instructions, or possession of pencils (other than those issued by staff for the purpose of completing homework or letter writing) (15 CCR 1391(e)).

Sanctions should be proportionate, equitable, and personalized. They may include the loss of something the youth desires, so it is essential that youth are provided with pleasurable activities and goods that can be revoked without impacting participation in essential elements of the program (for example, loss of the opportunity to join a movie night is permissible, but the loss of an opportunity to call home is not). However, sanctions alone are insufficient. Each incident must also be a learning opportunity for staff and trigger an informal behavior analysis. When the purpose of the behavior is

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understood, youth can be supported to replace the destructive behavior with an alternative prosocial behavior that achieves the same purpose.

In imposing sanctions for Minor Rule Violations, staff shall:

- Only impose sanctions on those youth who violate the rules. Staff are prohibited from imposing sanctions on the entire unit for the rule violations of one or more youth.
- Provide the youth with verbal notice of the specific rule violation.
- Give the youth an opportunity to explain or to ask questions.
- Investigate discrepancies or other pertinent issues relating to the violation.
- Verbally notify the youth of the findings.
- If a sanction is imposed, explain what corrective action the youth must take to improve behavior.
- Prepare a SIR and Sanction and Appeals Form articulating the incident, in addition to the discipline and sanctions imposed.

#### 604.3 SANCTION AND APPEAL FORM:

Sanctions may be rendered through a Sanction and Appeal Form. The Sanction and Appeals Form provides the ability to render consequences for behaviors that do not rise to the level of a SIR. Recommended sanctions might include essays, apologies, community service, privilege suspension, no action, etc.

Sanctions are used when behaviors are more pervasive or a cause of greater concern than what can be addressed by assigning a “zero” for a particular grading period. Sanctions may be used when a youth has earned multiple “zero” grades throughout the day, and thus far, the “zero” grading does not appear to be affecting or de-escalating the repeated negative or unwanted behavior. Sanctions may also be used when one particular behavior is in need of a specific consequence to discourage its being repeated and to create an opportunity for learning and insight for the youth. The decision to use a sanction, including the removal of privileges, should be considered for youth behaviors that do not rise to the level of serious infractions. The use of sanctions should be considered and utilized, whenever possible and appropriate, in advance of a youth escalating their behavior.

Examples of Minor Rule Violation behaviors that may or may not warrant a Sanctions assignment:

- Instances of multiple “0” grades within the day.
- Repetitive youth acts of misconduct, such as continued Failure to Follow Instructions (FFI), disturbance of movements or dorm periods, verbally argumentative defiance, and any disruptive behaviors that do not rise to the

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level of Major Rule Violations.

- Multiple school re-structuring episodes within the day.
- Targeted Minor Rule Violations: any undesirable or negative behaviors within a particular camp culture (low daily school points, repeated refusal to participate in small groups, low daily dorm points, etc.).
- Any behaviors targeted to reduce the potential for Major Rule Violation: horseplay, verbal harassment/bullying, etc.

#### 604.4 SANCTIONS ASSIGNMENT OPTIONS:

The following are options and suggestions for use with community members when assigning sanctions. This is not, however, an exhaustive list of all potential consequences. Sanctions assigned for unwanted behavior can be creative and diverse as long as they follow the standard of being applied individually and appropriately to the youth based on the targeted unwanted behavior.

##### Thinking Reports and Behavior Chain Analysis:

Thinking Reports and the Behavior Chain Analysis (Dialectical Behavior Therapy (DBT) ) provide a process for youth to examine their behavior and identify triggers and vulnerability factors that link to unwanted behaviors. Describing the emotions, thoughts, and body sensations that occur immediately before, during, and after negative behaviors can provide a guideline for staff and youth to explore where, when, and how to intervene in the behavioral cycle to make unwanted behaviors less likely to occur again.

##### Essays:

Essays are writing assignments designed to require youth to spend time being thoughtful about their behavior. At a minimum, an essay topic should require effort and thought for the youth to complete. The process of preparing the essay is meant to demonstrate that time must be spent as a consequence (loss of free time or time that could be spent doing something else). A potentially more effective essay assignment would include an essay topic designed to address the specific behavior being targeted by the Sanctions assignment.

##### Apology Letters:

Apologies are most effective when they are linked to behaviors that personally offended or wounded someone. When behaviors are hurtful and directed at another in a hurtful way, apology letters or verbal apologies should require that the youth think through their behavior enough to explain what went wrong and make a clear statement of remorse or responsibility. Apologies may be delivered to groups or individuals

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based on the circumstances.

#### Community Service Assignments:

Community Service Assignments allow youth to repair all or a portion of the harm done in disrupting the camp environment or damaging property. The length/amount of community service should be proportionate to the harm done and have a realistic chance of completion. Staff must ensure that the youth is required to complete the assignment and that the time and skills required are within the scope of what can be done in the camp.

#### Privilege/Activity Suspensions:

Within the BMP, privileges can be suspended or removed for various behavior infractions. All BMP privileges may be suspended through the Sanction and Appeals Form, depending on the nature of the rule violation. Youth may lose their Stage privileges through privilege suspension for a specified time, or stage events and other BMP events may be denied to the youth as a form of privilege suspension.

#### Stage Drops:

More serious violations or persistent youth violations may be addressed through a Stage drop to a lower Stage in the BMP program. As mentioned previously, incidents of assault and fighting are examples of serious violations that require a youth to be dropped from their current Stage to the previous Stage. Once dropped, the youth must then earn the required number of Made Days for the Stage dropped in order to achieve the prior Stage again and resume the associated privileges.

#### Other Sanctions:

Sanctions may be tailored to particular behaviors with the approval of the Supervisor. Staff are encouraged to be creative with Sanctions assignments and to consider which consequences may increase the likelihood that a youth will cease an unwanted behavior. All Sanctions are to have the approval of the Duty Supervisor prior to the sanctions being assigned to the youth.

#### Penalty Made Days:

Penalty Made Days may be assigned for serious infractions. Approval for any penalty days must be given by the Supervisor. Penalty Days should be reserved for behaviors that can quickly become dangerous, such as physical horseplay that does not rise to the level of a fight, volatile dorm disruptions, etc. No more than two additional Made Days may be assigned for any one behavior outside of the list of Major Rule Violations. A consequence of one additional Made Day can also be assigned when a youth refuses to complete an earlier Sanctions assignment.

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#### Specialized Supervision Plan (SSP):

Creating a Specialized Supervision Plan to describe an individualized support strategy to address and support youth in learning new responses for behavior.

#### As-Needed Multi-Disciplinary Team:

As-Needed Multi-Disciplinary Team meetings may be held with the youth's Caseworker and DMH clinician to address the youth's specific problematic target behavior and identify skills and strategies to decrease target behavior. This may include the development of behavior targets/goals, which are specific and measurable goals for the youth that are achievable in a realistic timeframe in order to demonstrate they have learned new behaviors and ways to manage their stress and reactions. The youth's progress shall be updated weekly, and goals adjusted as needed, with full engagement, commitment, and participation of the youth.

#### 604.5 NOTICE OF POTENTIAL VIOLATION (PROB. 1111)

This form is used to notify the courts of potential Probation violations that are still being addressed at the camp level.

#### 604.6 NO ACTION

Through the use of trauma-informed approaches and positive behavior interventions, no action may be taken by staff in the event that the youth recovers quickly from the undesired behavior(s).

#### 604.7 PROBATION VIOLATION (777 WIC) NOTICE OF HEARING FILING

This process involves courts intervention, which may lead the court to order further sanctions, such as an extension in the length of stay. The Camp Director must review the filing of a 777 and submit it to the Senior Director for approval, and the Deputy Director's office will make the final determination.

#### 604.8 NEW CHARGE (602 WIC) FILING

If the youth's behavior has resulted in the commission of a new crime, then criminal charges may be filed.

### **605 DOCUMENTATION**

Documenting undesired behavior and steps taken to correct it provides a tool for tracking the youth's progress in their camp program. It communicates to other staff the youth's status and issues that may need to be addressed and provides information that may be noted in any future MDTs. Documentation is typically accomplished via Probation Case Management System (PCMS) case notes or a SIR. Caseworkers shall

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document negative behavior in case records, noting corrective measures instituted, as well as the youth's response.

## **606 DUE PROCESS**

All sanctions shall be imposed in accordance with due process. The level and formality of due process shall be commensurate with and in direct relationship to the severity of the sanction imposed. Accommodations shall be provided to youth with disabilities, limited literacy, and English language learners. Due process requires the following:

- Written notice of violation prior to a hearing
- Hearing by a person who is not a party to the incident, normally the OD/Supervisor, Assistant Director, or Facility Director
- Opportunity for the youth to be heard, present evidence, and testimony
- Provision for assistance in the hearing process by staff who can explain the procedures
- Provision for Administrative Review
- Clear statement on the SIR that the rule violation is major and that the youth is entitled to a hearing
- A separate document provided to the youth within 48 hours after the occurrence of the incident that informs the youth of the following:
  - All penalties are held in abeyance pending the outcome of the hearing.
  - A supervisor or the authorized designee who is not a party to the incident shall conduct the hearing.
  - The youth shall have the opportunity to state the facts of their case, including mitigating information, and to present evidence and testimony from others.
  - The youth may receive assistance from another staff member in the hearing process, preferably chosen by the youth or a non-involved staff member who is known to be neutral and is appointed by the Supervisor or the authorized designee.
- Violations that result in a removal from camp or commitment program, but not returned to court, will follow the same due process provisions.

Any disciplinary action resulting in the separation of the youth for more than eight (8) hours or an extension of custody time requires a disciplinary hearing. This is an automatic process initiated by staff, which the youth does not have to request.

Due process must occur in a timely manner. However, staff may need to isolate youth immediately who need more structure and/or who pose immediate threats to

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themselves, staff, or other youth. When such an emergency is under control, the disciplinary due process shall take place (15 CCR 1391(a)-(g)).

#### 606.1 SANCTIONS AND APPEALS PROCESS

In all instances where a youth is involved in a SIR or Physical Intervention Report (PIR) that involves a behavior issue, a Sanction and Appeal form shall also be submitted by one of the staff completing the SIR or PIR and attached to the incident packet. The purpose of this form is for staff to recommend sanctions against the youth while allowing them their right to due process. Staff shall complete Sections A, B, C, and D, detailing the incident that resulted in the sanctions and recommendations. The youth involved shall then initial, check, and sign section E as acknowledgment.

#### 606.2 APPEAL PROCESS FOR MINOR RULE VIOLATIONS

If the youth was involved in multiple incidents for a Minor Rule Violation, they will be given the right to appeal any sanctions to a Supervisor under Section F of the Sanction and Appeal form. The staff shall explain to the youth their appeal rights as noted in Section F. The youth shall then sign the form to acknowledge that they are aware of their rights. If the youth does not wish to appeal the sanction, then no further action shall be required.

If the youth wishes to appeal the sanctions, then they may make an appeal directly to the supervisor to have the sanctions revoked or changed. The supervisor shall then meet with the youth within four (4) hours and make a decision. If the youth does not accept the Supervisor's decision, an appeal may be further pursued with the Facility Director.

#### 606.3 HEARING PROCESS FOR MAJOR RULE VIOLATIONS

If the youth was involved in an incident that constitutes a Major Rule Violation, they will be given the right to a formal hearing process with a Hearing Officer (Supervisor) under Section G of the Sanction and Appeal form. A Major Disciplinary Action form indicating the violation shall be completed prior to the hearing. Accommodations shall be provided to youth with disabilities, limited literacy, and English language learners. The hearing provides an opportunity for the youth to be heard, present evidence, and testimony. The staff shall explain to the youth their hearing rights as noted in Section G. If the youth does not wish to have a formal hearing, then no further action shall be required. If the youth declines a formal hearing, an additional staff must be present and bear witness to the refusal and additionally note their name on the form.

If the youth wishes to continue with a formal hearing, the case shall be heard by a Supervisor (Hearing Officer) who is not a party to the incident within (4) hours. They will also have the right to ask any staff present to assist them in the process by speaking on their behalf or in their defense. Another youth may also speak in their

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defense.

During the formal hearing, the youth shall make their case to the Hearing Officer, presenting any relevant evidence or testimony on their own behalf as to why they feel that the sanctions are not just or appropriate. The Hearing Officer shall then make a determination as to whether or not the sanction will be revoked or changed based on their review of the incident. At the conclusion of the hearing process, the youth shall be provided with a copy of the hearing form.

If the youth does not accept the Supervisor's decision, an appeal may be further pursued with the Facility Director. The youth shall be provided a copy of the Sanction Appeals form after their appeal with the Director has concluded.

#### 606.4 ADMINISTRATIVE REVIEW AND QUALITY ASSURANCE

The Director shall be responsible for reviewing all Sanction and Appeal forms for their division to ensure that the youth are afforded all their rights according to due process. All Sanction and Appeal forms shall be reviewed and signed off within three (3) business days by the Director (15 CCR 1390).



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|                                                                                                                        | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                        | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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## 701 INTRODUCTION

Case management is an integral part of the Department's mission to effect positive probationer behavioral change. It provides a systematic approach to identifying needs and providing targeted interventions. The Department maintains an extensive record-keeping system to chronicle its own operations and to report on the status (including legal and proper care) of all youth in its care. Through its reports, the Department is able to retrieve accurate accounts of specific incidents or operations and to develop a database for statistical analyses. The Director at each facility ensures that there are written procedures governing the generation, review, dissemination, retention, purging, and destruction of all reports and records. This section provides an overview of case planning and procedures, which is supplemented by intensive

## 702 GENERAL DUTIES AND RESPONSIBILITIES

The Caseworker is assigned a caseload of youth to oversee. The Caseworker is responsible for ensuring that the youth receive a consistent continuum of care based on previous services received. This continuum of care must also include case planning needs for the youth's re-entry into the community in order to assure the best possible outcomes.

Essential to good casework practice is clear communication with case plan participants: past, present, and future. This includes the youth, family members, and various service providers. The Caseworker must also be knowledgeable about all documentation pertaining to the youth in order to make the most informed decisions about case plan goals and interventions. Finally, the Caseworker must approach case planning in a systematic and organized manner in accordance with the weekly casework flow detailed below.

Caseworker's responsibilities:

- Reviewing the case and documenting any special court orders and/or instruction
- Orienting the youth and documentation of the next court date in Probation Case Management System (PCMS)

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- Ensuring that all court reports are complete and submitted in a timely manner
- Documenting all case contacts in PCMS, such as telephone calls, face-to-face contacts, court calls, etc.
- Ensuring that the youth assessment has been received and placed in the Probation Department Juvenile (PDJ) file, and documenting this in PCMS
- Ensuring and documenting the fact that the PDJ file has been received within 30 days of assignment. If it has not arrived, the Caseworker must immediately notify the admission staff

Camp Supervisor responsibilities:

- Document the rejection of all new and returning youth arriving at the camp. The case note entry should include the reason and date of rejection.
- Ensure that all transfers/releases are documented. This includes, but is not limited to:
  - Youth going to juvenile hall for medical, dental, or court
  - Youth transferred to the HOPE Center at another camp for disciplinary reasons
  - Youth released home directly from camp
- Review and document any special orders by the court
- Thoroughly review and assign the case to the designated Caseworker. Once the Supervisor assigns the case, they shall document this information in PCMS
- Ensure that the youth receives an orientation prior to placement in a living area and document when the orientation was completed
- Ensure that the Caseworker has entered and/or updated any changes in the youth's contact information, such as address, apartment number, zip code, telephone number, etc.
- Ensure that the camp has received a youth assessment and provide it to the Caseworker
- Document all case contacts in PCMS, such as telephone calls, face-to-face contact, court calls, etc. (15 CCR 1324(f))

## 703 THE TRANSITIONAL MULTI-DISCIPLINARY TEAM (MDT) PROCESS

It is the policy of the Department that Initial and Transitional Multi-Disciplinary Team (MDT) meetings are conducted for all youth in juvenile facilities to facilitate case

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planning and continuity of care.

An MDT meeting is a case planning meeting where staff from all partner agencies meet with the youth and parents/legal guardians to share information relevant to the youth's risks and needs; participate in goal setting; produce a flexible, responsive case plan to guide camp and transition services; and review progress.

The MDT meetings drive the development of a comprehensive case plan for the youth in camp and create continuity of care through an individualized aftercare plan for services and support as the youth transitions back to the community.

The goal of every MDT meeting and case plan is to address areas of risk and need while supporting and building strengths within the youth and family system. This goal is accomplished through the provision of interventions, services, and referrals targeted at increasing protective factors and reducing criminogenic risk factors to reduce recidivism. The areas of criminogenic risk most commonly addressed in camp include anti-social attitudes, feelings, and values, and skill deficiencies involving problem-solving, impulsivity, and poor self-control. Services in the case plan to assist the youth in these areas include education, mental health and substance abuse counseling, cognitive behavioral skills groups, and career-technical and prosocial activities.

MDT meetings are a collaborative effort between:

- Probation Department
  - Bureau representative
  - Camp Community Transition Program (CCTP)
  - Other units, such as Placement, as appropriate
- Department of Mental Health (DMH)
- Los Angeles County Office of Education (LACOE)
- Juvenile Court Health Services (JCHS)
- Parent(s)/legal Guardian(s)
- Various school districts
- Department of Children and Family Services (DCFS)
- Department of Public Social Services (DPSS)
- Regional Center for the Developmentally Disabled, as appropriate
- Other interested parties, as needed

An MDT meeting may be held at any point in the youth's camp stay, some are held at pre-determined intervals, and others are held in response to behaviors and

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progress of the youth or changes in the youth's circumstances.

The MDT and case planning process begins before the youth's arrival in camp with a Multi-Disciplinary Assessment conducted by the Camps Assessment Unit (CAU). Following the youth's arrival in camp, an Initial MDT is held in the first two weeks. A transitional MDT is held prior to the youth's release from camp. As-needed MDTs may be held whenever a youth's behavior or other circumstances warrant a review.

### 703.1 MULTI-DISCIPLINARY ASSESSMENT (MDA)

MDA shall be completed within seven (7) days of the youth's Camp Community Program (CCP) order and consists of a comprehensive assessment of the youth's risk factors, needs and strengths, including but not limited to identification of substance abuse history, educational, vocational counseling, behavioral health, consideration of the known history of trauma, family strengths and needs, and Probation assessments to classify and place each youth in the appropriate camp. Information and recommendations from the MDA, including preliminary service recommendations and a case assessment summary, are forwarded to staff in the camp where the youth is placed.

**Initial MDT:** Held within 10 business days of the youth's arrival in camp. The Initial MDT meeting is the opportunity for the treatment team in camp to come together to review the youth's situation, talk to family members, when possible, review information and recommendations gathered from the MDA and other documents, and develop a detailed case plan with the youth and family describing the services and goals for the youth's camp program. Changes may be made to the preliminary recommendations from the MDA, as the Initial MDT will more clearly define areas of challenge and strength for the youth. The camp case plan is documented in the MDT minutes and includes the development of specific goals and behavioral targets for the youth to achieve. The youth's Caseworker and partner agencies will then implement the agreed-upon case plan with the youth.

**Mid-Review MDT:** Held within 60 to 90 days following camp entry. The team should conduct a review of service progress, family engagement, behavioral goals, and academic progress, etc. The meeting should include specific focus/documentation on the progress of the transition plan and follow-up actions required.

**As-Needed MDT:** Can occur any time during the youth's camp stay when immediate intervention is required. An As-Needed MDT can be called as a result of the youth's positive or negative behavior or disciplinary concerns, mental health issues or crises, the need for new treatment services, any change in the youth's circumstances, including updates to the transition plan, or any other factors requiring review. The As-Needed MDT reviews the circumstances surrounding the youth's specific behaviors or other issues to be addressed, documents the youth's responses to

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interventions, and works with the youth and the team to develop a plan to address the circumstances or difficulties. An as-needed MDT may result in a modification to the youth's case plan. All As-Needed MDTs are documented in MDT Minutes.

**Transitional MDT:** Occurs 45- 60 days prior to a youth's release from camp. The discussion in the Transitional MDT meeting includes review and follow-up on the goals and treatment plans established during previous MDTs. It ensures that progress toward goals and behavior targets is tracked and reviewed, and that any success or difficulty for the youth in reaching these targets is discussed. The Transitional MDT provides key information to all partner agencies involved in preparing the youth and family for the youth's transition back into the community. The Transitional MDT will place specific focus and emphasis on treatment progress, ongoing treatment needs, and areas for follow-up that are vital to community reintegration. A transition/reintegration plan is developed, documented in the MDT Minutes, and incorporated into the pre-release court report and discharge plan. This process requires a completed home evaluation and notification to the field officer. No youth may be released without a Transitional MDT.

### 703.2 MDT COORDINATOR ROLE

The MDT Coordinator is responsible for scheduling, conducting, and documenting the MDT meetings. The MDT Coordinator facilitates the fostering and supporting of a collaborative partnership among all participants throughout the MDT process. The MDT Coordinator works to generate consensus by engaging and motivating all team members to actively participate in the process, advocating for the youth and family when needed, and redirecting conflict and power struggles. The MDT Coordinator keeps the focus of the meeting on the youth and family, facilitating participation of the youth and family in the final case plan decisions by being strength-based, avoiding blaming or judgment, asking open-ended questions, and fostering respectful interactions.

The duties and responsibilities of the MDT Coordinator include scheduling MDT meetings, providing meeting notification to all participants, making room and equipment arrangements, allowing enough time for each meeting, ensuring meetings occur within required timeframes (Initial MDT and Transitional MDT), planning each meeting and gathering relevant documents, facilitating the meeting, completing all meeting minute documentation, meeting data collection, and providing any necessary follow up actions or documentation.

MDT Schedule and Calendar: The MDT Coordinator will use the MDT Dashboard program, a component of the LACOE Educational Passport System (EPS), to schedule and notify participants of MDT meetings, changes to the MDT meeting schedule, and to provide teleconference dial-in information for participants not able

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to attend meetings in person. The MDT Coordinator will ensure that the Parent Notification letter is mailed to the youth's parent/legal guardian prior to the Initial MDT meeting. Whenever possible, attempts shall be made to accommodate all MDT participants when scheduling MDT meetings. Focus and intent will be placed on scheduling MDT meetings to include participation by the youth's caseworker and DMH primary clinician. Transitional MDT meetings are to be scheduled in the MDT Dashboard by the 20<sup>th</sup> of the month prior to the meeting month, whenever possible. The MDT Dashboard generates a monthly calendar of scheduled meetings. The MDT Coordinator will distribute the monthly calendar of scheduled meetings to members of the MDT team (Probation, DMH, LACOE, JCHS, and other meeting participants) at the end of the month prior to the meeting month.

Collecting/Organizing Information: The goal of every MDT meeting is to collect and discuss all relevant information regarding the youth's progress, to review and coordinate services, and to collaborate on case plan and transition plan development. In instances when a partner agency representative is unable to attend a scheduled MDT, the MDT Coordinator will collect written documentation from the absent agency regarding a youth's need for services, plan for rendering services, and/or progress with services. The MDT Coordinator will serve as a proxy in situations where an MDT must occur without the presence of the assigned Caseworker and will ensure that the youth is present in camp to attend the meeting. Specific information to be collected for MDT meetings includes:

- Initial: the CAU's initial case plan and summary, any information gathered during the camp orientation, relevant PCMS notes, and any other information pertinent to the Initial MDT.
- Mid-Review MDT: Held within 60 to 90 days following camp entry. MDT should conduct a review of service progress, family engagement, behavioral goals, academic progress, etc. The meeting should include specific focus/documentation on the progress of the transition plan and follow-up actions required.
- As-Needed: Special Incident Reports (SIRs), Physical Intervention Reports (PIRs), Specialized Supervision Plans (SSPs), and school referrals; progress updates from partner agencies; and details of any new information impacting the youth's case plan.
- Transitional: The youth's caseworker or other designated staff must send a home evaluation request to the Camp Community Transition Program (CCTP) Pre-Releases EDL email group at [CCTPpre-releases@probation.lacounty.gov](mailto:CCTPpre-releases@probation.lacounty.gov) 90 days prior to the youth's anticipated release. The CCTP field officer's response must be available to the MDT

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Coordinator prior to the Transitional MDT and will be included in the transition planning discussion to ensure that the youth is placed in an appropriate home environment. The CCTP officer will provide recommendations and information regarding reporting instructions, school enrollment, counseling and community referrals, completion of community service hours, employment information, and a discussion of expectations for the youth in the community. DMH will provide information on service recommendations for mental health and substance abuse. LACOE and/or school districts will provide information on the youth's school enrollment, including a date and time for the youth and parent to report to school following release. If transition plans change (housing situation/location, transition timeline, etc.) following the Transitional MDT, an As-Needed MDT will be held to discuss the new information and update the youth's case plan.

MDT Meeting Facilitation: The MDT Coordinator is responsible for facilitating all MDT meetings. The MDT Coordinator will organize and structure the discussion, modeling professional and courteous interactions, and seeking input from all who are present. The MDT Coordinator will facilitate communication amongst the partners in the meeting, even when there is disagreement or conflicting opinions. Each meeting is an opportunity to help each youth be successful in camp and find ways to learn and apply skills necessary for growth and pro-social behavior.

Youth and Family Liaison: In order to ensure successful MDT meetings, the MDT Coordinator will remain focused on youth and family engagement throughout the MDT process. The MDT meeting provides the opportunity to engage and motivate youth and their family to ensure everyone can work together towards identifying strengths, risks, barriers, and challenges that may have an impact on the youth's ability to be successful while in camp and when reintegrating into the community.

Documentation: The MDT Coordinator will promptly document MDT minutes for each MDT meeting on the MDT Case Plan Form (see MDT Information and Resources Folder on the MDT Shared Drive, MDT Meeting Minutes) during the week in which the MDT meeting occurs. The MDT Coordinator is responsible for ensuring that all MDT documentation is promptly forwarded electronically to all partners who participated in the meeting to review and ensure the accuracy of the minutes. Once finalized, copies shall be forwarded to all partners, including the youth's camp Caseworker, DMH Coordinator, and LACOE Coordinator, for implementation and follow-up. The MDT Coordinator will file hard copies of the meeting documentation in the camp's MDT Binder and place all minutes on the MDT shared drive. The case plan from the Initial MDT must be attached to the youth's 30-Day Progress Report.



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In the case of a Transitional MDT meeting, the youth's caseworker will attach a copy of the Transitional MDT documentation to the final court report. Information that is pending at completion of the MDT meeting shall be provided in a timely manner, and the MDT Case Plan updated (including date of update), and the revised MDT Case Plan shall be distributed to all partners, camp binder, and the MDT shared drive.

Data Collection: The MDT Coordinator will promptly input participation data (identifying participants in MDT meetings) into the MDT dashboard following the completion of the MDT meeting (15 CCR 1324(j), 1351(d)(e)(f), 1355(a) to (b)(4)).

## **704 INITIAL CASE PLAN ACTIVITIES**

When first assigned a case, the Caseworker shall take the following steps:

1. Document Receipt of Case: The Caseworker shall note in the Record of Supervision section of PCMS the date they received the case assignment.
2. Review PDJ File and Other Pertinent Documentation: The PDJ file is the Department's documentation that follows the youth from one assigned Caseworker to the next. It reflects the services that each Caseworker provided to the youth and helps to assess the level of criminality. It should also provide the current Caseworker with an idea of what worked and what did not. The PDJ file also contains all of the Department's reports submitted to the court, as well as all of the minute orders issued by the court. If the PDJ file does not arrive at camp within one (1) week of the youth's arrival, then the assigned Caseworker is to contact the previously assigned Caseworker and arrange for it to be provided.
3. Orient the Youth and Family: Provide the youth and their caregivers with an overview of the case planning process, detailing their roles in the case planning and implementation process.
4. Verify All Residence and Identifying Information: Verify and update demographic data in PCMS, including home address (and apartment number), telephone numbers, family members, etc.
5. Verify upcoming court dates and Conditions of Probation and prepare the 30-day report to be submitted to the court.

## **705 ONGOING CASE MANAGEMENT ACTIVITIES**

The Casework shall continue to monitor the youth's compliance with the case plan, as well as the appropriateness of the case plan pursuant to the youth's regular weekly activities, which shall include, but not be limited to, written documentation

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that provides the following:

- Objectives and time frames for the resolution of problems identified in the assessment
- A plan for meeting the objectives that includes a description of program resources needed and individuals responsible for ensuring that the plan is implemented

The Caseworker shall adjust the case plan as necessary, documenting any changes in a revised case plan and in PCMS.

- Check Mailbox/Email for New Information: Look for updated minute orders, reports, and other documents. The Caseworker is responsible for submitting all court reports on time. Minute orders with upcoming court dates will be placed in the mailbox.
- Contact Camp School: Request information regarding test scores, prior scholastic services, and any educational needs the youth will require in camp. It is quite common for camp youth to have Individual Education Programs (IEPs), and the caseworker must ensure that the school is providing these services. Inquire about the youth's school performance for each current week. This should include information regarding both behavior and scholastic progress.
- Contact the youth's Mental Health Caseworker: Speak to the youth's mental health clinician to obtain information as appropriate on the youth's status and level of participation in DMH classes.
- Contact Parents/Legal Guardians and monitor the youth's phone call to Parents/Legal Guardians: Speak with the parents/legal guardians to obtain an update and provide the youth with an opportunity to speak with them by phone.
- Attend scheduled MDT meetings for the youth: The MDT plan encompasses all of the youth's goals while at camp, as well as the aftercare and the transition plan for when they are released back into the community. It is important for the Caseworker to attend or be aware of the plans so that the court reports submitted can accurately reflect the goals the team has set for the youth. The Caseworker should collaborate with the camp's MDT Coordinator to ensure that the MDT meeting is held on a day on which the youth's Caseworker is on duty.
- Weekly Charting in PCMS
- Youth will receive assistance in requesting contact with parents, other supportive adults, attorneys, clergy, and other public officials

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### 705.1 WEEKLY CHARTING IN PCMS

Weekly case management charting in PCMS must include the type of contact (face-to-face) and housing classification.

All casework sessions conducted shall be documented in PCMS with the date the Caseworker met with the youth. All contacts conducted in the facilities shall be conducted as face-to-face, and documented as such.

All casework sessions conducted shall be documented in PCMS and include the current housing location of the youth and indicate any changes from the previous week and the reason for the change, if applicable.

The Caseworker shall also meet weekly with the youth and update weekly PCMS entries, providing detailed and individualized information about the youth in the following areas:

- Projected Release Date (PRD) indicate the youth's PRD and the information utilized to obtain the date. If an early release is being considered, provide the date
- Initial objectives
- Youth's camp progress
- Youth's next court date and include any upcoming court reports and report type
- Educational objectives
- Mental health objectives: assistance with any needs or concerns. Provide the youth with access to available resources to meet their needs.
- BMP Program Progress (Made days/points/stage).
- Any SIR/PIR in which the youth was involved, including Sanction and Appeals Forms.
- Previous/Next MDT
- Communication with parents, legal guardians, attorneys, clergy, other public officials, or other supportive adults
- Program Participation /DBT/CBOs)
- Substance Abuse history/programs
- Drug Tests
- Family Sessions

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- Housing Classification

Youth's Transitional Objectives and final case plan objectives shall be developed with input from the family, supportive adults, youth, and the Regional Center for youth with developmental disabilities.

Note: Other supportive adults must be vetted by the Court, Department of Children and Family Services (DCFS), if applicable, and the Department prior to any participation with the youth or the youth's case plan (15 CCR 1352,1356 (a)(b)(c)).

## **706 CASE PLAN ACTIVITIES – PRE-RELEASE**

Prior to the youth's camp release, the Caseworker shall ensure that the following steps have been completed.

1. Review Parental Participation: Verify that the parent(s) have completed any court-ordered activities such as restitution and participation in the field officer home evaluation.
2. Transitional MDT for any changes in the youth's plan
3. Follow-up with the CCTP's Pre-Release team: Check PCMS to ensure acknowledged receipt of the 30-day release notification
4. Once the youth's last-minute order has been received, verify their release date and contact the youth's field officer to notify them of the date.
5. Contact Camp School: Obtain the youth's final transcripts, grades, and test scores
6. Review Post-Camp Release Instructions with the youth: Review the instructions and confirm that the youth understands them. Obtain the youth's signature on the instructions and provide them with a copy.
7. Prepare Court Citation: Prepare the citation of the youth's post-camp court appearance and ensure that the youth and parent sign it. Forward a copy of the citation to the court. Ensure that the youth and parent acknowledge the date on which they must report to the court and their field officer after release.
8. Ensure that all records and identifying information are updated in PCMS. Ensure that the youth's LARRC is updated (15 CCR 1324 (f)(5)).

## **707 MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)**

The Caseworker contributes to the continuity of care necessary to ensure a successful transition back into the community by identifying the youth's needs, linking them to an array of support services, and making Medi-Cal Administrative

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Activities (MAA) Referrals. This process ensures that when the youth returns to the community, they will continue to receive services similar to those received while in camp.

During initial, ongoing, and pre-release case management review, the Caseworker will make electronic notations as to the services provided while in camp. Additionally, the Caseworker is encouraged to meet with the parent/legal guardian to discuss the programming, the youth's progress, and referrals for services that are available upon release. Upon release from camp, the Caseworker shall provide the youth and parent/legal guardian with information on services available and/or suggested for the youth in the community, including Medi-Cal Services. To enroll or reinstate a youth in Medi-Cal Services, the Caseworker shall receive the following information from the parent/legal guardian and communicate via telephone or email to the Department of Public Social Services (DPSS) for processing:

- Youth's Name
- Date of Birth
- Arrest Date
- Release Date
- Facility Released from or Currently Detained
- Gender
- Medi-Cal/SSN number (if available)
- Contact information

Upon completion, the Caseworker shall complete a PCMS case note entry. DPSS will contact the youth's parent/legal guardian to proceed with enrollment or reinstatement. By identifying and linking youth to services they may need to achieve successful community reintegration, this coordinated and integrated treatment approach enhances opportunities for positive outcomes for youth, families, and communities (15 CCR 1324 (m)).

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|                                                                                                                             | <b>Effective Date:</b> April 7, 2026                                                                                                                          |
|                                                                                                                             | <b>Approved By:</b><br><br>Guillermo Viera Rosa,<br>Chief Probation Officer |

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**801 INTRODUCTION**

Case management is an ongoing activity. Good case management enhances communication between service providers, ensures smooth transitions and continuity of services, and increases the likelihood that the youth will make pro-social changes in their lives. The assigned Caseworker serves as the core of the case-plan implementation process, and appropriate case management is an essential function. This section addresses additional activities involved in the casework process.

**802 USING THE LOS ANGELES RISK & RESILIENCY CHECKUP (LARRC)**

The case plan is based on a thorough review and analysis of the youth's areas of risk and need. Case plans written without this foundation will do little to assist the youth in making positive changes. The LARRC is an assessment tool that measures the risk and protective factors of our youth and their families. Information from the LARRC assists officers with case planning, service referrals, and camp assignments. It also provides documentation to substantiate departmental recommendations to the Court. Additionally, this assessment tool provides the most reliable predictive information about the youth based on six (6) Criminogenic needs.

When completing the LARRC, the officer shall consider all pertinent information. This includes information contained in the Probation Department Juvenile (PDJ) file, Probation Case Management System (PCMS), educational records, parental statements, and information from other who have knowledge about the youth. The LARRC should be completed and/or updated by the time the youth arrives at camp.

For youth whose LARRC assessments are missing, inaccurate, or incomplete, the assigned Caseworker must complete them within 30 days of case assignment . The Caseworker shall place a completed copy of the LARRC in the youth's PDJ file and make a formal record of completion in the PCMS case notes.

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### **803 GENERAL MEDICAL CONSENT FORM**

The Caseworker must check the youth's behavior chart to ensure that the signed General Medical Consent form has been obtained. When not found, the Caseworker must proceed as follows:

- Verify receipt of a signed General Medical Consent by checking with the nurse and/or contacting the medical consent coordinator at the juvenile facility.
- If the medical consent coordinator has the signed General Medical Consent, the consent is downloaded to the PEMRS.
- Once obtained, place a copy on the left side and at the bottom of the behavior file, and provide a copy to the facility nurse.
- Notify the Medical Consent Coordinator via a PCMS that the signed General Medical Consent form has been received, with a copy for the youth to the nurse and a copy placed in the behavior file.

When following the procedure above does not result in obtaining the General Medical Consent, the Caseworker must contact the parent/legal guardian by phone and request that they mail the signed form or bring it to the facility during visiting hours. The parent/legal guardian should have received this form via U.S. Mail when the youth was initially detained. The form must be received within the same week that the Caseworker made the phone call.

If the parent/legal guardian has not provided the form at the time of the visit, the Caseworker will arrange for the parent/legal guardian to sign the form when they come to the facility to visit.

As a last effort, the Caseworker is to request that the nurse call the parent/legal guardian and discuss the importance of providing the signed General Medical Consent form.

The Caseworker must make all efforts to obtain the signed form within 14 calendar days of the youth's arrival at the facility and document this information in PCMS. If the parent/legal guardian has not provided the form within this period, the Caseworker must submit an ex parte report to the court requesting that the court provide a minute order authorizing general medical consent.

The facility is to maintain a list of youth who have a signed General Medical Consent on file (15 CCR 1434).

### **804 RECORD MAINTENANCE**

The Caseworker is responsible for ensuring that all relevant Court information, Incident Reports, mental health documents, medical grams, and green slips are filed in the youth's behavior chart or noted in PCMS and that the PDJ file is kept up



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to date and in proper order.

The Supervisor is responsible for ensuring that all of the necessary information above is entered into PCMS. The Supervisor is also responsible for recording the following:

- Documenting rejection of all new and returning youth to the facility, including the date of rejection and the reason.
- Ensuring that all transfers and releases are documented, which includes but is not limited to:
  - Youth transport to the juvenile facility for medical, dental, or Court.
  - Youth transferred to the HOPE Center at another facility
  - Youth release from the facility to home.

## **805 COURT REPORTS**

Preparing accurate and timely Court reports is another essential case management function. The Department is responsible for providing the court with information pertaining to the youth's progress in their court-ordered camp program. The following describes various types of Court reports that the Caseworker may have to provide to the court.

### **805.1 PROGRESS REPORTS**

When the court orders the youth to camp, the bench officer expects to receive regular reports providing information as to the youth's progress. The Caseworker supplies this information to the Court via the 30-day, 60-day, 120-day, and 210-day Progress Reports. Each Court may have different requirements for the progress reports it requires. The Caseworker must consult the minute order provided after each Court date to determine the due date of the next Court report. These reports can be found on ProbNet.

The Caseworker must make note of the Court dates for these reports by reviewing the Court's orders in the PDJ file. If the Court order containing these dates is missing, the Caseworker can look for the Court dates in PCMS or Juvenile Automated Index (JAI). If the information is not in PCMS or JAI, the Caseworker should contact RTSB Admin and/or the Court for guidance. The Caseworker shall take proactive steps to ascertain the Court dates to ensure timely submission of the progress reports.

In preparing the report, the Caseworker must review the Court order to determine any specific information the Court wants included in the report. The Caseworker must gather information from several sources, including the school, other officers at the facility, the nurse, mental health staff, community-based organizations, parents/legal guardians, and other facility service providers. This takes time and requires advance

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planning; the Caseworker must consider this when managing their schedule of duties at the facility.

The report must be mailed at least 10 days prior to the hearing date, but each facility has specific timeframes in which the final report must be submitted to clerical staff for processing and submission to the Court on time.

## 805.2 WELFARE AND INSTITUTIONS CODE (WIC) § 777 WIC NOTICE OF HEARINGS

The 777 WIC Notice of Hearing is used when the youth's behavior has deteriorated beyond the control of all other corrective measures, and it appears that the youth has violated their Conditions of Probation. This report is used to recommend that the Court order additional time in camp or commitment to the Secure Youth Treatment Facility (SYTF), WIC § 707(b) offenses only. The Caseworker must secure the Supervisor, Director, and Superintendent's approval prior to initiating a 777 Notice of Hearing.

The 777 Notice of Hearing form can be accessed on ProbNet. Procedures for setting on the violation hearing in Court are as follows:

- Contact Intake and Detention Control (IDC) to provide advance notice of the detention, if the youth is being transported.
- Submit the following documents to IDC at the time of intake:
  - Juvenile facility Entrance Form (Prob 1295, Rev. 12/98)
  - Probable Cause Declaration (PCD) (Prob 1331, Rev. 11/01), attaching the JAI printout. The PCD must include the following information on the youth:
    - Date placed on probation
    - Court location
    - Current probation grant (CCP)
    - Aggregated maximum confinement time on all sustained cases
    - Remaining confinement time
    - All conditions of probation ordered
    - Listing of the alleged violations and a brief statement of facts to support each alleged violation
- Submit four (4) copies of the following 777 Notice of Hearing packet to the County Clerk at the Court location within the guidelines for a detained felony filing (consult with IDC if a copy of felony filing guidelines is not immediately available).

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- Notice of Violation/777 Notice of Hearing report
- Witness list (DA-893-0)
- All supporting documents (e.g., school reports, police reports, etc.)
- Attach a copy of the last Pre-Plea Disposition report and a copy of the Title IV-E Findings minute order to the Court Officer's copy of the 777 Notice of Hearing report (label the report, Court Officer, in the upper right corner).
- Attach a copy of the last complete Pre-Plea/Disposition report and a copy of the Title IV-E Findings minute order to the Court Officer's copy of the 777 Notice of Hearing report (Label the report, Court Officer, in the upper right corner).
- Email a copy of the report face sheet to the IDC site where the youth was admitted to the Juvenile facility to ensure that the youth is placed on the movement to Court broadcast: EDL-PROBIDC@lacounty.onmicrosoft.com.

Absent facility approval, the youth shall be transported to a facility the day prior to the Court hearing.

**NOTE:** Any change of plan, including the filing of a 777 Notice of Hearing, requires a 30-Day Modification form to be submitted to the Central Processing Team (CPT).

### 805.3 WELFARE AND INSTITUTIONS CODE § 778 WIC PETITIONS

This is a petition to request a change of plan or to modify any previous order of the Court. This petition is used when the Caseworker determines that the youth should be released to a suitable placement rather than to home, or when the Caseworker is recommending an early release. This change of plan is not the result of a violation of the youth's conditions of probation.

The petition shall include pertinent information regarding the youth's current situation and address the most appropriate alternative plan, as well as how the plan will benefit the youth. The petition must include factual information and supporting documentation. The form can be downloaded from ProbNet, under the Forms link (Juvenile Court Report Templates).

Criteria for filling 778 WIC petition may include, but are not limited to:

- Youth with mental health issues, including the need for psychotropic services and medication
- Youth with apparent or suspected learning, development, or behavioral disabilities so severe that special needs may impede success in a camp program
- Youth with physical or medical disabilities that prevent full participation in camp

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- Youth who, due to age (17.5 years of age or more), will emancipate upon completion of the camp program

Procedures for the Caseworker are as follows:

1. Clear the recommendation with the Supervisor's approval. (When recommending Suitable Placement, obtain approval from the Out of Home Screening Unit, according to Departmental policy)
2. Complete and submit the Set-On Slip to the County Clerk
3. Complete the 778 WIC petition and address the following issues in narrative form in Section 3:
  - a. Specific behaviors, problems, or a change in circumstance
  - b. Reasons for request to change, modify, or set aside the previous order
  - c. Necessity for requested Court action
  - d. Goals and purposes for making the recommendation
4. The following documents shall be completed and attached when recommending a Suitable Placement:
  - a. Witness List
  - b. Foster Care Case Plan
  - c. Transitional Independent Living Plan (for youth 14 years of age or older)
  - d. Copy of the last complete Pre-Plea/Disposition report and a copy of the Title IV-E Findings minute order (for cases where the youth has been previously detained) and attach to the Court Officer's copy of the 778 WIC petition (label the report "Court Officer" in the far upper right corner)
5. Submit the 778 WIC petition with all appropriate documentation to the Court and retain it in the PDJ folder

**NOTE:** Any change of plan, including the filing of a 778 WIC petition, requires that a 30-Day Notification form be submitted to the CPT.

#### 805.4 WELFARE AND INSTITUTIONS CODE § 602 WIC PETITION REQUESTS

The Department may submit a 602 WIC petition request to the District Attorney's office when it appears that the youth has committed a new crime. A sustained 602 WIC petition will result in additional maximum confinement time.

As noted with respect to other petitions, the filing of a 602 WIC petition requires that a 30-Day Notification form be submitted to the CPT.

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### 805.5 ADMONISHMENT OF RIGHTS

When interviewing youth who are considering filing a 777 WIC Notice of Hearing or a 602 WIC petition request, the Caseworker must advise the youth of their Miranda Rights, reading from a Miranda Rights admonishment form to acknowledge whether the youth has waived or invoked their rights.

## **806 CAMP TRANSITION PRE-RELEASE HOME EVALUATION INTRODUCTION**

The outlined procedure shall serve as the standard for conducting all pre-release home evaluations, as detailed in the Pre-Release Home Evaluation Process instructions.

### 806.1 EXPECTATIONS

Home evaluations are to be completed for all youth prior to release from the facility. The purpose of the home evaluation is to assess the suitability of the home and to initiate plans for the youth's successful transition back to the community. All home evaluations are to be conducted in a culturally sensitive and caring manner.

### 806.2 RTSB STAFF RESPONSIBILITIES:

Complete the Camp Release Notification Form (Pre-Release Home Evaluation Request/Transitional MDT Notification) and submit it to the Camp Community Transition Program (CCTP) Pre-Releases email group at [CCTPpre-releases@probation.lacounty.gov](mailto:CCTPpre-releases@probation.lacounty.gov) 90 days prior to the youth's projected release date (expectation - those cases approved for early release from camp).

### 806.3 CCTP AND INTENSIVE GANG SUPERVISION PROGRAM (IGSP)

- Complete the Pre-Release Home Evaluation Form (Prob. 1426E) based on information obtained in the Camp Release Notification Form generated by the Caseworker
- Submit the Pre-Release Home Evaluation Form to the Supervisor within one (1) business day from receipt from the facility.
- Process the Pre-Release Home Evaluation Form within eight (8) business days from receipt and submit the completed Pre-Release home evaluation to the respective EDL email group.
- CCTP and IGSP Officers and Supervisor:
  - Complete the Supervisor portion of the home evaluation section (indicate 1-2).

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- Supervisor shall assign the home evaluation to the identified officer within one (1) business day of receipt.
- Supervisor shall sign/date the completed receipt from the officer.
- Officer shall enter available information in Home Evaluation Section #3-10.
- Officer shall contact parent/legal guardian to arrange a date/time to conduct the pre-release home evaluation.
- Officer shall conduct the home evaluation within eight (8) business days of receipt.
- Officer shall complete the remaining sections of the Pre-Release Home Evaluation Form (through #24) and sign/date the form and submit completed forms to the Supervisor.
- Supervisor shall submit the completed form to CCTP's Pre-Release EDL within eight (8) business days of receipt.

## **807 COMMUNITY RE-ENTRY PLAN**

The Community Re-entry Plan helps facilitate the youth's successful and appropriate reintegration into the community upon release from camp. The plan consists of a packet of the following documents:

- Camps Release Transfer Summary (including the youth's current address and telephone numbers)
- Transition Instructions
- Transitional Multi-disciplinary Team (MDT) Plan
- Conditions of Probation
- School transcripts
- Mental health and Substance Abuse referrals (Discharge Plan)
- Any other referrals, if applicable

Many facilities have specific criteria for logging out and sending these packets. The Caseworker is expected to know the facility-specific process and comply with the specific criteria.

The Caseworker must instruct the youth to report within 24 hours of release to the designated area office. The Caseworker may check the youth's PCMS case notes, which will indicate which area the youth has been assigned.

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### 807.1 CAMPUS VERNON KILPATRICK YOUTH

The transitional MDT shall initiate the youth's six (6) week community re-entry plan. MDT shall develop a discharge plan for the youth. This program is designated for post-dispositioned youth.

Youth may be eligible for the community re-entry program as follows:

- Youth with six (6) weeks or less from their anticipated release date.
- Recommendation from Caseload Counselor.
- Youth who earn stage level (to be determined)
- Transition (to be determined)

### **808 EARLY RELEASE**

With judicial approval, the Caseworker may recommend releasing a youth on a date of their choosing within the range of their camp program. In order for a youth to be released prior to the midpoint of their camp program range, the 6-month mark in a 5-7 month camp program, they must attain eligibility through the integrated Behavior Management Program. This serves as an incentive to engage in pro-social behaviors and reward youth for their progress. In order for a youth to be released prior to their minimum camp program range, a 778- Court Report may be prepared and approved by the Supervisor.

### **809 RELEASE PROCEDURES**

The Caseworker must follow the release procedures outlined below.

1. **Documentation of Release Date in PCMS:** The facility release process begins upon receipt of the Court minute order confirming the release date. The Court generates this minute order based upon the Caseworker's projected release date specified in the progress reports that they submit to the Court. When this minute order is received, it must be logged into PCMS. The Caseworker is responsible for ensuring that documentation in PCMS occurs.
2. **Confirm Release Date with Parents:** The Caseworker confirms the release date with the youth's parent/legal guardian and makes arrangements with the parent to pick the youth from the facility per the court-specified date and time. The Caseworker must advise the parent/legal guardian to bring a suitable change of clothing and one of the following acceptable forms of identification:
  - a. Valid driver's license with photo
  - b. Valid state identification card with photo
  - c. Department of Justice ID card with photo

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- d. Passport with photo
  - e. Military ID card with photo
  - f. Certificado de Matricula Consular ID card with photo (valid for 60 days from date of issuance)
  - g. If the parent/legal guardian is unable to make transportation arrangements or fails to bring proper identification, the Caseworker must consult the on-duty Supervisor to discuss alternatives
  - h. If the parent/legal guardian is unwilling to take custody of the youth, the Caseworker must immediately notify the On-Duty Supervisor.
3. **Aftercare Paperwork:** The Caseworker confirms that all aftercare transitional requirements are satisfied.
4. **Procedures at Time of Release:** Staff shall adhere to the following procedures when releasing youth:
- a. After confirming the youth's release date via the documents mentioned above, the Caseworker will make a notation in the Daily Camp Movement Log. The Caseworker will write the youth's name, scheduled release date, and pertinent information. The aforementioned information shall also be documented in PCMS.
  - b. The Supervisor shall be notified by the staff assigned to the office that the parent/legal guardian or the authorized designee has arrived and is seeking the release of a youth. Staff shall verify the identification of the youth and that of the parent/legal guardian. In addition, the parent/legal guardian information must be compared to the information contained on the release instrument.
  - c. The Supervisor shall verify the information on the release instrument in the Court's Minute Order and verify the identification of the youth and that of the parent/legal guardian as a secondary verification process.
    - i. Prior to calling for the youth, staff shall review the PCMS entries and the PDJ file to ensure there are no other detaining orders, warrants, or holds
    - ii. Staff shall notify the dorm/camp of the youth's pending release
    - iii. The youth, along with their release packet and personal property, will be immediately delivered to the office for processing.
    - iv. Each youth shall be dressed in their personal clothing
    - v. Staff shall notify Juvenile Court Health Services (JCHS), Los Angeles County Office of Education (LACOE), and Department



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of Mental Health (DMH) staff of the youth's pending release from the facility. This will ensure proper medical clearance and allow for the continuation of medical, educational, and mental health services if necessary (15 CCR 1351 (a-f)).

5. **Documentation and Logging:** The Caseworker ensures that the youth's name, release date, PDJ number, Date of Birth (DOB), and the name of the parent/legal guardian are properly entered into all facility movement logs, office logs, or other designated locations. The Caseworker also ensures that the following release paperwork is placed in the designated location:
  - a. Citation (for the youth's post-camp Court appearance)
  - b. Minute Order confirming the release date
  - c. The youth's transitional instructions.
  - d. Any other documents requiring the parent/legal guardian's signature

It is imperative that these documents are readily available, particularly in the event that the youth is scheduled for release when the Caseworker is off shift.

6. **Releasing the Youth to the Parent:** When the parent arrives at the facility to pick up the youth, the Caseworker or the authorized designee must make a copy of the parent's acceptable form of identification
  - a. The officer will reference and confirm the release information and ensure all appropriate paperwork is signed and filed in the youth's PDJ file. The officer will document the release date and time in PCMS and in the appropriate facility logbooks.
  - b. Staff shall ensure that all of the youth's personal property is provided upon release.
7. **Releasing the Youth to another Jurisdiction or Agency:** When other Justice or Law Enforcement agencies attempt to secure a release of a youth, staff shall release the youth when there is a written release order from the appropriate Los Angeles County Superior Court authorizing the release to another justice agency.
8. **Transfer of Files:** The Caseworker must ensure that the PDJ file is in compliance with transfer procedures and initiate the transfer of the file to the appropriate CCTP unit.
  - a. The Caseworker must ensure that the behavior chart is submitted to the respective juvenile facility related to the youth's home court.
  - b. In all instances where release circumstances are unclear or questionable, the youth will not be released until the Court provides

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clarification.

- c. The MDT is the vehicle that creates the continuity of care necessary to ensure a successful transition, as well as to preserve the continuity of the information obtained throughout the youth's stay. More importantly, by identifying the youth's needs and then linking them to an array of support services during the post-release process, the youth will continue to receive similar services to those the youth was participating in or receiving while detained, which include, but are not limited to, medical and behavioral health, education, probation supervision, and community-based services.

## **810 INTERCOUNTY TRANSFERS (ICT)**

Welfare and Institutions Code §750 allows cases to be transferred to another county whenever the residency of the custodial parent / legal guardian changes from one county to another.

If the custodial parent / legal guardian has relocated while the youth is in camp, the Caseworker must verify the Out-of-County address through documentation such as a rental agreement or utility bill. The Caseworker shall notify the Court at the next calendared c progress report. In the final camp progress report, the Caseworker shall recommend transferring jurisdiction of the case and process the Department's paperwork relating to the transfer of active cases.

In cases where the youth will be living in an adjoining county, the Caseworker must send the Community Re-Entry Plan paperwork to the appropriate CCTP office so that the CCTP officer can provide cursory supervision while the Court awaits acceptance of jurisdiction from the receiving county Court.

## **811 INTERSTATE COMPACT (ISC)**

The Interstate Compact is an agreement between states to provide Courtesy supervision for a youth who has relocated outside the Court's jurisdiction. It is crucial to note that state laws do not apply in other states, and therefore, Court jurisdiction cannot be transferred.

Once the Caseworker becomes aware of the need for an Interstate Compact request, a Court date is initiated for this purpose. If an upcoming progress report is scheduled, the Caseworker may also include the Interstate Compact Information. The required form accompanies the Court report. Once the Court grants the request, the minute order reflects the Court's consent, allowing the youth to relocate to the state.

The Caseworker shall complete an Interstate Compact Packet, which includes the Court order permitting the youth to leave the state. The packet is then forwarded to

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the Juvenile Out of County Unit (OCU).

The OCU will ensure the fluency of the process between the state and the Caseworker. This includes addressing missing/additional information and the tracking of sent material. The OCU officer will receive "Notice of Acceptance" reports for youth and send them to the assigned officer. Quarterly reports received will also be sent to the assigned officer for the youth.

The OCU will also assist in the coordination of taking back a youth. Periodically, a need will arise for a juvenile to return to the State of California. OCU will coordinate this effort with the Transportation Unit.

The OCU, in working as an intermediary, will provide pertinent information to the receiving state related to the youth (e.g., modifications, terminations, etc.).

### 811.1 THE ISC PROCESS

- Outgoing – To be completed by Supervisor upon becoming aware of the need for an ISC transfer
- Petition Court: Submit Set-On (Prob. 981), calendaring the matter and preparing a Court report requesting ISC transfer. This may also be accomplished in a camp progress report if the date exists and the ISC process can proceed in a timely manner. The purpose is to obtain the Court's permission for the youth to leave the state. Complete an appearance progress report (Prob. 1245) or supplemental report (Prob. 24). Provide information as to why the youth wants to move, the proposed address, who will be the guardian, and how the move will benefit the youth. Receive a minute order from the Court indicating permission to transfer to another state is granted
- Assemble the packet. The packet includes the following:
  - Form IV
  - Form IA/VI
  - Court Order – Adjudication and Disposition
  - Court Report with legal and social history
  - Conditions of Probation
  - Petition and/or arrest report and any other pertinent information deemed beneficial to the receiving state
- Submit the packet to OCU, and this unit will:
  - Check the packet for completeness and accuracy

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- Send the packet to the Compact Administrator in Sacramento
- Receive “Notice of Acceptance” from Sacramento
- Notify the Supervisor of the record of acceptance
- If the youth intends to reside with someone other than parents, the Caseworker shall submit the packet to the OCU requesting a home assessment and await a response from the receiving state before presenting the plan to the Court. The Caseworker shall not recommend to the Court that the youth be allowed to relocate without first determining that the proposed home is suitable. In matters of this nature, the packet is assembled and submitted without the judge's signature on form IA/VI. The judge's signature is secured when the Court report is submitted with the form attached
- Prior to the youth's departure, a travel permit is completed. Upon the departure, form “V” is completed. Both forms are then submitted to Sacramento via the OCU.
- A 30-Day Notification form must also be sent to the Central Processing Team (CPT)

## **812 REPORTING SERIOUS ILLNESSES, INJURIES, AND ATTEMPTED SUICIDES TO THE JUVENILE COURT**

The Caseworker or the authorized designee shall report, without delay, all serious illnesses, injuries, and attempted suicides involving youth in the care and custody of the Department. The Supervisor or the Caseworker shall ensure that this is accomplished and that the youth's parent or legal guardian is notified.

A serious illness is defined as one that requires removal to a hospital for treatment, overnight confinement in a facility Medical Observation Unit, and/or that is chronic and potentially life-threatening, and for which there is no record of the illness having been previously reported to the Court. A serious injury is considered one that results in significant visible or internal physical trauma requiring medical intervention by a licensed health care practitioner, whether it is life-threatening or not.

All attempted suicides shall be reported to the Court, whether or not a physical injury occurred.

Those incidents shall be immediately reported to the appropriate Court on an Information for Court Officer (Juvenile) form (15 CCR 1341).

## **813 REFERRALS TO THE PROSPECTIVE AUTHORIZATION UTILIZATION AND REVIEW UNIT**

This policy provides the Caseworker with information on the referral process, available

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services, eligibility criteria, and the referral process for Family Preservation (FP), Wraparound, Functional Family Therapy (FFT), and Functional Family Probation (FFP). These services have been expanded to provide services to youth to prevent removal from their homes and those youth returning to the community from out-of-home care. The goal of FP, Wraparound, FFT, and FFP services is to ensure the physical, emotional, social, and educational development of youth in their natural environment.

The Prospective Authorization and Utilization Unit (PAUR) will be the single point of contact for Caseworkers to refer cases for FP, Wraparound, FFT, and FFP services. The PAUR will assist the Caseworker in determining the best treatment approach for the youth and family based on the LARRC risk and needs. If it is determined that these programs are not the best treatment option or if services are not available in the youth's community, the PAUR will assist the Caseworker in finding appropriate alternative treatments to address the youth's risks and needs.

### 813.1 REFERRAL PROCESS

To make a referral to FP, Wraparound, FFT, or FFP programs, the Caseworker shall complete the PAUR referral for Community-Based Services Form.

The Caseworker shall submit the completed referral form to their Supervisor, who must scan it and email it to the PAUR unit at [paur@probation.lacounty.gov](mailto:paur@probation.lacounty.gov).

The assigned PAUR Program Analyst will review the referral to confirm eligibility, appropriateness for service, and assign it to an available agency.

Once the referral is processed, the PAUR Analysts will enter a case note in PCMS.

### 813.2 PROGRAM DESCRIPTIONS

Family Preservation agencies provide services to reduce family conflict, stabilize the family unit, and help develop strengths that will assist the family with problem-solving.

The Family Preservation Program is a less intensive treatment program for youth assessed to have a low/moderate risk of reoffending. New family preservation cases are scheduled for service for an initial period of six (6) months. The PAUR Analysts may approve up to six (6) additional months of service as two (2) or three (3) month extensions. Services beyond one (1) year must be approved by the PAUR Supervisor. The Caseworker shall request an extension by completing the PAUR Request to Update Service form. The Caseworker must sign the request, obtain the Supervisor's signature, and send it to the PAUR unit [paur@probation.lacounty.gov](mailto:paur@probation.lacounty.gov) in a timely manner.

The program offers the following services to youth and their families:

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- Anger management classes
- Auxiliary & Discretionary funding
- Child-focused activities
- Gang awareness
- Group counseling
- Mental health referral
- Individual counseling
- In-home Outreach Counseling (IHOC)
- Parenting classes
- Referral for psychological evaluation
- Substance abuse assessment, counseling and treatment.
- Substitute Adult Role Model (SARM)
- Teaching & Demonstrating Worker (T&D)
- Temporary emergency housing
- Tutoring
- Workshops on child care eligibility criteria.

The program qualification requires:

- Youth must have a PDJ number
- Youth must be less than 18 years of age
- Youth must reside within the County of Los Angeles
- Youth and parent/legal guardian must consent to participation in the program.
- Youth must currently live at home (or return home within a month) and be suitably placed with a relative
- Youth should have a current LARRC assessment (within six (6) months) with a low or moderate score.
  - Youth who are assessed as high risk on the LARRC require the authorization of the PAUR Supervisor. Generally, these youth will require a higher level of supervision as is found with the Community Detention Program (CDP), School-Based, and FFP units.

**NOTE:** Youth with a history of arson or sex offenses require the authorization of the PAUR Supervisor.

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### 813.3 LEVELS OF FAMILY PRESERVATION (FP) SERVICES

- Targets families who are experiencing instability or conflict, wherein the youth is able to attend a community school program.
- FP provides four (4) In-Home Outreach Counseling (IHOC) visits per month.
- Facilitates a Multidisciplinary Case Planning Committee (MCPC) meeting within 15 days of the referral effective date and every 75 days thereafter with the Caseworker, youth, caregiver, and other family members, IHOC, and other appropriate agencies. The purpose of the MCPC meeting is to collaboratively develop a service plan, establish treatment goals, and analyze the family's progress toward the completion of those goals.
- FP provides supplemental services as needed and identified in the case plan.
- Monthly progress reports to the Caseworker detailing dates of family participation, program progress, and a summary of home visits and services provided.

### 813.4 THERAPEUTIC DAY TREATMENT

- Target youth who are incapable of functioning in a regular school setting or are too far behind in credits to graduate on time
- Provide transportation for youth to and from home and school five (5) days per week
- Six (6) hours of educational instruction per day are provided along with recreational activities in a school program set at the youth's individual level.
- Provide a meal or snacks to youth on a daily basis
- Provides daily group counseling and weekly individual counseling at the school site
- Provide one IHOC visit per month
- Monthly progress reports to the Caseworker detailing dates of participation, program progress, and a summary of home visits and services provided.

### 813.5 TRANSITION SERVICES

- Target youth who are close to successfully ending family preservation services
- Designed to assist the family in functioning without further FP intervention
- Two in-home outreach counseling visits per month

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- No supplemental services are provided with Transition Services; however, the family may be linked to community resources
- Monthly progress reports to the Caseworker detailing dates of family participation, program progress, and a summary of home visits and services provided.

In order to transfer service from one agency to another, the Caseworker must complete the PAUR Request to Update Service Form. The Caseworker must sign the request, obtain the Supervisor's signature, and send it to the PAUR unit via [paur@probation.lacounty.gov](mailto:paur@probation.lacounty.gov) for processing.

### 813.6 AUXILIARY FUNDS

The Family Preservation clients may be eligible to receive auxiliary funds. These funds may be used for items such as clothing, appliances, furniture, utility payments, and emergency rent payments, with the purpose of helping stabilize the family unit.

The Caseworker and Family Preservation must submit the following forms to the PAUR unit:

- FP Program Auxiliary Fund Authorization
- Family/Household Budget Worksheet
- FP Agency/IHOC Support Letter
- Rental Agreement (if rental assistance is requested)
- Return of Security & Rental Deposit Agreement (if rental assistance is requested)

The original Auxiliary Fund Request Packet shall be submitted to the PAUR for review and transmittal to the Department of Children & Family Services (DCFS) for final approval, processing, and disbursement of funds or resources. It should be noted that auxiliary fund requests may take up to 60 days and are not guaranteed. The request forms must include the vendor/property owner's Tax ID Number.

All terminations of service must be requested by the Caseworker in a timely manner. The Caseworker approves a service termination by completing the PAUR Request to Update Service Form. The Caseworker must sign the request, obtain the Supervisor's signature, and send it to the PAUR unit via [paur@probation.lacounty.gov](mailto:paur@probation.lacounty.gov). Services should be terminated if the youth is removed from the home.

### 813.7 WRAPAROUND

Wraparound is a family-centered, strengths-based intervention designed to maintain



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children in their community with normalized and inclusive community options, activities, and opportunities. Private, community-based Wraparound agencies facilitate the

Wraparound process, which includes a Child and Family Team (CFT) for each child and family enrolled in the program. The CFTs develop, implement, and monitor individualized Child and Family Plans of Care that include strengths, needs, services, and supports to address the needs of the child and family in order to maintain the child in a safe, permanent, community-based setting. The initial Plan of Care is created within the first 30 days of service and reviewed in 6-month increments.

Wraparound is an appropriate intervention for youth exhibiting problems in school functioning, family relationships, substance abuse, and mental health. Wraparound is designed to prioritize the criminogenic needs and protective factors of each youth receiving services.

Each youth who is referred for Wraparound services will be evaluated by a local Interagency Screening Committee (ISC) comprised of DCFS, DMH, and Probation representatives. The ISC will then refer the youth to one of the community-based Wraparound providers.

Referrals made to the PAUR for Wraparound will be for youth to the Supervisor who supervises departmental Liaisons throughout the county who serve as the Probation representatives on the ISC. Wraparound services last up to 12 months, and any extension beyond that must be approved by the Department.

Eligibility Criteria:

- Youth must have a PDJ number.
- Youth must be a youth of the Court (WIC 601 or WIC 602)
- Youth must be at risk of removal from their natural community
- If residing within a Placement facility, the youth must be scheduled to return home within one month
- The youth's home address must be within the County of Los Angeles
- Youth and parent/legal guardian must consent to participation in the program
- Youth should have a current (within six months) LARRC assessment.

### 813.8 FUNCTIONAL FAMILY THERAPY

Functional Family Therapy (FFT) is a short-term family-focused prevention/intervention program with a proven history of success in treating youth and families coping with severe behavioral problems. FFT averages approximately 12 meetings over a 3-4 month period of time. The target population includes probation youth between 11-18

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years old and their families who are struggling with issues related to delinquency, violence, substance abuse, behavior problems, and family conflict. FFT focuses on the criminogenic needs and protective factors that impact the youth in their own environment. FFT differs from Family Preservation in that FFT is a more intensive treatment, generally appropriate for moderate and high-risk Youth. Meetings are held weekly in the youth's home or in other suitable community settings with the youth and family present.

FFT is broken into four distinct phases: Engagement, Motivation, Behavior Change, and Generalization. Referrals for FFT shall be made to the PAUR unit in the manner outlined above.

Eligibility Criteria:

- Youth must have a PDJ number.
- Youth must be a youth of the Court (WIC 601 or WIC 602).
- Youth must be at risk of removal from their natural community.
- If residing within a Placement facility, the youth must be scheduled to return home within one (1) month.
- Youth's home address must be within the County of Los Angeles
- Youth and parent/legal guardian must consent to participation in the program
- Youth should have a current (within six (6) months) LARRC assessment

## **814 OUT OF HOME SCREENING (OHS) PROCESS**

The primary purpose of the OHS process is to provide consistency to the Out-of-home screening and referral processes and to ensure that all such recommendations comply with applicable laws and departmental policies.

The OHS Unit shall be the single point of contact for the Caseworker to clear all recommendations for Out-of-home placement prior to submitting the Court report to the Court.

### **814.1 EXPECTATION**

Caseworker shall utilize the OHS process in all instances when a recommendation for Camp Community Placement (CCP), Suitable Placement (SP), or commitment to the Secure Youth Treatment Facility (SYTF) is being considered.

The Caseworker making a referral to the OHS Unit is required to consider a range of factors, including, but not limited to, criminal history, seriousness of the current offense, level of sophistication, and previous efforts made to treat and rehabilitate, including referrals to community-based resources.

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The youth's criminogenic risk and protective factors, as determined by the Los Angeles Risk and Resiliency Check-Up (LARRC) assessment tool, must be fully assessed to determine if the OHS referral will meet the needs of the youth, protect the community, and ensure the safety of the youth. The Caseworker shall consider the least restrictive dispositional option available and shall clearly articulate why less restrictive options have been considered and ruled out. In instances when an Out of Home recommendation is considered, the needs of the youth and the type and level of treatment required must be compatible with the type of Out of Home recommendation being considered. The following guidelines shall be followed when Out of Home placement is being considered:

- SYTF referrals may be indicated and/or considered when the following elements are present:
  - WIC § 707(b) offense
  - Substantial risk to the community
  - Risk score as assessed by the LARRC is "high"
- CCP referrals may be indicated and/or considered when the following elements are present:
  - Delinquent/criminal act that indicates a significant risk to community safety
  - A medium to high score on the LARRC, which was updated/completed within 30 days of referral to the OHS unit
  - Mental health issue(s) controlled or stabilized through medication
  - Community-level alternatives have been utilized or considered
- CCP referrals should generally not be considered when the following factor(s) are present:
  - LARRC has not been completed within 30 days prior to the referral to the OHS unit
  - LARRC risk score is "low"
  - Youth has an IQ below 70
  - Youth has been referred to the Regional Center and is in the process of being assessed for eligibility
  - Youth has been, or is currently, a Regional Center client
  - Youth is Developmentally Disabled (DD) or Severely Emotionally Disturbed (SED)
  - Youth is under 15 years old and has no prior placement history or

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involvement with the CDP

- Youth has been previously hospitalized for mental disorder(s)
  - Youth has been diagnosed with a Psychotic Disorder
  - Youth has been determined to be “Medically Fragile” (requiring round-the-clock care by medical personnel)
  - Youth has attempted suicide while in custody
  - Youth has a previous Level 14 placement or is in need of a Level 14 placement
  - Youth alleged with a WIC § 707(b) offense
  - Youth’s active case(s) contain an underlying/sustained WIC § 707(b) offense, and alleged conditions of probation violations on a 777 petition warrant a recommendation for SYTF
  - Community or other detention alternative programs have not been considered or utilized
- SP referrals may be indicated and/or considered when there is:
    - Minimal risk posed by the youth to the safety of the community
    - A low to medium score on the LARRC, which was completed/updated within 30 days of referral to the OHS unit
    - Documentation indicating that community-based alternatives have been considered and determined to be unsuitable for the youth
    - A home situation that is unsuitable, unsafe, and/or the continued placement of the youth in the home is refused by the parent(s) or guardian(s)
    - Mental Health issues and/or substance abuse issues are contributing to the youth’s delinquency

The 778 WIC petition serves as a request for a less restrictive plan, commonly involving Home on Probation (HOP) or Suitable Placement. However, it can also be utilized to present an alternative to the current plan. When preparing a 778 WIC petition containing a Suitable Placement, the OHS process shall be utilized.

Before submitting the OHS referral, the Caseworker must meet with the Supervisor to review the case for out-of-home placement suitability and formalize their recommendation. The clearance conference may consist of a brief discussion focused on key issues or a comprehensive conference, depending on the complexity, severity, or notoriety of the case. In instances where companion cases arise for disposition following an investigation by two or more Caseworkers, joint clearance should be

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sought whenever possible.

The following case clearance and referral processes shall be followed in all instances:

- The Caseworker shall present the OHS Case Clearance Form to the Supervisor at the time the case clearance conference is initiated.
- Upon concluding the case clearance conference, the Supervisor shall make a determination as to the appropriateness of the out-of-home recommendation. If appropriate, the Supervisor shall sign the OHS Case Clearance Form indicating approval.
- Upon approving the recommendation, the Supervisor shall consult with the Director. If approved, the Director shall sign the OHS Case Clearance Form indicating approval. The Supervisor shall enter a PCMS case note summarizing the case-clearing activity.
- Upon receiving Director approval, the referring Caseworker shall ensure that the form is completed in its entirety and shall email it to the OHS Unit at [OutofHomeScreening@probation.lacounty.gov](mailto:OutofHomeScreening@probation.lacounty.gov).

#### 814.2 OHS OFFICER SHALL

- Log the receipt of the referral form in the OHS Unit Tracking System
- Contact the referring Caseworker to review the case within one (1) business day of receiving the OHS referral
- Make a determination as to the appropriateness of the out-of-home recommendation
- Verbally advise the referring Caseworker whether or not the out-of-home recommendation is approved
- Document the findings of the review on the OHS Case Clearance Form and sign the form
- Make a PCMS entry regarding the case clearance findings (PCMS>Case Notes>Out of Home Screening Decision)
- Log the case clearance disposition in the OHS unit tracking system

In the event the referring Caseworker disagrees with the OHS decision and wishes to appeal the decision, the referring Supervisor shall consult with the OHS Unit Supervisor and review the case. If concurrence is not achieved during this consultation, the referral shall be for the youth to the Director and the OHS Director for a collaborative resolution.

In situations where the Out of Home recommendation is denied, OHS will direct the

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referring Caseworker to the Prospective Authorization and Utilization Review (PAUR) Unit.

The PAUR Unit will provide assistance in identifying appropriate community-level treatment alternatives that may provide the type and intensity of supportive services indicated, which are most likely to reduce risk and needs, increase protective factors, and strengthen and empower the youth and the family. These alternatives may include, but are not limited to, Wrap-Around Services, Family Preservation, Functional Family Therapy, Juvenile Day Reporting Center, and/or services provided through the Juvenile Justice Crime Prevention Act (JJCPA).

When Out of Home Placement is denied by OHS and HOP is designated to be the most appropriate recommendation, the referring Caseworker shall be required to prepare a Court report containing content that is consistent with an HOP recommendation. The HOP report shall not be annotated or constructed in such a manner that its content would lead the Court to believe that an out-of-home disposition is the most appropriate disposition for the youth. The same process applies to an OHS-denied CCP recommendation in which SP was approved in its place. The referring DPO shall be required to prepare a Court report containing content that is consistent with a SSP recommendation.

Each office/facility shall maintain an Out of Home Screening Referral Log. Upon the completion of the OHS process, the following information shall be noted on the log:

- Youth's Name and PDJ Number
- Type of Referral (CCP or SP)
- Caseworker Name, caseload number
- Supervisor's Name.
- The date case was approved by the Director for referral to OHS
- Date the case discussed with the OHS Unit by referring Caseworker
- OHS Unit Decision (approved or denied)
- Final recommendation noted in Court report

Each month, the OHS Unit shall compile all CCP and SP orders made by the Courts from the applicable operations. The OHS Director shall facilitate an audit of actual recommendations submitted to the Court against the recommendations that have been approved by OHS as documented in the PCMS. This review shall include an evaluation of Court reports in which the Court's recommendation was contrary to the Department's recommendation. In situations where it does not appear that the case was appropriately cleared by OHS or involves an inappropriately written report, the respective Director shall be notified by the OHS Unit, and the Director shall review

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the matter and report their findings to the Superintendent.

## **815 BIRTH CERTIFICATE AND IDENTIFICATION**

The Department, in collaboration with the Los Angeles County Registrar-Recorder/County Clerk's Office (RR/CC), will provide youth born in the County, with Birth Certificates at no cost. The primary goal of this initiative is to assist the youth with obtaining valid identification. The procurement of a Birth Certificate is the first step in this process.

Officers will be trained and sworn by the RR/CC and given the authority to accept Birth Certificate applications, thereby eliminating the need for a notarized certificate of identity. This initiative supports the Department's mission to facilitate positive behavior change. By assisting with the procurement of Birth Certificates, the Department provides valuable support to youth needing School Enrollment, Employment Services, and acquiring other vital resources such as California Identification and Social Security cards.

### **815.1 EXPECTATIONS**

Birth Certificates can only be provided to those born in Los Angeles County. Youth born out of the county, state, and other counties will be referred to their respective agencies in that jurisdiction. The officer will provide this information to the youth meeting these criteria. There are likely to be costs incurred for Birth Certificates from outside Los Angeles County.

Due to state law, only officers who have been trained by RR/CC will be permitted to accept and process applications.

### **815.2 PROCEDURES- DPO OF RECORD**

- The Caseworker will verify the status of the youth's Birth Certificate by reviewing files and meeting with the youth.
- If it is determined that a Birth Certificate is needed, the Caseworker will complete the Request for Services Form (down in Probnets under Forms - Juvenile Forms) and submit the completed form and log the request in PCMS. A copy of the Request for Services Form will be maintained in the PDJ file.
- The Caseworker shall make a PCMS case note entry of this request.
- The Caseworker will complete the Birth Certificate application (found under Probnets under Forms>Juvenile Forms) and transmittal document, and send the original to the Field Administrative Services (FAS) designee in Downey Headquarters via County messenger to:

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Probation Department Headquarters

Room C-29

9150 E. Imperial Highway

Downey, California 90242

- The Caseworker shall keep a file copy in a drop file. The Caseworker will make a PCMS case note reflecting this activity as follows:
  - Case Note Type>Downey Headquarters; Case Note Sub-type>Juvenile Special Services Bureau
- Upon receipt of the original Birth Certificate, log in to PCMS, make a copy for the file, and have the youth sign off for the original
- Submit the signed receipt to the Caseworker for record keeping
- Provide the youth with the original Birth Certificate

### 815.3 FIELD ADMINISTRATIVE SERVICES (FAS)

- The management for processing all Birth Certificate requests will be held at the FAS-designated team member in Downey Headquarters. The FAS authorized designee will deliver to RR/CC for processing
- Upon receipt of the original application, the FAS designee will deliver it to RR/CC for processing
- PCMS case note entries for this initiative will be made as follows:
  - Case Note Type>Downey Headquarters; - Case Note Sub-type>Juvenile Special Services Bureau
- Two (2) required case notes will be entered.
  - The first case note will indicate that the original application has been received
  - The second case note will indicate the date the original application was delivered to RR/CC
- Additional case note entries will be made based on additional information or circumstances arising which necessitate official documentation.
- The Field Administrative Designee for District 4 will maintain a log of all Birth Certificate applications. This log will include the name, PDJ number, date the application was received, the date the application was sent to the RR/CC, the date the original application was received from RR/CC, and the date the birth certificate was sent by County mail to the sending area office.



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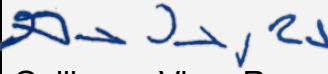
#### 815.4 REGISTRAR-RECORDER/COUNTY CLERK

- The RR/CC's office will process the application and prepare the original Birth Certificate
- RR/CC will contact the FAS designee when Birth Certificates are ready and available for pickup
- There is an expectation of turnaround time of seven (7) business days to process and deliver the original Birth Certificates to the Department.

#### 815.5 FIELD ADMINISTRATIVE SERVICE DESIGNEE

- Upon receipt of the Birth Certificate, the designee will enter documentary case notes, noting this in PCMS, then send the original Birth Certificate to the Caseworker
- Enter into the log as noted above.

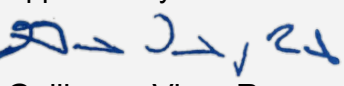
## LOS ANGELES COUNTY PROBATION DEPARTMENT

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|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><b>CAMP SERVICES</b> | <b>Section Number:</b><br><b>RTSB-900</b>                                                                                                                    |
|                                                                                                     | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                     | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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| Subject:<br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><b>CAMP SERVICES</b> | Section Number:<br><b>RTSB-900</b>                                                                 |
|                                                                                              | Effective Date: April 7, 2026                                                                      |
|                                                                                              | Approved By:<br> |
|                                                                                              | Guillermo Viera Rosa<br>Chief Probation Officer                                                    |

### 901 INTRODUCTION

This section will address various camp services, including visiting, medical, mental health, and educational services.

### 902 VISITING

The Department encourages visitation with youth detained in juvenile facilities. Visitation is an essential component of the rehabilitation process and affords the parties the opportunity to communicate privately and confidentially and, where mandated by law, within the context of a protected relationship.

Visitation shall be a minimum of two (2) hours per week. Visits may be supervised, but conversations shall not be monitored unless there is a security or safety need. Staff shall conduct visits only in areas where their view of the visiting parties is unobstructed (15 CCR 1374).

Access to technology (video visiting) may be provided as an alternative to, but not as a replacement for, in-person visiting (15 CCR 1374).

Special procedures for visiting have been developed to maximize the quality of visits while ensuring the safety and security of both the youth and others within the facility.

All persons and items entering the facility are subject to search. The Department may use metal detectors, vapor tracer units, and/or narcotic detection canines to search for controlled substances and other contraband. Visitation shall not be denied solely based on the visitor's criminal history. The staff shall determine in each case whether the visitor's criminal history represents a risk to the safety of youth or staff in the facility. Any denial of visitation or limitation on visitation shall be solidified during the MDT process and communicated to the youth, the person denied, and the Camp Manager or the authorized designee.

Upon arrival at camp, youth shall provide information regarding relatives (e.g., mother, father, legal guardian, grandparents). The Caseworker shall cross-reference this information in Probation Case Management System (PCMS) to ensure accuracy.

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## 902.1 VISITING INSTRUCTIONS

Staff shall adhere to the following procedures when admitting visitors to the facility.

Staff shall maintain a professional demeanor during visiting hours and treat visitors with respect and dignity. Staff shall be courteous and compassionate with visitors while remaining assertive without criticism or judgment.

- Staff shall conduct visits only in areas where their view of the visiting parties is unobstructed. In addition, staff shall maintain visual supervision at all times during the visit. Staff shall not monitor conversations between the youth and visitors unless a clearly defined safety and security need exists.
- Communications between attorney and client, doctors and patients, clergypersons and youth, marital communications, and counselors are privileged. Protected communications shall not be subject to monitoring under any circumstances.
- All visits shall occur at a reasonable time, subject only to the limitation necessary to maintain order and security.
- Visitors shall not be permitted to bring personal items into the facilities for youth.
- If at any time during a visit, it is determined that the safety and security of the visiting parties or staff are compromised, the Facility Supervisor or the authorized designee shall order that the visit be terminated immediately.
- Youth are entitled to receive visits from their children (Baby Bonding) just as they are entitled to receive visits from their parents.
- Baby bonding visits can be scheduled outside of the regular visitation hours and do not require the facility administrator's special approval.
- No provisions are to be made for childcare at the facility, and children may not be left unattended.
- Staff shall note the arrival times of visitors in the Visitors Logbook.
- Those entering the facility shall be subject to a metal detector wand search.
- Visitors suspected of being under the influence of alcohol and/or a controlled substance shall be denied entrance.
- Visits may be curtailed or postponed based on the safety and security of the youth, staff, others, and the facility. The decision shall be made by the Director or the Supervisor only. This shall be documented in the PCMS and addressed by utilizing the Multidisciplinary Team (MDT) process.
- Family therapy and professional visits shall be accommodated outside the provision of the standards set forth in (15 CCR 1374).

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## 902.2 VISITING REQUIREMENTS – PHOTO IDENTIFICATION

In order to be allowed entrance into the facility, all visitors must bring current government-issued picture identification. Acceptable forms of identification include:

- Valid Driver's license with photo
- Valid state identification with photo
- Department of Justice Identification with photo
- Passport with photo
- Military identification with photo
- Photo identification card issued by the Immigration and Naturalization Service
- Certificado de Matricula Consular identification cards (honored for only 60 days from the date of issuance)

Only the Supervisor or the Director can approve questionable identifications. Photocopied, non-picture, altered, laminated, or expired identifications will not be accepted.

## 902.3 ADDITIONAL VISITING REQUIREMENTS

Staff must ensure that visitors also adhere to the following requirements:

- Visitors may bring only two (2) keys on a key ring with no attachments, together with their photo identification, into the facility. Keys must remain in the visitor's pocket or on their lap during visits. Keys may not be placed on the table or in the youth's hands.
- Visitors with disabilities who have wheelchairs, crutches, walkers, or other medically necessary equipment shall be escorted to an appropriate location for visiting.
- Visitors with medical devices/implants shall be required to present a letter signed by their physician detailing the specific type of device and its location on the visitor.
- Visitors with extensive tattooing that cannot be covered with clothing (e.g., on the face or neck) shall be escorted to an appropriate location for visiting.
- Medication that is not a life or death necessity is not allowed. Staff shall escort visitors to the entrance of the facility if medication needs to be taken. Nitroglycerin tablets and inhalers are exceptions and are allowed. Youth shall not handle or use the visitor's medication.
- Visitors are not allowed to walk around during the visit. If a visitor leaves the

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visiting area, their visit may be terminated.

#### 902.4 DRESS CODE

Staff shall enforce the dress code detailed below. Visitors who do not follow this dress code will not be allowed to visit.

- All visitors must be appropriately dressed, and shoes must be worn at all times.
- Clothing considered inappropriate includes white t-shirts as outer wear, strapless tops, spaghetti straps, transparent (see-through) outfits, tank tops, short skirts or short dresses (higher than mid-thigh), shorts, halter tops, tight fitting clothing, and low-cut tops or clothing exposing the mid-section of the stomach.
- Also, not allowed are clothing bearing inappropriate messages and/or insignias, non-camp related sports insignias, bandanas, sunglasses, hats, broaches, stickpins, open-toed shoes, or shoes with heels higher than two inches.

#### 902.5 ITEMS NOT ALLOWED DURING VISITATION

The following items are prohibited. The presence of these items will result in either no future visitation or termination of a visit:

- Pens, pencils, markers, paper clips, staples, scissors, rulers, tweezers, pointers, laser pointers, money, wallets, backpacks, fanny packs, purses, jewelry, cellular phones or pagers, cameras, electronic devices, pocket knives or box cutters, cigarettes or pipes, lighters or matches, alcoholic beverages, chewing gum, unauthorized and/or illegal drugs, mouthwash, toothpaste or toothbrushes, glass or metal containers, firearms or any item built to the purpose of propelling an object, ammunition, OC spray, handcuffs, handcuff keys, or any object that can be used as a weapon
- Food
- Orthopedic shoes for youth shall be accepted only if the medical green slip or court order is current and presented with the shoes. These types of shoes are to be left at the entrance of the facility for verification. Visitors are not allowed to take such shoes into the facility. Once verification is made, the shoes will be delivered to the youth by the staff. If the shoes are unauthorized, they will be placed with the youth's personal property. Verification shall not take place until after the visit is concluded. Staff shall issue a signed and dated receipt to the parents when receiving the shoes, acknowledging that the County shall not take responsibility for lost shoes.

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#### 902.6 POST-VISIT SEARCHES

Staff shall search the youth upon conclusion of any visit pursuant to Departmental policy (15 CCR 1374).

#### 902.7 SATURDAY AND SUNDAY VISITING

Authorized visitors shall be allowed to visit the youth on Sundays. The Saturday visiting hours may vary at each facility. Only those approved to visit shall be allowed into the facility. These visits are limited to parents, legal guardians, or persons standing in loco parentis, grandparents, and children of the youth only. A legal guardian is any person who has been granted guardianship by order of the court. A person standing in loco parentis is a person who assumes the obligations of a parent without going through the formality of legal adoption. A legal guardian or a person standing in loco parentis must bring verification to the facility in order for the visit to be approved.

Parents, guardians, persons standing in loco parentis, or grandparents, may not bring personal items into the facilities for the youth.

#### 902.8 CONTRABAND

It is against the law to knowingly send, assist, or bring into any juvenile facility paraphernalia, controlled substances, drugs/non-controlled substances, alcohol, prescription medication not prescribed for their specific use, firearms, or other weaponry, objects modified for use as weapons, or explosives of any kind. It is the policy of the Department to forbid any person who is or is reasonably believed to be under the influence of any substance.

Failure on the part of any visitor or staff to observe these restrictions shall represent a violation of the Department policy, as well as statutory law pursuant to Penal Code (PC) § 4573 (Controlled substances; bringing into prison, camp, jail, etc.), PC § 4573.5 (Alcoholic beverages or drugs other than controlled substances; bringing into prison, camp, jail, etc.) or PC § 4574 (Firearms, deadly weapons or explosives; bringing into prison, camp, jail, etc.).

All individuals entering a juvenile facility found or believed to be in violation of these statutes shall be subject to arrest and criminal prosecution.

If a visitor is found in violation of these regulations, staff shall immediately contact the Facility Supervisor. The visit shall be immediately terminated. Law enforcement should be contacted, and the violators should be handcuffed and held in a secure area until officers arrive. Any and all physical evidence shall be properly collected and stored per policy. Once local law enforcement arrives, the Facility Supervisor shall provide them with all relevant information and evidence. Supervisor shall reach out to

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the Superintendent or Director to reference the Law Enforcement's Memorandum of Understanding (MOU) or Memorandum of Agreement with procedures for handling the arrest of a visitor.

All actions taken during the process, including the identification of the violation, the steps taken, and any evidence collected, shall be thoroughly documented by the reporting staff with a Special Incident Report (SIR). The Facility Supervisor shall notify the Superintendent/Director about the incident for internal investigation and reporting purposes. After the arrest, the institution should cooperate with the ongoing legal process and investigations as needed.

#### **902.9 DENIAL OR TERMINATION OF VISITING PRIVILEGES**

Visitation shall be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including but not limited to:

- The visitor appears to be under the influence of drugs and/or alcohol
- The visitor refuses to submit to being searched
- The visitor or youth violates facility rules or posted visiting rules
- The visitor fails to supervise and maintain control of any minors accompanying the visitor into the facility
- The visitor attempts to enter this facility with contraband
  - In addition to being denied a visit, the visitor will be detained pending criminal investigation and shall face criminal charges.
- Staff determines that the visitor's criminal history poses a safety risk.

#### **902.10 PROFESSIONAL VISITS- CAMPUS VERNON KILPATRICK (CVK)**

Professional visits may be scheduled in advance, so facility coordination can pre-determine meeting space and staffing needs. The designated interview room may be utilized for professional visits, ensuring confidentiality and compliance with legal access requirements.

The OD and Information Control (IC) shall coordinate meeting space and staffing to ensure safety measures are taken and the appropriate documentation is completed.

### **903 SPECIAL VISITS**

Other family members, such as relatives or siblings, and supportive adults may be allowed to visit with the approval of the facility administrator or the authorized designee, and in conjunction with the youth's case plan or in the best interest of the youth (15 CCR 1374).



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The purpose of special visits is not to reward the youth but rather to provide additional opportunities for family and supportive adult contact to further the goal of reunification. Provisions for special visits, in addition to the two (2) hour minimum and/or outside of the regular visiting hours, shall be accommodated as necessary and within the discretion of the Facility Director or the authorized designee. Facilities may provide visitation opportunities outside of regular visiting hours to accommodate special visits.

Additionally, family therapy and professional visits will be coordinated through the camp manager or the authorized designee.

The Caseworker or the authorized designee must be present for the duration of the visit. All other standard visiting rules and procedures apply to special visits (15 CCR 1374).

#### **904 PROGRAM-RELATED VISITS**

Some facilities may have programs in which youth receive special visitors, such as the Mommy and Me and the LA Dads programs. The Program Coordinator shall provide the list of participants to the on-duty Supervisor at least 48 hours prior to the activity in which the program participants will be visiting. The Supervisor shall ensure that all visiting policies and procedures are followed.

#### **905 VISITING AND INTERVIEWING BY MEDIA AND LAW ENFORCEMENT**

There are occasions when outside police agencies and attorneys wish to interview a youth, or when the media requests to interview a youth.

Weapons and ammunition are not allowed into any of the juvenile facilities. Law Enforcement officers who are visiting any of the facilities will be asked to safely store their weapons and ammunition in their vehicles (15 CCR 1327).

##### **905.1 GENERAL REQUESTS FOR INTERVIEWING**

All general requests for interviewing, photographing, videotaping, or voice recording of youth must be handled in accordance with Los Angeles County Superior Court Rule 17.2 (c) (1-8), which states, in part:

“A person or media representative must obtain a court order from the Presiding Judge of the Juvenile Court if they seek to interview, photograph, videotape, or voice record a youth who is under juvenile court jurisdiction and has been removed from the physical custody of their parent or legal guardian. Confidential information regarding the youth’s case or dependency youth status may be disclosed as a result of interviewing, photographing, videotaping, or voice recording.

Requests may be sent to:

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Los Angeles County Probation Department

Public Information Officer

9150 E. Imperial Highway Downey, CA 90242

This rule does not prevent dependent or delinquent youth from initiating contact with any person or media representative without court permission.

## 905.2 INTERVIEWS BY LAW ENFORCEMENT AGENCIES

Any requests by police to interview, photograph, or fingerprint youth shall be referred to the Director, Assistant Director, or Supervisor.

If the youth has an offense pending in court and the law enforcement officer wishes to discuss this offense, then the youth's attorney of record must approve this interview. The attorney must provide approval in writing, and it will be placed in the youth's Probation Department Juvenile (PDJ) file.

If the law enforcement interview is related to an offense that is not pending in court, then the law enforcement officer must indicate which type of case they wish to discuss with the youth as part of the Law Enforcement Agency Information section of the Admonition and Waiver of Rights form.

Staff shall bring the youth to a private location for the interview. Staff shall witness the law enforcement officer giving the youth's Miranda Rights and acknowledge that the youth understood the rights as outlined. If the youth waives their rights, the Admonition and Waiver of Rights form must be completed and placed in the youth's PDJ file. If the youth invokes their right to remain silent, no interviews are to be allowed, and staff must complete and sign the Waiver of Rights Review section, placing it in the youth's PDJ file.

Staff shall remain present during the interview, but shall not make comments or intervene unless the youth invokes their rights. If at any time the youth invokes their right to remain silent, staff must terminate the interview and duly document this in the Waiver of Rights section.

If the youth is under the age of 14, then the interview must be preceded by both a Miranda warning and an intelligent waiver that is admissible in court (known as the Gladys R. waiver). If the youth waives their right to remain silent, staff must query the youth about their understanding of right and wrong before accepting this waiver. Staff must complete the Gladys R. Questionnaire.

In this questionnaire, the youth shall provide examples of the difference between right and wrong. If staff believe the youth knows the difference between right and wrong, the interview may proceed as outlined above. If staff form the opinion that the youth does not seem to understand the difference between right and wrong, the youth shall

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not be interviewed. Staff shall sign and date the Gladys R Questionnaire and file it in the youth's PDJ file.

If a youth is to be interviewed as a witness to a crime, the same procedures shall apply, except for administering Miranda rights. If during the interview the youth becomes a suspect in the investigation, the Miranda waiver shall be obtained. If the youth then waives his/her rights, the interview may continue. If the youth exercises their Miranda rights, the interview shall be terminated immediately.

## **906 SUPPORTIVE ADULT VISITS**

Supportive adults are identified by the youth and can be parents, guardians, extended relatives, neighbors, teachers, coaches, clergy, and other positive individuals in the youth's life. Visits by supportive adults provide social, moral, and/or emotional support, which assist in reinforcing and sustaining the psychological well-being of a youth. It is encouraged by the Department as these visits foster positive social interaction and establish a nurturing environment of trust and support.

A supportive adult will be contacted by request of the youth, and if they approve of the relationship with the youth, they will have to submit to a background check prior to receiving visitation authorization. All other standard visiting rules and procedures apply to supportive adult visits (15 CCR 1374).

## **907 NARCOTICS DETECTION CANINE PROCEDURES**

It is the policy of the Department to have narcotics detection canine searches conducted in all juvenile facilities. "Passive Alert" narcotics detection canines shall be utilized to search the Department's juvenile facilities in an effort to ensure the safety and security of the youth, staff, and visitors in the facility. Narcotics detection canine searches shall be conducted on a random basis. The purpose of these searches is to deter and prevent the transportation, possession, or distribution of prescribed medications or illegal narcotics contraband within the Department's detention facilities and to ensure that the facilities are safe and secure.

The Management Services Bureau (MSB) shall ensure that proper signage is posted and visible on the exterior of the facility, as well as in the visitors' waiting areas. This signage shall notify assigned personnel and visitors that searches will be conducted by narcotic detection canines.

### **907.1 DIRECTOR, SUPERVISOR, OR CAMP ACTING SUPERVISOR**

A Director, Supervisor, or the authorized designee shall:

- Greet the canine handler upon arrival at the facility
- Escort the canine handler/canine while searching the facility

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- Remain with the canine handler/canine at all times
- Monitor visitors waiting to enter the facility if the canine alerts on a visitor, and ensure the Vapor Tracer or Itemizer is used on these visitors
- Ensure that the canine handler/canine has no physical contact with youth or staff
- Complete a "Proof of Services Invoice" which shows the date and hours the canine handler worked in the facility
- Obtain the canine handler's signature on the "Proof of Service Invoice."
- Forward a copy of the "Proof of Service Invoice" to the Director
- Follow the guidelines set forth in the Public Safety Officer's Procedural Bill of Rights Act, Government Code §3309, if the canine alerts on a Peace Officer or the personal belongings of a Peace Officer during the course of the search
- Submit a Special Incident Report (SIR) for any contraband found during the visit
- In the event the canine becomes aggressive towards youth, staff, or visitors, or significant contraband is found that meets the criteria of endangering the facility, youth, or staff, such as weapons and/or illegal substances, the manager shall contact the Superintendent via a Preliminary Incident Notification (PIN). If uncertain if a PIN is required, contact the Consultant or Superintendent for further clarification
- Follow the guidelines outlined in the Crime Scene Evidence Preservation policy if an illegal substance is found during the search
- Contact the Director if an unscheduled search is requested due to suspicion that narcotic substances may be in the detention facility
- Complete the Canine Search Form at the conclusion of the visit and immediately submit to the appropriate parties as indicated on the form

Prior notification of visits shall not be made available to staff or youth. Scheduling visits shall be arranged by the Director in conjunction with the Superintendent.

## 907.2 UNIT/DORM STAFF

Staff assigned to the unit/dorm shall:

- Avoid physical contact with the canine handler and the canine
- Ensure youth do not have physical contact with the canine handler or canine. Youth are to be taken to another location within the unit/dorm or staged outside while the canine searches

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- Ensure no one (youth or staff) interferes with the canine handler or canine while searches are being conducted
- Contact a Director immediately if the canine alerts on an Officer or the personal belongings of an officer during the course of the search

### 907.3 CANINE HANDLER

The canine handler shall:

- Report to the Director or Supervisor upon arrival at the detention facility
- Avoid physical contact with youth and/or staff
- Provide canine searches tailored to the needs of the facility, in an unobtrusive manner, using “passive alert” canines
- Notify the escorting Director, Supervisor, or the authorized designee of possible narcotic substances located by the canine
- Be responsible for the proper collection and disposal of all canine waste

### 907.4 NARCOTICS DETECTION CANINE SEARCH AREAS

- Administration Building
- Assessment Center
- Behavior Modification Store
- Breezeways
- Chapel – All areas inside, outside perimeter, restrooms, and sitting areas
- Clothing storage area
- Conference room areas
- Dayrooms
- Dining hall
- Earthquake supply areas
- Facility grounds
- Food storage areas and rooms, including freezers
- Gymnasiums – including rooms therein
- Hallways in all buildings
- Infirmary – Nurses’ offices

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- Janitorial closets and storage areas
- Kitchen and rooms therein
- Laundry room
- Library
- Linen closets
- Youth lockers and cubbyhole areas
- Lounge areas
- Youth living areas
- Miscellaneous storage areas
- Pantry areas
- Parking lots
- Perimeter and grounds near the visiting area
- Recreational areas
- Restrooms and portable toilets
- School Building – all classrooms and restrooms in the school area
- Shower areas
- Supply closets
- Trash bins, trash cans, and wastebaskets
- Tool storage areas
- Utility rooms
- Vehicles used to transport youth
- Visitors in line waiting to enter the facility
- Visiting areas
- Warehouse

## **908 MEDICAL SERVICES**

Medical services are provided by Juvenile Court Health Services (JCHS). They treat illnesses and injuries and address acute symptoms and/or conditions in order to maintain or establish, to the extent possible, good health while youth are in camp.

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Medical, behavioral, mental health, and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate

#### 908.1 MEDICAL CONSENT

Each camp is responsible for ensuring that each youth's parent has signed a medical consent and that the consent has been placed in the youth's medical file. Directors shall determine the most optimal means of compliance for their facility.

#### 908.2 MEDICAL PRIVACY

Privacy and confidentiality are rights afforded to all youth within the context of safety and security. Probation staff shall make every effort to facilitate the provision of medical services in areas that are free from distractions and afford privacy. All non-medical personnel, including other youth, shall remain away from the area where JCHS staff are rendering medical services. Youth shall not be used to translate confidential medical information for other non-English speaking youth.

#### 908.3 NURSE'S CLINIC

The clinic is conducted at regularly scheduled intervals throughout the day, during which time the nurse dispenses medication and sees youth with medical concerns. The nurse will refer youth to the doctor's clinic, an authorized hospital, or to JCHS at the juvenile hall (male youth) if they require a higher level of medical evaluation and/or treatment.

Staff shall maintain professionalism in all contacts and references to medical personnel and the services they provide. The use of unofficial titles, terms, or nicknames (e.g., complainer's list) is prohibited. Such references place a negative connotation on the use of the nurse's clinic, and in some cases, may discourage youth from accessing services. Staff shall provide youth with the opportunity to sign up for the nurse's clinics, and youth shall be allowed to add their name to the list at any time. Staff shall then provide this list to the nurse.

Only qualified medical practitioners can assess an individual's medical needs. Under no circumstances are staff to ask youth why they want to see the nurse or try to evaluate the validity of the youth's request. Staff shall not discourage or prevent youth from taking prescribed medication, seeking medical attention, or attending scheduled medical appointments.

Supervisor shall be notified to administer medication and treat youth injuries/illnesses when there is no nurse on duty. The Supervisor is expected to provide these services in a confidential manner consistent with the training provided by JCHS personnel. At

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no time shall they try to make decisions related to serious injuries. The Supervisor shall contact a physician to obtain direction to provide appropriate medical treatment.

#### 908.4 DOCTOR'S CLINIC

The doctor's clinic is conducted less frequently than the nurse's clinic, and the doctor will arrange to visit the camp setting. The nurse will arrange for the youth to be seen, as appropriate.

#### 908.5 MEDICAL SERVICES OUTSIDE OF CAMP

The nurse will arrange for the youth to receive additional services, such as dental and eye care, which require the youth to leave camp for a short period.

#### 908.6 EMERGENCY MEDICAL SERVICES

Should a youth require emergency medical services, staff shall contact the nurse immediately. If the nurse is not at the facility, staff are to consult with the Supervisor, who will supervise the arrangement of appropriate services.

If an emergent medical situation exists, staff shall inform the Supervisor, who will coordinate by calling 911 for paramedic assistance. If it is determined that immediate paramedic assistance is not necessary, the supervisor shall contact the on-duty doctor at other facilities. The Supervisor shall be prepared to provide general information related to the youth and the injury. They shall follow the doctor's instructions. If medical removal is necessary, the supervisor shall coordinate staff to transport the youth to the appropriate county hospital, unless advised to go to the nearest hospital.

Once the youth is diagnosed and released from the hospital, staff shall return the youth to their assigned facility. JCHS shall provide medical clearance at the facility.

Should the youth require admittance to the hospital, the accompanying camp staff shall contact the Assistant Director (AD), who in turn shall arrange for the camp staff to provide supervision of the youth while at the hospital. Once released from the hospital, the camp staff shall immediately return the youth to the youth's assigned camp, unless otherwise instructed by the Supervisor (15 CCR 1324 (b), 1407(a)-(c)).

#### 908.7 MEDICAL ISOLATION/OBSERVATION- CAMPUS VERNON KILPATRICK (CVK)

In instances determined by JCHS that a youth may need to be removed from the general population due to a medical condition or symptom that is best managed separately:

- JCHS shall notify a Supervisor of the youth's status change.



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- The Supervisor shall arrange staffing for the unit that will house the medically isolated youth.
- JCHS shall determine the medical necessities for proper care of the youth (medication, air purifier, masks, etc.) and communicate it to the Supervisor and in writing.
- If required, the Supervisor may request Personal Protective Equipment (PPE), such as an air purifier and masks, from the Management Services Bureau (MSB).
- The Supervisor shall notify JCHS of the housing unit for the youth
- JCHS shall inform the youth of the medical treatment plan and collaborate with the Department to provide care for the youth.

The Medical Module youth observation room shall be utilized:

- To hold youth with severe medical or mental health observation needs
- Youth in an immediate significant behavior crisis may also be temporarily held in this room for operations to coordinate a plan of action.
- Youth must be on one-on-one supervision with staff
- When another youth is receiving services, the door must be closed to maintain as much confidentiality as possible

## 909 COMMUNICABLE DISEASES

The following policy and procedures were developed by JCHS in cooperation with the facility administrator and the local health officer. All youth are to be screened for communicable diseases while detained in juvenile facilities prior to a youth being admitted. Communicable diseases include, but are not limited to, COVID-19.

### 909.1 DEFINITIONS

**Quarantine** refers to the practice of separating individuals from the general youth population for monitoring of symptom development or while awaiting COVID-19 test results. It applies to youth who:

- Have had close contact with a laboratory-confirmed COVID-19 case
- Are newly admitted to a juvenile facility and present without symptoms of infection

**Medical Isolation** refers to confining a confirmed or suspected COVID-19 case (ideally to a single room with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when

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the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and/or public health officials.

**Close contact** refers to a person who was exposed to a person with a positive diagnostic (viral) COVID-19 test while they were infectious.

- An individual who was within six (6) feet of the index case for a cumulative total of 15 minutes or more over a 24-hour period, or
- An individual who had unprotected contact with the index case's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment

## 909.2 COVID-19 SCREENING DURING ADMISSION REQUIREMENTS

The following procedures are completed by JCHS prior to a youth's camp admission:

- If an asymptomatic youth will be moving to a new camp, placement, or Secure Youth Treatment Facility (SYTF), a repeat COVID-19 test will have to be performed if it has been more than seven (7) days since the last COVID-19 test
- If the youth is symptomatic, the youth may be retested, and movement is on hold until the clinical situation is evaluated and resolved

## 909.3 YOUTH IN-HOUSE WHO DEVELOP SYMPTOMS OF FLU-LIKE ILLNESS

- Youth Presenting with Complaint of Possible COVID-19 Symptoms:
  - Fevers or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- Ensure that the youth has a mask to wear before moving

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- Staff to notify nursing and youth brought to the medical unit for an evaluation
- An evaluation is performed by nursing/medical staff
- Youth is transferred to the designated juvenile facility to be housed in the Medical Isolation Unit for further testing
- Specimen for COVID-19 is collected and sent to the designated lab

#### 909.4 EVALUATION FINDINGS: POSSIBLE COVID-19 INFECTION

- Youth is admitted to the Medical Isolation Unit. The entire living unit does not need to be in quarantine unless they were exposed to a laboratory-confirmed positive COVID-19 case
  - If a living unit/cottage is under quarantine, twice a day, nursing shall perform a temperature and symptom check on each youth who were exposed
- Length of Unit Quarantine Dependent on the Identified youth's COVID-19 Test Result. If an identified youth has a positive COVID-19 test result:
  - Youth shall remain in the Medical Isolation Unit. Facility shall follow the procedures for the Criteria for COVID-19 Housing Unit Placement and Length of Stay
  - The youth's original living unit/cottage may be removed from quarantine after 10 days

#### 909.5 EXPOSURE TO A COVID-19 POSITIVE EMPLOYEE

If youth in a living unit/cottage are exposed to a COVID-19-positive staff:

- All youth in the identified unit(s) will be quarantined for 10 days
- All youth will be monitored twice a day for fever and/or symptoms
- Testing of the exposed youth will be done five (5) days post-exposure, but will also depend on the clinical situation
- Any exposed youth, regardless of vaccination status, will be tested for COVID-19
- These quarantined youth are considered a cohort of the youth who may participate in programming services if good infection control practices are maintained. Some examples are:
  - Proper mask usage where it covers the entire nose and mouth
  - Maintain at least six (6) feet of distance from other people outside of

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their quarantined cohort

- Ensure proper hand hygiene through regular and effective handwashing

#### 909.6 SPECIAL CIRCUMSTANCES

Re-testing of previously positive youth:

- If an asymptomatic youth had a positive COVID-19 test result in the past, they will not need to be tested again if it has been less than 90 days from the positive test date
- However, if the youth is symptomatic and a COVID-19 infection is suspected, please discuss the management with the medical unit

#### 909.7 REPORTING REQUIREMENTS AND FOLLOW-UP TREATMENT

JCHS is mandated to report all communicable diseases to the Department of Public Health. JCHS will provide youth released from camp with a medical discharge packet for the purpose of ensuring continuity of care within the community.

**NOTE:** Updated JCHS guidelines shall be provided to staff upon receipt (15 CCR 1410).

### **910 MENTAL HEALTH SERVICES**

DMH provides mental health services for camp youth. Only qualified mental health personnel can make mental health diagnoses. Probation staff shall not assess the mental health needs of youth, nor the validity of their requests to seek mental health counseling.

Staff shall complete a Request for Mental Health Consultation for youth who may be exhibiting suicidal, bizarre, or uncharacteristic behavior, as well as after any fight, the HOPE Center referral, or any incident necessitating staff's physical or chemical intervention as outlined in the Physical Intervention Policy.

Staff shall not advise, discourage, or prevent youth from taking prescribed medication or from seeking mental health counseling. Staff shall not make derogatory and/or insensitive remarks regarding a youth's mental health status or need for counseling.

#### 910.1 YOUTH'S RIGHT TO PRIVACY

Privacy and confidentiality are rights afforded to all camp youth within the context of safety and security. Probation staff shall make every effort to facilitate the provision of mental health services in areas that are free from distractions and afford privacy. Youth shall not be used to translate confidential mental health information for other non-English speaking youth.

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### 910.2 MAKING MENTAL HEALTH REFERRALS

Staff shall use the Request for Mental Health Consultation form or submit the referral via PEMRS. DMH staff will also use this form to communicate the consultation findings to Probation.

Staff shall place the completed form in the Mental Health mailbox and a copy in the youth's behavior chart. DMH staff shall process according to DMH guidelines.

### 910.3 MENTAL HEALTH REFERRAL FOLLOW-UP

After consultation and assessment, the identified DMH staff member shall ensure a notation be completed in PEMRS and that copies of the completed request for Mental Health Consultation form are distributed as follows:

- Camp caseworker (who shall file the paperwork in the youth's behavior chart)
- Assistant Director
- Camp Director
- JCHS (nursing)
- Los Angeles County Office of Education (School)

### 910.4 MENTAL HEALTH ISOLATION/OBSERVATION- CVK

In Instances determined by Department of Mental Health (DMH) staff that a youth may need to be removed from the general population due to a mental health crisis that is best managed separately:

- DMH shall notify a Supervisor of the youth's status change
- The Supervisor shall arrange staffing for the unit that will house the isolated youth
- DMH staff shall communicate any medical necessities for proper care of the youth with the Department and JCHS
- A MDT should be held to ensure the youth's full care is adjusted in accordance with their needs

DMH Services are available on-site and are provided in alignment with Title 15 standards and the individual needs of youth. Each cottage includes a designated space to support private and confidential mental health consultations. These areas are utilized by licensed mental health professionals and medical providers to deliver therapeutic services, crisis intervention, and routine assessments.

Staff are to follow the referral protocol for youth who experience a mental health crisis.

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As a precaution, the youth can be temporarily removed from the group (to the Medical Observation room in the Medical Module or to a temporary empty unit) to address their needs.

## **911 EDUCATIONAL SERVICES**

LACOE operates schools in the camp setting. Educational services are an integral part of the daily program in camp. These services comply with the State Education Code, policies of the County Board of Education, and procedures for the RTSB. All youth who have not graduated, including those with a General Educational Development (GED) certificate, will immediately be enrolled and must attend school each weekday. Only the school administration can confirm a youth's graduation status.

Probation works collaboratively with the school in accommodating youth requiring special services, such as credit recovery, and those with Individual Education Plans (IEPs) or those preparing for the High School Equivalency Test (HiSET).

Probation and school staff shall also communicate to each other any significant information regarding the youth that affects the safety and security of the facility. Staff shall ensure that the school office is notified if, for any reason, any youth is removed from school.

With respect to discipline, school staff is responsible for taking appropriate disciplinary action within the school setting. If a youth is removed from class for disciplinary reasons, the teacher will send the youth to the school office and submit a school referral. The school will provide a copy of the referral to Probation, who will give it to the assigned Caseworker.

Should a youth file a grievance regarding school-related issues, the on-site LACOE administrator shall handle the grievance and return it, with the school's findings, in a timely manner to the camp Director. A school liaison will be assigned at all times when school is in session. Staff shall respond to requests from the school for assistance and will contact the camp office should additional backup be necessary. Office staff shall ensure that the on-duty supervisor is notified (15 CCR 1324 (b)).

## **912 SERVING FOOD**

The purpose of this procedure is to provide food-handling guidelines for staff serving food to youth and/or serving youth who are serving food and living in its dorms, cottages, and the HOPE Center. The following guidelines are intended to assist the probation staff and youth in preventing food contamination during the food serving process.

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### 912.1 EXPECTATIONS

The following food handling guidelines apply to staff and/or youth who are serving prepared, ready to eat, fully covered, individually wrapped trays of food and/or the offering and/or serving of single-serve food items in living units, dorms, or HOPE Center Centers. Also for staff and/or youth serving bulk hot and cold food from serving carts in dorms or serving pans in cottages.

The food serving process includes preparation for the meal service and the serving of pre-prepared food items to the youth.

The California Code of Regulations (CCR), Juvenile Title 15 § 1464, requires facilities to have a written Food Service Plan (FSP) that complies with applicable California Retail Code laws. In addition, Section 1465 requires written procedures that ensure supervisory staff and food handlers comply with appropriate food handling and personal hygiene requirements.

### 912.2 POLICY

All staff working in any dorm, cottage, the HOPE Center, or dining hall shall adhere to all applicable FSP policies and/or procedures. Food Service Plan policies and procedures that apply to staff are contained in the FSP booklet, which is located in every dorm, cottage, the HOPE Center, and the dining hall.

In accordance with California Retail Food Code Article 4 § 113953, food may only be served in dorms, cottages, or HOPE Centers where at least one hand-washing sink can achieve a temperature of at least 100° Fahrenheit. Staff shall immediately report any sink not functioning with warm water to the facility's Service Director or Camp Service Manager.

The Food Service Manager, the Service Director, the Food Service Consultant, or the authorized designee shall conduct ongoing audits of hand-washing sinks used in conjunction with food serving. At a minimum, the audits shall be conducted by the Food Service Manager or the authorized designee (bi-monthly), the Service Director or the authorized designee (monthly), and the Food Service Consultant or the authorized designee (quarterly).

In accordance with the California Retail Food Code Article 6 § 113973, disposable plastic or latex gloves shall be worn after proper hand-washing to serve unwrapped food items. If bulk foods are being served from food carts or service pans, hair coverings shall also be worn.

Youth assisting with food serving shall be supervised at all times and shall be instructed on proper hygiene procedures, including proper hand-washing techniques and the utilization of disposable plastic gloves and hair coverings.

Youth who want to assist with food serving may not have any medical restrictions or

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conditions.

### 912.3 PROCEDURES

Prior to serving food in dorms, cottages, or the HOPE Center:

1. Wear a hair covering if serving bulk food from a cart or service stand
2. Wash hands thoroughly using the following proper hand washing techniques:
  - a. Wet hands with water, then apply soap or detergent beyond wrists
  - b. Rub hands together to make a lather for at least 20 seconds
  - c. Rinse soap and detergent off hands
  - d. Dry hands with a paper towel
  - e. Use the same paper towel to turn off the water and to open the door to exit the room
  - f. Deposit the soiled paper towel in a trash receptacle inside the room if the receptacle is near the exit, and the paper towel cannot be disposed of without having to touch the door, thus contaminating hands. If not, deposit the paper towel in a trash receptacle outside of the room
3. Place disposable plastic or latex gloves on hands to begin the food service process
4. Observe the following hygienic practices during the food serving process at all times;
  - a. Avoid touching the nose, mouth, hair, and skin or other surfaces during the food serving process
  - b. Do not cough or sneeze onto the food or around the food
  - c. Wash and re-glove hands after coughing, sneezing, or blowing the nose
  - d. Wash and re-glove hands after touching any body parts
  - e. Prior to initiating the food service process, cover all wounds or cuts on hands and/or arms completely
  - f. Be free from flu, gastrointestinal, intestinal, or other contagious or foodborne illnesses.
  - g. Cease serving food and report to the Supervisor or the authorized designee when ill.
  - h. Rewash hands and re-glove hands after any unhygienic practice



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#### 912.4 CVK FOOD SERVING

While the dining hall is designed to accommodate the youth population, meals may be served in staggered intervals to support the population and ensure the safety and security of the youth, staff, and the facility. This approach enables effective supervision, minimizes group overlap, and ensures the orderly and secure delivery of meals to all youth.

### **913 DAILY MEAL REPORT DOCUMENTATION GUIDELINES**

The National School Lunch Program provides substantial reimbursement funds to the Department, which helps offset the cost of feeding the youth breakfast and lunch. It is therefore critical that the Department comply with the meal reporting documentation guidelines outlined below. A designated representative from the facility is responsible for ensuring this report is completed on a daily basis and submitted to the Assistant Superintendent by 2:00 PM.

#### 913.1 REQUESTING/RECEIVING BREAKFAST AND LUNCH MEALS

- All staff shall use the revised Daily Meal Report form in lieu of the Monthly Meal Report form. The form(s) will be made available on ProbNet.
- The supervisor or other designated staff shall note the number of meals requested for youth and staff and note the number of double portions ordered in the section entitled "# Meals Requested" on the Daily Meal Report.
- At each breakfast and lunch meal, the supervisor and other authorized designated staff shall count and sign for all meals received (including staff meals, staff salads, and sack lunches), noting the number of meals received in the designated breakfast or lunch sections respectively entitled: "Number of Meals Received – Youth" and "Number of Meals Received – Staff."
- The Transportation Deputy (TD) shall count the number of sack meals received and enter the number of meals received and note information such as shortages and add-ons on the Court Daily Sack Lunch Meal Report form in the section entitled: "sack meals received".

#### 913.2 POINT OF SERVICE

Point of Service is a technical term used by the National School Lunch Program, which indicates the point at which a youth actually takes physical possession of a meal with the intent to eat it.

- The Supervisor or other designated staff member shall count the number of meals actually served to youth. The Supervisor or the authorized designee shall

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note this information in the section entitled "Actual Meals Served." Only a maximum of one (1) meal per youth may be counted. If more youth are served than are in the population, a justification is required in the "comments" section of the Form.

- The Supervisor or other authorized designated staff members shall count the number of sack meals actually served to youth. The supervisor or authorized designee shall note this information in the section entitled "Actual Meals Served Sack Lunches." If more youth are served than are in the population being supervised, a justification is required in the "comments" section of the form.
- The TD shall count the number of meals actually served to youth between 11:00 AM and 1:30 PM. The TD shall note this information on the Court Daily Lunch Meal Report form in the section entitled "Actual Sack Lunches Served."
- The Supervisor or the authorized designee shall conduct a physical population count of youth in the unit, dayroom, dining room, or other designated area during mealtime. The Supervisor or the authorized designee shall note this information in the section entitled "Physical Population During Meal." Receiving units shall record pit stops and new admissions in the sections entitled: "# New Admits" and "# Pit Stops."
- After each meal, the supervisor and TD shall verify that their form is completed in its entirety and contains accurate information.
- The Supervisor or the authorized designee shall enter the verified number of meals actually served on the Shift Condition Report or Supervisor Log.

### 913.3 SUBMITTING FORMS

By 2:00 PM each day, the supervisor and TD shall forward the verified Daily Meal Report form(s) to the Assistant Superintendent and Director of Transportation or the authorized designee, as appropriate.

### 913.4 VERIFICATION OF FORMS

The Assistant Superintendent, Transportation Director, or the authorized designee shall compare the Daily Meal Reports to the highest population and verify and justify the data provided on the daily Meal Report form(s).

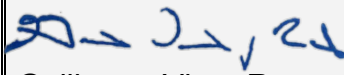
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## 1001 INTRODUCTION

The Department has several specialized programs that assist youth in developing prosocial behaviors and effecting positive behavioral change. These programs include behavior management programs, work crews, religious services, and practices. Additional specialized programs have been developed in collaboration with community-based organizations and volunteers.

This section will provide detailed information on specialized programs available in camp, including religious, medical, mental/behavioral health, substance abuse treatment, and school. All staff assigned to any of these programs, whether contracted or not, including all other personnel who are non-probation employees, are required to attend an initial orientation program. This orientation will include (15 CCR 1324 (e)):

- An overview of the Department, including its structure and functions
- Discussion of work conditions
- Discussion of policies and procedures, including, but not limited to, safety and security, anti-discrimination policies, discipline guidelines, sexual harassment, workplace violence/threat management, and employee conduct
- Support Personnel newly assigned to a position shall also receive an orientation to that assignment by the facility supervisor or designated personnel within the first week of their arrival
- Discussion of assigned duties and standards, performance expectations, and the work schedule
- Discussion of privacy policies
- Introduction to staff and a tour of the assigned location

## 1002 BEHAVIOR MANAGEMENT PROGRAMS

Behavior Management Programs (BMP), as detailed in the manual, lay the foundation for delivering evidence-based interventions that lead to positive youth behavioral change.

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Each camp is responsible for developing and implementing BMPs.

### **1003 WORK CREWS**

It is the policy of the Department that youth have fair and consistent assignments and opportunities to participate in various work crews during their stay in camp. Work assigned to a youth shall be meaningful, constructive, and related to vocational training or increasing a youth's sense of responsibility. Youth earn assignments to a work crew through their successful participation in the BMP.

Work crews cannot provide services for the direct benefit of staff. Additionally, crews cannot perform work for the direct benefit of private citizens without permission from the Director. Lastly, a work program shall not be imposed as a disciplinary measure.

#### **1003.1 WORK CREW SELECTION CRITERIA**

Youth must complete an application and meet facility-specific criteria for appointment to a work crew. The criteria are tied to the facility's BMP. Youth assigned to a work crew must meet the following minimum criteria:

- Stage 3 or higher
- Medically cleared
- No history of escape or attempted escape from any secured facility
- Minimum grade point average of 2.0
- No behavioral reports/write-ups in the past 10 days
- Caseworker approval

The Supervisor in charge of the work crew program must approve the selection of youth for the crew. Subsequent to selection and based on individual circumstances, youth may be temporarily suspended or removed from the crew as approved by the on-duty Supervisor.

#### **1003.2 SECURITY**

The Crew Leader (either the Crew Instructor (CI) or an assigned officer) is responsible for ensuring proper security during all work crew activities. This includes tool management, instruction on proper tool usage, and monitoring the use of supplies, especially sharp objects such as nails, screws, staples, etc.

#### **1003.3 SUPERVISION**

It is the Crew Leader's responsibility to maintain direct supervision and conduct

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periodic counts of all youth during work crew activities. At no time are youth allowed to be out of the Crew Leader's line of sight unless another staff member assumes supervision.

Crew Leaders shall maintain supervision of the youth throughout the work period, beginning from the point of first contact until completion of the work crew activity and subsequent return of the youth to the general population. Crew Leaders shall provide a written list of work crew members to office personnel or the authorized designated staff member responsible for the facility population counts. The list shall include the names of each work crew member, as well as the total count of crew members.

If, for any reason, youth are being transported within the community, necessitating travel via Departmental transportation, the Crew Leader shall obtain all needed supplies (including food and water) from the facility prior to departure. Crew Leader shall not unnecessarily stop the vehicle at any location within the community.

#### 1003.4 SUPERVISION RATIOS

Crews working outside the facility perimeter shall not exceed five (5) youth per Crew Leader. Crews working inside the facility perimeter shall not exceed eight (8) youth per crew leader. The Crew Leader may reduce this ratio at their discretion. Further, the Crew Leader may deny participation on the work crew of any youth should the Crew Leader have concerns about safety and security.

### **1004 RELIGIOUS SERVICES**

Religious programming provides youth with an opportunity for religious services and practices at least once each week. Youth are able to participate in and practice faith-based services, receive religious instruction, and enjoy the benefits of spiritual guidance in accordance with the teachings of their religious faiths.

In addition to providing religious services and practices, various religious organizations are responsible for registering and orienting religious volunteers through the Department's Volunteers In Service To Others (VISTO) office. The organizations are also responsible for coordinating religious programs and services while observing the camp's safety and security regulations.

#### 1004.1 COORDINATING ORGANIZATIONS

With the exception of Catholic and Jewish services, the Protestant chaplain shall coordinate services through proper Departmental clearance procedures. The Department works with the following organizations in coordinating religious programs:

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Catholic Services

Office of Detention Ministries, Archdiocese of Los Angeles

3424 Wilshire Boulevard

Los Angeles, CA 90010-2241

(213) 637-7000

(213) 637-6161 (Fax)

Jewish Services Beit T'Shuvah

8831 Venice Boulevard,

Los Angeles, CA 90034

(310) 204-8910 or 5200

(310) 204-8908 (Fax)

Board of Rabbis

5700 Wilshire Boulevard, Suite 2511

Los Angeles, CA 90036

(323) 761-8600

(818) 363-5488 (After Hours)

(323) 761-8603 (Fax)

Protestant and Other Services Chaplain's Eagles

16350 Filbert Street

Sylmar, CA 91342

(818) 364-5087

(818) 367-8938 (24-Hour Exchange)

Any group or person wishing to volunteer in the religious program shall be referred to the organizations listed above.

These organizations volunteer their services and receive no monetary compensation. They must maintain complete and accurate records of all religious volunteers granted or denied access to the facilities. The records must clearly document the reason why access was denied, and they shall be available for review at any time by the Chief Probation Officer or the authorized designee.

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#### 1004.2 OPERATIONAL ASPECTS

The VISTO office works with the coordinating organization to process and clear all religious volunteers.

The Director or the authorized designee monitors the administration and coordination of religious services at each facility to ensure compatibility with the overall program and conformity with departmental policy.

#### 1004.3 CAMP PROCEDURES

The youth may attend services of any denomination on days when services are held. A youth may request and be permitted to see any of the regularly assigned chaplains/clergy for counseling, regardless of the youth's particular faith and practices. Additionally, special religious diets shall be made available to youth upon request.

Youth participation is voluntary. Behavior permitting, staff shall not deny youth the right to participate in religious services and religious counseling. Should a youth choose not to attend religious worship, alternative programming shall be provided. Youth shall neither be disciplined nor penalized because they choose to attend or not to attend worship services. Staff shall neither encourage nor discourage a youth's participation in any religious services.

References in official records shall be limited to the youth's participation in practices, services, counseling, and any commendations provided by the religious organizations. Staff members shall not minister or conduct any type of religious services (15 CCR 1372).

### **1005 COMMUNITY-BASED ORGANIZATIONS**

Many facilities work with community-based organizations (CBO). These organizations provide various types of programs and may follow up with the youth after release from the Department.

The Facility Director shall approve all CBO programs. The Director may discontinue the programming (temporarily or permanently) at their discretion due to behavioral, logistical, or staffing concerns.

### **1006 VOLUNTEERS**

It is the policy of the Department that a potential volunteer may be allowed provisional clearance to enter a facility to observe an activity, provide limited services, or for a special event.



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#### 1006.1 REQUESTING PROVISIONAL CLEARANCE

Each volunteer must meet the minimum eligibility requirements of the department and must complete and submit the following at least 10 days prior to the date of the visit:

- A legible copy of their Driver's License or Identification Card
- Complete the Juvenile Provisional Clearance Temporary Volunteer(s) Form (Prob. 1599, Rev. 5/17)
- Complete the Facility/Office's Agreement and Civil Claims Release forms

\*It is the responsibility of Facility Management to forward the above forms to the requestor within one (1) business day of receipt of the request; the requestor must then return the original ink-signed versions of the forms.

Upon receipt of the required documents, the Superintendent shall conduct a first-level review (Approval/Denial) and submit the Juvenile Provisional Clearance for Temporary Volunteer(s) Form (Prob. 1599/Rev. 5/17) and a copy of the applicant's identification card to the Deputy Director for review. Once the applicant has been approved, the completed packet will be sent to the Backgrounds and Investigations Unit (BIU) within one (1) business day of receipt to have a background record check completed.

The BIU staff shall access the following automated systems to perform a records check to ensure that the volunteer is eligible to visit the facility:

- JDIC
- APS
- PCMS
- Los Angeles County Sheriff's Department (LASD) Inmate Information Center

#### 1006.2 JUVENILE - PROVISIONAL CLEARANCE FOR TEMPORARY VOLUNTEERS FOR JUVENILE INSTITUTIONS BUREAUS

Background-check related information and any records obtained on a temporary volunteer are strictly confidential. This data is to be kept in a secure environment at all times and is to be shredded or otherwise destroyed upon completion of the background review process.

The BIU staff shall submit within three (3) business days of receipt of the request to the Superintendent or the authorized designee, and provide notification that the applicant meets or does not meet the established Departmental guidelines.

BIU's determination shall be reviewed by the Superintendent for final provisional

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approval; approval shall be notated on the form (prior to the event).

### 1006.3 NOTIFICATION TO TEMPORARY VOLUNTEER

The Superintendent or the authorized designee shall contact the temporary volunteer and inform them of approval or denial of their visit. The volunteer must be reminded that the provisional background clearance results determined by the Department have no bearing on final clearance by the Department's Backgrounds Unit for hiring purposes.

### 1006.4 DAY OF SHORT-TERM VISIT

On the initial day of the short-term visit, staff shall:

- Verify pre-approved scheduled visit/activity
- Verify the identity of the visitor by checking a valid government-issued identification
- Provide instructions to the temporary volunteer regarding safety and security while in the facility

### 1006.5 SAFETY AND SECURITY

To ensure the safety and security of youth and visitors in the facilities, staff shall remain present during all youth activities (15 CCR 1324(d)(e)).

## **1007 JUVENILE- SUBSTANCE ABUSE TREATMENT**

It is the policy of the Department to provide a safe and secure environment in which rehabilitative efforts, including substance abuse treatment and education opportunities, are available for youth.

Youth who have a substance abuse problem with or without a co-occurring mental health disorder are eligible to participate in Substance Abuse Treatment Services, which may include both individual and group treatment. Services for youth who are eligible for co-occurring mental health and substance abuse services will receive these services through the Department of Mental Health (DMH). Youth who have a substance abuse issue and do not have an open mental health case will receive substance abuse services through contracted substance abuse providers and/or designated DMH providers. These services are developmental/gender appropriate and will address behaviors related to use, abuse, addiction, and relapse prevention.

### 1007.1 POLICY

Referrals for substance abuse treatment can be made through the youth's self-

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referral, partner agency referral, or staff referral. All referrals will be processed through a formalized referral process. All service referrals require documentation in the Probation Case Management System (PCMS) within 48 hours of receipt by the Multi-Disciplinary Team (MDT) Coordinator, describing action taken on the referral.

#### 1007.2 MDT PROCESS

The youth's substance abuse treatment needs are identified during the MDT process, and the youth will be referred to the necessary services during the course of the initial MDT.

#### 1007.3 MDT COORDINATOR RESPONSIBILITIES

The MDT Coordinator shall maintain a current list of youth referred for substance abuse treatment services at their respective facility, including the date of the referral, the referral source, and the treatment start date.

The MDT Coordinator shall be responsible for maintaining a corrected log of services provided to youth at the facility each month. This log shall be completed by the 15th day of the following month that services were provided.

#### 1007.4 YOUTH'S SELF-REFERRAL PROCESS

Youth are introduced to the Request for Service Form (Prod. 1567) upon entry during the orientation phase, and forms can be found throughout each facility. During the orientation phase or anytime during their commitment, a youth can self-refer for substance abuse services by completing the Request for Services Form and placing it in the "Access to Care Box" at each facility. The facility Grievance Officer or Nurse shall retrieve forms daily from the box and forward a copy of any forms requesting substance abuse treatment services to the MDT Coordinator.

#### 1007.5 JUVENILE COURT HEALTH SERVICES (JCHS) REFERRAL PROCESS

During the medical admission process, JCHS Physicians and Nurses shall assess youth for substance abuse issues and provide medical care or detoxification and/or withdrawal according to their established policies. Initially, the Substance Abuse Referral Form (SAR) is completed by JCHS and shall be submitted to the MDT Coordinator.

If a youth indicates to the nurse that they would like to participate in a Substance Abuse Program, then they shall follow the above referral process.

#### 1007.6 LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE) REFERRAL PROCESS

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If a youth indicates to a LACOE staff that they would like to participate in a Substance Abuse Treatment, LACOE shall refer the youth by completing the SAR and submitting the completed form to the MDT Coordinator.

#### 1007.7 DEPARTMENT OF MENTAL HEALTH (DMH) REFERRAL PROCESS

DMH conducts a Mental Health assessment for each youth prior to admission. Youth determined to have both a mental health disorder and a substance abuse disorder (generally defined as co-occurring disorders) shall be treated by DMH in accordance with their policies and processes.

Youth with substance abuse disorders and no co-occurring open mental health case shall be referred by DMH for Substance Abuse Treatment Services through the MDT Coordinator using a SAR.

#### 1007.8 PROBATION REFERRAL PROCESS

Staff who become aware of a youth's substance abuse services need shall refer the youth for substance abuse treatment services by completing and submitting an SAR to the MDT Coordinator.

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|                                                                                                            | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                            | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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## 1101 INTRODUCTION

All youth must be supervised at all times by officers. Effective supervision is a core concept in creating an environment that fosters positive youth behavioral change while enhancing safety and security. Inadequate supervision escalates negative behavior, leading to disruptions and disturbances.

This section will address proactive supervision, as well as the elements involved in supervision that maintain the safety and security of youth, staff, and the facility.

## 1102 SUPERVISION DEFINED

Supervision is defined as directing, controlling, and monitoring the activities of one or more youth. Supervision consists of a variety of elements. For example, a staff member with good supervision skills exhibits the following:

- Develop a positive rapport with the group
- Is observant and alert
- Exercise sound judgment
- Knowledge of program expectations
- Possess good verbal skills

Supervision style sets the tone for the group. Staff members are expected to act as positive role models. Often, success or failure is generally attributed to the staff member's skills and motivations.

## 1103 POST- POSITION COVERAGE

All staff shall be at their assigned post, on time, and ready to work. Staff must remain on duty until all incoming staff have cleared a population count and have assumed control of the youth. Staff shall complete the following activities during shift exchange.

**Population count clearance:** Incoming staff shall conduct a youth count and communicate the count to the outgoing staff. Additionally, the outgoing Board Counselor must articulate the location of all youth not in the living unit.

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Youth counts must be accurate before the incoming staff shall take over the board. Any issues shall be documented in the dorm logbook.

**Group tone:** Incoming staff shall confer with outgoing staff about needs and concerns for the group tone. The outgoing Board Counselor shall ensure the tone is under control before relinquishing the board to incoming staff. Any issues of concern shall be documented in the dorm logbook.

#### 1104 PROACTIVE SUPERVISION

Proactive supervision involves the effective management of youth as they participate in the daily activities. The term implies that staff will be active participants in supervising the youth in such a way that many problems can be avoided. Skilled staff are able to identify and address problematic situations before they escalate.

All staff are expected to be proactive in their daily supervision duties. This includes:

- Maintaining constant observation of youth
- Conducting scheduled and impromptu population counts in all locations throughout the facility
- Looking for opportunities to provide positive reinforcement
- Correcting problematic behavior through the use of the continuum of correction techniques

Typically, youth will not engage in aberrant behavior when they know that staff members are actively supervising them. Youth become aware of this proactive approach when staff pay attention to detail, provide immediate correction of all rule infractions, confer immediate reinforcement of positive behavior, and correct negative behavior.

#### 1105 PROPER USE OF AUTHORITY

When the officer is assigned to lead supervision of a scheduled activity, they are often referred to as running the board or the Board Counselor. The officer has the authorized command of the youth and shall structure and direct group activities, adjusting the group as needed based on demonstrated behaviors and the group tone.

Staff shall treat each youth with dignity and respect. Should problems arise, staff will address the behaviors rather than the youth's personality or personal attributes. Staff shall remain composed. They shall not respond to youth with profanity or sarcasm. Staff shall never use corporal punishment to address negative behavior.

Staff are responsible for proactively supervising the group and the surrounding area. This is a critical component of safety and security. At no time shall staff allow a youth to take over and run the board.

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Staff shall not engage in group punishment. Group punishment is a form of retaliation in which uninvolved youth are targeted for the negative actions of others. An example of group punishment is suspending the earned Behavioral Management Program (BMP) privileges of all youth due to the negative actions of one youth (15 CCR 1390).

## **1106 GROUP CONTROL**

Effective group control is directly related to supervision, which is comprised of several components, as noted below.

### **1106.1 STRUCTURING AND LIMIT SETTING**

At the beginning of any activity, the assigned officer shall clearly explain the details of what is planned for the period and what is expected from the youth. This is referred to as structuring. Do not assume that the youth will understand or remember the activity from the previous day. It is important to review the details as if the youth were hearing it for the first time. Additionally, the officer shall clearly outline expectations for the youth, highlighting both the benefits and consequences of compliance.

While structuring, the officer must also set limits. For instance, when structuring the youth in the dorm about the nurse's clinic, if the officer does not want the youth to stop at the water fountain along the way, the officer must clearly state that the youth are not to use the water fountain unless they request and receive permission to do so.

Clear structuring and limit setting allow all youth to understand what is about to occur and exactly what is expected of them. This type of structuring should leave no room for questions.

### **1106.2 MOVEMENT/POSITIONING**

Staff must be alert whenever youth are moving from one area to another. This holds true whether one youth or a group of youth are moving.

Types of movement and necessary staff positioning will vary, depending on the number of staff available and the number of youth involved. Positioning should be devised so that staff can see all the youth in the group. The goal of appropriate positioning is to effectively monitor the whole group.

In some instances, staff are assigned to various posts along the path of the movement. In other instances, staff accompanies the youth from one point to another. In general, staff should not walk directly in front of a group of youth because the staff member cannot see what the youth are doing. Similarly, if a staff member is walking directly behind the youth, they can only see the back of the last youth in the group.

It is best to position staff to the side of large groups at various points (front, middle, back) so that staff can cumulatively see all of the youth in the movement.



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Repositioning may be necessary based on group movement and the positions of other staff. Staff shall not congregate together while supervising youth.

The daily schedule is replete with high-risk periods, such as school movements, showers, and recreation, when a problem might occur and escalate quickly. For this reason, staff members must be positioned to ensure that all youth can be seen. Likewise, staff must be alert. This requires teamwork and good communication among all staff members.

Periods involving medical activity, such as nurses' or doctors' clinics, require sensitivity to the youth's privacy. Staff must maintain visual supervision of all youth at all times while also affording privacy and confidentiality for the youth receiving medical treatment.

### 1106.3 ANTICIPATING PROBLEMS

Attentive supervision will assist in detecting potential problems. This involves visual scanning and listening. Staff must avoid becoming distracted during supervision. This includes focusing only on one youth while supervising a group activity or engaging in prolonged conversations with others.

If a potential problem is detected, the staff member must address it using the appropriate level of correction.

Should the staff member running the activity require additional staff to properly supervise the youth, the staff member shall immediately notify a supervisor.

### 1106.4 DISCERNING AFFILIATIONS

Understanding why certain youth congregate together and why they do not may assist in detecting changes in tension and overall camp tone. Staff must be aware of gang affiliations and prevent groupings of gang members during the various daily activities. Additionally, staff must be mindful of racial tensions and monitor youth for grouping based on race or ethnicity.

## **1107 USE OF POSITIVE REINFORCEMENT AND SANCTIONS**

Within the context of evidence-based practices, staff are expected to address and correct negative behaviors. They are also expected to provide opportunities for youth to develop pro-social behaviors. When a youth demonstrates productive, positive behavior, staff shall positively reinforce that behavior through the use of positive comments or BMP Points upgrades. This focus on positive behavior tends to encourage similar behavior among other youth as they vie for positive attention from staff. Sanctions include nonverbal and verbal expressions of disapproval, written documentation of negative behavior, and other measures.

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## **1108 ABUSIVE INSTITUTIONAL PRACTICES POLICY**

While supervising and interacting with youth, staff must understand that modeling appropriate behavior assists in prompting pro-social skills, such as staff shall set an example of courtesy and consideration in their contacts with fellow staff members and youth, while at the same time setting and enforcing clearly defined limits and ensuring that rules and regulations are followed.

Care must be taken to avoid harsh scolding, directing personalized criticism, intentional embarrassment, antagonizing youth, or otherwise creating or maintaining an environment that a reasonable person would view as threatening or intimidating.

When it is necessary to reprimand youth or lower their daily grades for misconduct, it should be done without staff personalizing critical or derisive comments.

Staff shall not use sarcasm, ridicule, profanity, or threats involving their interactions with youth. Praise and encouragement, on the other hand, are proven to help promote desired behaviors.

Staff shall clearly understand that this is considered to be a violation of departmental policy to engage in any of the following inappropriate and/or abusive acts to youth.

### **1108.1 VERBAL ABUSE TOWARD YOUTH**

- Directing/applying derisive or demeaning names to youth
- Denouncing and/or harshly scolding, slandering, or berating youth
- Using contemptuous language directed at youth, which may include vulgar or profane words
- Verbal interactions that a reasonable person would view as abusive

### **1108.2 ABUSIVE INSTITUTIONAL PRACTICES**

- Inflicting verbal or physical abuse
- Applying corporal punishment
- Denial of medical or mental health care
- Denial of appropriate nutrition
- Denial of appropriate shelter, bedding, clothing, or sanitary living conditions
- Denial of or impeding of access to the Grievance and/or Access to Care processes
- Requiring youth to assume prolonged, rigid, fixed, or unnatural positions such as lying face-down on the floor, seated on metal bed rails, pipes, or surfaces

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by design intended to create discomfort, for corrective or disciplinary purposes

- Intentionally creating an unsafe supervision environment
- Intentionally housing a youth in an unsafe or dangerous situation
- Creating a threatening and/or intimidating environment by coercing youth through the use of threats or any form of intimidation
- Activities or actions that a reasonable person would view as abusive

### 1108.3 THREATS TOWARD YOUTH.

- Threatening to deny or remove guaranteed rights from youth, including but not limited to, access to medical care, education opportunities, religious services, and/or counseling, parental visits, or attorney contact
- Causing a youth to fear physical harm through the use of a statement or an explicit act
- Other behaviors that a reasonable person would view as threatening to the well-being of youth

### 1108.4 CREATING OR MAINTAINING A THREATENING OR INTIMIDATING ENVIRONMENT

- Intentional behaviors or statements made by staff that would cause a youth to fear for personal injury or harm
- Withholding of privileges, access to care services, or guaranteed rights
- Creating or maintaining an environment that a reasonable person would view as abusive
- The following techniques shall not be utilized by staff at any time:
  - Slamming - The use of physical force by staff intended to cause a youth to impact with an object (e.g., wall, floor, or structure) in such a manner as to potentially result in injury to the youth
  - Bob Sled Positioning - The act in which youth are ordered by staff to sit on the ground with their knees close to their chests and their arms interlocked around their knees; the use of this practice is forbidden
  - Uncomfortable/inappropriate Positioning - The act of placing any youth in an uncomfortable and/or inappropriate position for prolonged periods of time that may be viewed by a reasonable person as punitive or abusive

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## **1109 MOVEMENT COMMUNICATION**

Staff must be aware of various movements occurring in the facility. This is accomplished through the daily schedule and through announcements, depending on the particular facility operation. Staff are expected to report for all supervision periods and movements on time.

During major movements, such as movements to school or to the dining hall, absent supervisor approval, all staff must be present to assist.

On rare occasions, staff may need to send a youth from one location to another without staff accompaniment. In such instances, the sending staff shall alert office personnel, who will visually monitor the youth's movement. The sending staff shall also communicate to the receiving staff that the youth is on their way. If this occurs via radio, the receiving staff shall verbally acknowledge hearing this communication.

## **1110 POPULATION COUNTS**

Another integral component of supervision is conducting regular population counts to ensure all youth are present and accounted for. Population counts shall be conducted after each major movement in accordance with specific facility procedures. They shall also be taken at the beginning and end of each activity.

In the event of a population count discrepancy, all programming will be suspended until resolved. The Supervisor shall be notified in such instances. Population counts shall be recorded in the main facility logbook, pursuant to facility-specific procedures.

Staff shall never allow a youth to conduct or provide population counts.

## **1111 STAFF EQUIPMENT**

Staff may use various types of equipment during the course of supervision. This equipment must remain in the care, custody, and control of staff, and at no time shall a youth be allowed access to it. Staff shall be mindful of the following procedures:

- Staff shall keep department-issued safety equipment (such as radios, pepper spray, keys, identification, and restraints) on their person at all times
- Keys shall be affixed to the uniform with a lanyard. Staff shall not place them on countertops or leave them indoors. At no time shall a youth have any keys in their possession
- Staff shall not allow youth to touch restraints, door release buzzer, nor shall a youth be allowed to use radios.

## **1112 RADIOS AND PUBLIC ADDRESS (PA) SYSTEMS**

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Each facility has devised a means of communication among staff who may be assigned to various locations. Some facilities use radios (or walkie-talkies); others may use PA systems; others may use only telephones; and some may use a combination. Regardless of the means of communication used, staff are to be mindful of the purpose of the communication equipment, reserving use for relaying necessary information to other staff.

### 1113 SELF SEPARATION

Should a youth choose to self-separate, the self-separation shall be documented on the Safety Check Sheet (Refer to the Safety Check policy), and the safety checks shall continue under the self-separation column "SS".

- Each safety check shall indicate one of the following:
  - "SLP" for Sleeping
  - "TA" for Time Alone
  - "T" for Tired
  - "V" for Vacant
- As soon as the youth rejoins the group, the self-separation column shall be closed with a "V" for Vacant
- The youth shall sign for the first self-separation at the top of the form
- Any subsequent self-separations shall be initialed by the youth under the SS column at the time the self-separation began
- A youth's request to self-separate is contingent upon staff availability. Staff must submit a Special Incident Report (SIR) for any youth refusing to go to school

For facilities in an open dorm setting only: Self-separation in an open dorm setting is only applicable when a youth is confined to their bed. An example of a self-separation in an open dorm setting would be when a youth refuses to go outside for outdoor recreation and decides to stay on their bed while their unit leaves the dorm. In this instance, a new Safety Check Sheet for that youth must be completed utilizing the "SS" column. Once they rejoin the group, the "SS" column shall be closed with a "V" for vacant as indicated above. During open dorm program activities, youth are allowed to be at their beds, in the dayroom, or in the back of the unit. In these instances, a youth who chooses to stay on their bed does not constitute a self-separation.

The self-separation column shall not be utilized during sleeping hours or for school. It is to be used only during hours of the day when programs occur, such as dayroom activity, mealtime, exercise, or recreation. A youth's request to self-separate is contingent upon staff availability.

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If a youth requests to stay in their room/bed for more than three (3) hours, a Mental Health referral shall be submitted.

If a youth on an Enhanced Supervision Level 2 or Level 3 requests to self-separate, the *safety check sheet and Enhanced Supervision Observation Form* shall be utilized as indicated in the Enhanced and Specialized Supervision policy. Staff shall indicate the youth's request to self-separate and summarize observed behaviors. Also, staff need to document all efforts made to reintegrate youth into regular programming on the Level 2 Safety Room Check or the Level 3 Enhanced Supervision Observation Form.

#### **1114 INTEGRATION**

At all times, staff must work toward the integration of youth in all activities. Tensions have the potential to rise when youth become racially or otherwise segregated, whether intentionally or not.

Facility Director shall ensure that their facility maintains a gang matrix. Using this matrix, staff shall monitor bed assignments and supervision periods to ensure, to the extent possible, that youth from the same gang are not grouped together. The integration of activities applies to all periods, movements, and selections for special event assignments.

#### **1115 GRADING/MERIT LADDER**

In accordance with BMP, staff shall ensure that all youth are graded each day using the approved grading system. Grades shall be totaled daily, creating the merit ladder. The merit ladder shall be posted in all living units.

#### **1116 ADDITIONAL CONSIDERATIONS FOR SUPERVISION**

##### **1116.1 ESCAPE PREVENTION**

Engaging in vigilant supervision and conducting frequent population counts both reduce the risk of escape and substantially reduce response time should one occur.

Staff assigned to conduct the daily perimeter check should regularly check for unlocked doors. Gates, ropes, and ladders along the fence lines should be properly stored. Staff should also check for property damage and inoperable lighting.

##### **1116.2 GROUP SECURITY**

Staff shall be responsible for preventing escapes. Population counts shall be conducted regularly. Staff shall position themselves in locations where they can see all the youth. On the field, youth are to be kept in areas that are easily controlled and structured as to their boundaries. Youth are to remain seated if not directly

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participating in an activity.

### 1116.3 SHIFT AND BOARD EXCHANGE

When entering and leaving an assigned post or the facility, staff shall be alert to any potential safety hazards and immediately report them to the Assistant Director (AD).

Possible issues inside the facility include:

- Laundry room appearance (doors and chemicals)
- Quarter-master room (doors and equipment)
- Dayroom (contraband and equipment)
- Casework room (doors, files, and office supplies)
- Items that appear out of place

Security issues outside the facility perimeter include:

- Out of place items
- Objects that could be used as weapons
- Unsecured doors and windows
- Broken items
- Contraband
- Suspicious persons or vehicles

Shower, restroom, dining hall, recreation, and dormitory supervision activities involving the entire facility population tend to be high-risk periods, necessitating proactive supervision. Additionally, staff shall adhere to the following:

- Staff shall be properly positioned to ensure that all youth can be seen
- Staff shall provide clear instructions before, during, and after all movements and activities
- Staff shall authorize activities consistent with the availability of staff to maintain a safe and secure environment
- Staff shall have supplies and materials needed for the particular activity readily available prior to beginning the activity
- Staff shall maintain visual observation of the youth, not allowing for distraction from the task at hand
- Staff shall control the group tone
- Staff shall stop and redirect the group or the individual youth as needed

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- Staff shall communicate supply, repair, or other needs with each other and the Supervisor
- Staff shall not allow youth to loiter in or around the control center

Additionally, youth may assemble and issue shower rolls only under the supervision of a designated staff member.

During movements and activities, staff must be observant of potential weapons in the area. These items shall be confiscated, documented, and immediately brought to the attention of the Supervisor.

#### 1116.4 FOOD PREPARATION AND SERVICE

Staff shall have a list of youth assigned to kitchen patrol (KP) and/or messenger duties.

Designated staff shall actively supervise KPs during food preparation and service. Staff shall clearly structure the youth for movement to meals. Staff shall clearly structure them regarding meal service and expectations.

Youth are not allowed to give away or trade food with other youth.

Staff shall document whether a youth exhibits unusual eating habits (e.g., not eating, eating very little, or eating too much). Staff shall take note if a youth has refused their meal twice in a row and submit an appropriate referral to inform Medical and Mental Health.

Youth shall be allowed to engage in low chatter during mealtime once all youth have been served and seated. If low chatter becomes too loud or problematic, staff shall stop the low chatter, restructure the group, and attempt low chatter again. If problems continue, low chatter shall be terminated.

Staff shall ensure that all utensils have been collected and are accounted for. Youth are not allowed to loiter.

Staff shall be positioned in the dining hall so that all youth can be seen. KPs shall be supervised either by staff or the cook at all times.

#### **1117 STAFF EXPECTATIONS**

Staff members are expected to remain attentive while supervising youth. They shall not join the youth in sports if assigned supervision responsibilities. Staff shall not use their personal cell phones and electronic devices while inside the facility .

#### **1118 SWIMMING POOL USE POLICY**

It is the policy of the Department that all youth are kept safe while swimming in the



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facilities' swimming pools. In order to ensure the safety of those youth, the lifeguard's responsibilities shall include the following:

- Check presence and readiness for use of lifesaving equipment prior to swimming activity, which may include, but is not limited to:
  - Aluminum rescue pole (shall be at least 15 feet long)
  - Life ring attached to a line that is at least 30 feet long
  - Raised Lifeguard Chair
  - Buoy Line/Floating Rope at the five (5) foot depth must separate the shallow end of the pool from the deeper end
  - A Spine board/backboard
  - First Aid Equipment
  - The pool log shall be checked to ensure the pool is cleared for use
  - The pool phone must be operational at all times

Youth shall not be allowed to swim if placed on a no-swimming activity by the Juvenile Court Health Services (JCHS).

Staff shall instruct non-swimmers to remain in the shallow part of the pool that is three (3) feet deep. The lifeguard shall conduct a swimming test to determine the swimming ability of each youth. Only those youth who can swim the length of the pool shall be allowed in the deep end of the pool.

The lifeguard and any other staff present shall ensure compliance with posted rules and regulations. At no time shall a swimmer be allowed to:

- Run or jump around the pool
- Engage in breath-holding contests
- Dive from the deck
- Spit in or around the pool
- Chew gum or eat around the pool
- Horseplay or wrestling in the pool or the surrounding pool area

Complete the Swimming Pool Use Form, indicating those youth who are participating in swimming. The form shall be completed and submitted to the Supervisor at the end of the swimming pool session.

The Supervisor shall sign and date the form and submit the form to the Facility Director. The form shall be maintained at each facility.

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### 1118.1 LIFEGUARD EXPECTATIONS

- All staff performing lifeguard duties must be actively certified by the Department to do so. Staff who have not received department-approved training or whose certifications have lapsed shall not serve in the capacity of a lifeguard for any reason.
- The Lifeguard shall ensure that they adequately document which youth passed and failed the swim test. If a youth does not take or refuses the swim test, the Lifeguard is responsible for ensuring that the youth is not allowed to walk around the pool area or enter the water.
- The Lifeguard shall make every effort to ensure that the youth who are not capable swimmers are not allowed into the deep end of the pool; they shall employ the rope buoy to ensure separation of the youth.
- It is the Lifeguard's primary responsibility to ensure a safe environment for all youth to swim. The most effective way to accomplish this is to constantly scan the pool areas for any unsafe conditions or youth who may need assistance. Effective scanning requires the Lifeguard to actively observe swimmers' behaviors and look for signals that someone needs help, either on the pool deck or in the water.
- Lifeguards should either be sitting on the lifeguard stand or standing on the pool deck.
- When sitting in the lifeguard stand, the Lifeguard should be sitting tall and erect. Bottoms are in the chair, feet are flat on the platform.
- When standing on the pool deck Lifeguard should be centrally located to all youth in the pool. The Lifeguard should stand at the pool's edge to eliminate anyone walking between them and the pool. This will ensure that the lifeguard's view is never obstructed and their path to a potential victim is not blocked.

## **1119 REDUCING YOUTH-ON-YOUTH VIOLENCE INTRODUCTION**

In compliance with the BSCC mandate to provide a safe and secure environment for the youth, it is the policy of the Department to maintain uniform safety and security measures, provide appropriate behavior management and supervision strategies to keep youth safe, and reduce the opportunity for youth to engage in incidents of *Youth-on-Youth Violence (YOYV)* or assaults upon staff or civilians.

### 1119.1 EXPECTATION

It is the expectation that when resolving YOYV situations, only the least restrictive measure(s) necessary to provide for the safety of the youth and/or others to resolve

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the crisis situation and restore order within the custodial setting shall be utilized by staff. These measures may include intervention in a youth's negative behavior utilizing non-threatening, "non-verbal," "para-verbal," or "verbal" intervention techniques, which serve to reinforce the expected and desired behavior; thus affording the youth an opportunity to "self-correct" and adopt behavior that is within acceptable limits whenever possible. The utilization of physical or chemical intervention techniques to manage a crisis situation shall be employed only as a last resort.

## 1119.2 POLICY

Each facility shall implement violence reduction strategies, which may include but are not limited to the following:

- Maintaining an effective behavior management program at the facility
- Closely monitoring incidents involving YOYV and assaults and making appropriate adjustments to camp programming and/or staffing to address increased levels of violence within a camp setting
- Filing 777 WIC Notice of Hearings, 602 WIC Petitions, and/or 1111 WIC (Notice of Potential Violation to the Juvenile Court)
- Referring youth who engage in multiple incidents of YOYV to Individualized Behavior Management Planning (IBMP) or Multidisciplinary Teams (MDT) for specialized classification and programming assessment
- Referring youth engaging in YOYV to Mental Health for assessment
- Conducting a post-incident interactive YOYV Avoidance Contract process with the involved youth

## 1119.3 PROCEDURE

Youth may at times display aggressive and/or harmful behavior. These behaviors may result in crisis situations of varying degrees. Staff should be continuously alert to and proactive in situations in which the potential for conflict exists. Proper positioning of staff and alternative group supervision assist in anticipating potentially volatile situations resulting from escalating behavior and aid in early detection, intervention, and conflict resolution. If done properly, this approach to group supervision by staff can help avoid incidents of YOYV or assaults and/or having to resort to physical or chemical intervention to maintain control.

Staff shall always be prepared for the emergence of negative behavior(s). When such behavior occurs, an intervention assessment shall be initiated, consisting of the following:

- Assess the behavior being presented

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- Assess the youth involved with observed behavior(s)
- Assess the immediate environment in which the behavior is occurring
- Assess staff's ability to handle the emerging behavior(s)
- Assess the issues (if any) that may result in the need for physical and/or chemical intervention
- Develop and implement an intervention plan in your mind
- Identify resources and/or interventions that may be needed to resolve the issue (s) as time and circumstance permit

#### 1119.4 INVOLVED PARTIES

All staff members who are involved in, witness to, and/or on-site at the time of the YOYV or assault incident that occurs during the shift shall assist in the de-escalation of the incident. A written report of all incidents that result in physical harm, use of force, or serious threat of physical harm shall be maintained. Staff involved in or who witness the incident shall complete a SIR or Physical Intervention Report (PIR). The Supervisor shall be notified immediately after any incident of YOYV is contained (Refer to Physical Intervention Policy, Preliminary and Follow-up Incident Notification Policy, and Death at Camp Facilities Policy).

Any youth involved in an incident of YOYV or assault shall be referred to medical staff for assessment within thirty (30) minutes following containment of the occurrence. It is expected that medical staff shall assess the youth immediately upon presentation. The medical staff shall document the findings of their examination on the SIR or PIR as appropriate, citing their observations and any treatment proffered, along with the date and time of the youth's examination.

In situations where there is no nurse, upon containment of the incident, the youth shall be referred to the Supervisor for assessment of any injuries. The Supervisor shall ascertain from the youth whether they have sustained any injuries. If the youth does not appear to have sustained a serious injury, the Supervisor shall log the incident into the Supervisor's Logbook and ensure that the youth is referred to the nurse as soon as practicable upon the nurse's return to the facility. Upon the youth being presented, the Medical staff shall document the findings of their examination on the SIR or PIR, citing their observations and any treatment proffered, along with the date and time of the youth's examination.

#### 1119.5 POST-INCIDENT SUPERVISORY ASSESSMENT PROTOCOL

Supervisors are required to conduct and formally document post-incident assessments of all YOYV and assault incidents and shall:

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- Assess the safety of the youth involved in the incident
- Ensure that the youth were assessed by medical staff
- Determine whether or not a physical or chemical intervention was utilized to bring the incident to a conclusion in situations where only SIRs have been written
- Conduct an interactive process with the youth involved in the incident and have the youth participate in a YOYV Avoidance Contract, wherein they explain to the supervisor how the incident occurred and was brought to a conclusion and also agree to participate in efforts to avoid future YOYV and/or assaultive behaviors, or be sanctioned

The Supervisor, within two (2) hours of receiving notification that an incident of YOYV or an assault has occurred, that does not appear to have resulted in the use of force, shall:

- Locate the youth involved in the incident
- Ensure that the youth were assessed by medical staff (or Supervisor, if no nurse is available)
- Determine whether or not a physical or chemical intervention was utilized to bring the incident to a conclusion
- Conduct an interactive YOYV Avoidance Contract process with the youth
- During the interview process with the youth, if it is determined that physical or chemical intervention was utilized but not reported, conduct and document a Child Safety Assessment (CSA), obtain complete questionnaires from each youth involved in the incident, as outlined in the Supervisory Review Process, and instruct staff to complete PIR.

## **1120 MOVEMENT OF YOUTH FROM THEIR ASSIGNED ROOMS AND STAFF POSITIONING IN CORRIDORS AND HALLWAYS**

To provide a safe and secure environment for officers and youth, the following procedures shall be followed when moving youth to and from their assigned rooms.

### **1120.1 MOVING YOUTH FROM THE DAY ROOM TO THEIR ASSIGNED ROOMS**

Officers shall ensure the following occurs prior to instructing a youth to report to their assigned room:

- Prior to any movement, the Officer assigned to handle the board shall instruct the youth on exactly what shall occur during the upcoming movement. During this instructional session, any questions a youth may have shall be answered

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- During the instructional session, which may occur in the day room, office, hallway, recreational area, or on the recreational field, the youth shall remain seated or standing together and in such a manner that they are able to hear the instructions of the Officer. Once the youth have been instructed on how the movement to the rooms is expected to occur, the process of sending the youth to their assigned rooms may begin
- Each youth shall be instructed to stand once their name and room number are called (the youth shall not proceed to their assigned room until instructed to do so). youth shall be sent from the chairs or dining room tables to their rooms "on quiet," one room at a time
- The Officer assigned to back up the Board Officer shall position themselves down the hallway/corridor nearest the unlocked room of the youth that shall be sent down first. This Officer shall remain in communication with the Board Officer and the other officers during the movement activity. The backup Officer shall notify the Board Officer once the youth is secured before another youth is sent down the hallway/corridor by the Board Officer. Safety dictates that the officer in the hallway shall not enter a room occupied by a youth without a backup Officer present in the hallway. An officer shall remain posted within proximity to the emergency phone/alarm at all times. During the movement of youth from their location to the assigned room, the balance of the group shall remain quiet and seated in the day room or stand in line as instructed. Youth shall be sent to their assigned room by name and room number in consecutive order. The Board Officer shall send one youth at a time to the assigned room as coordinated with the backup Officer. There shall be a safe interval between each youth sent down the hallway. The youth assigned to the furthest room shall be instructed to proceed as instructed to their first room first. This youth shall be followed by the youth with the room next furthest, and continue until the youth have been sent to their assigned rooms. The movement shall end with the youth in the nearest room going into their assigned room, and the door locked by the officer stationed in the hallway/corridor.
- Upon receiving a youth in the hallway, the Officer assigned to cover the hallway/corridor shall ensure each youth proceeds down the hallway/corridor as per the instructions given and enters into the assigned room. The officer in the hallway shall also ensure that the door is closed as each youth enters their room and that the door is locked.
- During this movement, the Board Officer shall be in a position which allows for the group to be supervised, allows for easy communication and line of sight with the backup Officer, and allows for proximity to the emergency phone/alarm (juvenile hall only). The backup Officer shall stand at the point of the hallway where the youth is being placed in the room. The third officer, if available, shall

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be positioned so that this Officer can observe the youth coming out of the day room and walking down to the backup Officer and their assigned room. If an additional Officer is available, that additional Officer shall be positioned in the hallway/corridor.

- In podular-designed buildings, where the bedrooms are located along the perimeter walls of the day room, the Board Officer shall stand in front of the group. The backup Officer shall be positioned nearest the room of the youth currently being sent to their room. The third Officer, if available, shall be positioned behind the group where the Officer may watch the youth get up from their seat and walk to the room, and the backup Officer.

This process shall be revised when youth are being brought from their rooms or out of their rooms. The youth nearest the front of the hallway or in rooms with the lowest number shall be brought up from their rooms first. The backup Officer shall open one room at a time, securing the room once the youth is out and allowing a safe period of time before the next door is opened. The Board Officer shall be positioned adjacent to the tables or chairs whenever the group is being directed and shall stand at the front of the group. If a third Officer is available, the Officer shall be positioned to the rear of the group so that the third Officer may watch each youth as they exit the assigned room and walk to the main group in the day room.

## **1121 POSITIONING OF OFFICERS**

### **1121.1 SUPERVISING DEPUTY PROBATION OFFICER (SDPO)**

During any movement or activity, the Supervisor shall be responsible for the oversight and strategic placement of all officers during the activity or movement. In adjoined units, the movement of large groups of youth to and from assigned rooms will be staggered so that the movement of youth occurs only on one side at a time. During the movement of large groups of youth to and from the assigned rooms, the Supervisor shall be positioned outside of the control center and in the day room of the side being moved.

### **1121.2 BOARD OFFICER**

The Officer assigned to the unit board is responsible for knowing, at all times, the whereabouts of every youth assigned to the unit. In an effort to effectively accomplish this, the Board Officer shall always be with the main group, maintain an accurate pop-board, and remain positioned in front of the group at all times. The Board Officer shall make every effort to always maintain a clear line of sight between themselves and the backup Officer. During the movement of youth to and from the assigned rooms, the Board Officer shall be positioned in the day room or wherever the main group of youth is located.

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### 1121.3 BACKUP OFFICER

The backup Officer shall make every effort to maintain a clear line of sight between themselves and the Board Officer and support compliance with all instructions given to the group. During the movement of youth to and from the assigned rooms in linear-designed buildings, the backup Officer shall position themselves in the hallway/corridor nearest the door to be unlocked and opened. In all instances, only one door shall be unlocked at a time. During the movement of youth to and from the assigned rooms in popular-designed buildings, where the rooms are along the perimeter of the hallway, the backup Officer shall be positioned nearest the room to be unlocked.

### 1121.4 ADDITIONAL OFFICERS

When there are additional Officers assigned in a building other than the Board Officer and Backup Officer, the Supervisor has the discretion to assign the Officer to assist in the supervision of the movement or assign to other assignments. Generally, during the movement of youth to and from their assigned rooms, additional officers should be positioned as follows:

When there is one (1) additional Officer:

In the modular-designed buildings, the third Officer shall be positioned in the day room at the back of the main group. In the linear-designed buildings, the third officer shall be positioned in the T-area just outside of the day room so that the Officer may provide a visual link to the line of sight of the Board Officer and the backup Officers.

When there are two (2) additional Officers:

In the modular-designed buildings, the fourth officer shall be positioned alongside the main group in clear view of another officer. In linear-designed buildings, the fourth officer shall be positioned in the hallway and provide backup to the officer unlocking and locking doors.

## **1122 CROSS - GENDER MOVEMENT OF YOUTH WITHIN JUVENILE FACILITIES**

The purpose of this policy is to address the cross-gender movement of youth within juvenile institution facilities. This policy is intended to memorialize departmental practices and enhance youth and officer safety as it applies to current policies regarding cross-gender supervision and is in alignment with the local, state, and/or federal legislation, such as the Prison Rape Elimination Act (PREA) (2003).

It shall be the policy of the Department that the Supervisor or the authorized designee



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shall oversee the movement of youth throughout the facility. The juvenile facilities shall ensure that every effort is made during the movement of youth to be completed by an officer of the same sex as the youth. In the event that officers of the same sex as the youth are not available, an officer of the opposite gender may be assigned with prior approval from the Supervisor or the authorized designee.

This does not apply to youth in facilities moving from one location to another under the visual supervision of personnel from both sending and receiving destinations. Only applies when the physical presence of cross-gender supervision personnel is walking with youth from one location to another.

All cross-gender movements shall be approved by the Supervisor or the authorized designee. The Supervisor or the authorized designee shall ensure the safe and timely movement of youth within the facility. The Supervisor or the authorized designee shall be notified of the need for a cross-gender movement prior to escorting the youth to locations within the facility by indicating the following:

- Reason for the movement
- Starting and ending point of the movement
- Gender of the youth and officer available for the movement

Transgender youth shall be afforded the opportunity to be escorted by an officer of the gender in which they feel comfortable. The Supervisor or the authorized designee shall indicate the gender of the officer the transgender youth requested in the comments section on the Cross-Gender Intra-Facility Movement form (Prob. 1688).

Officers escorting youth shall maintain contact with the Supervisor or the authorized designee and provide notification upon completion of movement. These notifications shall begin and end at each location and/or upon the exchange of youth from one officer to another. All movements shall be documented on the *Cross-Gender Intra-Facility Movement* form (Prob. 1688). At the end of each shift, the Supervisor or the authorized designee shall sign the forms and include them in the *Daily Supervisor Report*.

Officers shall immediately notify the Supervisor or the authorized designee of any incidents that occurred during the movement and shall document any incident pursuant to current departmental policies regarding Special Incident or Physical Incident Report.

## 1123 JUVENILE COLLECTION OF DNA SAMPLES

Every youth indicated of a felony or qualifying misdemeanors (sex and arson, or attempted to commit such an offense) is required to submit a DNA sample and palm print impression for the DNA and forensic identification database and data bank presented to the penal code (PC) Section 296, et seq. Youth are required by the

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statute to provide, specimens, samples and impressions within ten calendar days of the court order or notification by the officer. The Department is responsible for collecting the samples within five (5) calendar days of the court order to notify the court of the youth's compliance or failure to comply.

Note - The juvenile court routinely issues orders for compliance and may order the collection of a DNA sample at any time, as long as the youth is on probation. However, submission of the DNA sample and palm print is mandatory even when the courts do not include this requirement in their court orders.

Designated juvenile facilities shall be responsible for the collection of DNA samples from detained and non-detained youth. Transportation shall be arranged so that the youth's DNA may be collected at the designated facility (15 CCR 1363).

## **1124 SERIOUS ILLNESS OR INJURY OF A YOUTH WHILE DETAINED**

It is the policy of the Department, in cooperation with JCHS, that immediate notifications of all serious illnesses or injuries are reported to the following parties forthwith (15 CCR 1341(2)):

- Juvenile Court
- Parent/legal guardian
- Person standing in loco parentis
- Youth's attorney
- DCFS Caseworker (if applicable)

## **1125 DEATHS AT CAMP FACILITIES**

The Department, in cooperation with JCHS and the Department of Mental Health (DMH), will take appropriate action to fulfill mandated reporting requirements, to include a medical and operational review of every in-custody death that occurs at a juvenile facility.

### **1125.1 DEATH OF A YOUTH**

Once the death of a youth has been established by medical staff or paramedics, the parents, legal guardians, or person standing in loco parentis shall be notified in person by the Superintendent or Facility Director whenever possible. Telephonic or written notification is permissible only in situations where the parents, legal guardians, or person standing in loco parentis are not in the local area. Immediate notification will also be made to the Juvenile Court and attorney of record by telephone, followed by a detailed Information for Court Officer Report. The Superintendent or Facility Director is responsible for the following:

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- Securing and preserving the body and the area until law enforcement arrive
- Ensuring that the law enforcement, Deputy Director, Chief Probation Officer, and the Caseworker are notified so that notification can be provided to the Court and Board of Supervisors
- Ensuring that all staff are witnessing or involved in the circumstances surrounding
- The death or discovery of the body, remain on duty until the police indicate they may be released
- Coordinating with the Chaplain and the Department of Mental Health so that next of kin notification occurs
- Convening a Death Review Team to investigate and submit a written report of its findings within ten (10) calendar days of the death to the Bureau of State and Community Corrections

#### 1125.2 DEATH REVIEW TEAM

The Death Review Team shall be assembled. This team, which is overseen by the Deputy Director, consists of the Health Administrator, the Mental Health Administrator, the Juvenile Court, the attending physician, the Facility Director, the Supervisor, and other parties appointed as necessary.

When a youth dies, this team shall be responsible for submitting a report to the Attorney General in accordance with Government Code § 12525. A copy of the report shall be sent within ten (10) days of the death to the Bureau of State and Community Corrections. Copies of this report shall be submitted to the Deputy Director, Chief Deputy Probation Officer, and Chief Deputy Probation Officer, and a copy shall be retained at the facility.

Upon receipt of a report of the death of a youth from the administrator, the Board may, within 30 calendar days, inspect and evaluate the juvenile facility (15 CCR 1341).

In instances where the death involves an employee or non-employee, the team will convene, investigate, and submit a report to the Deputy Director and Chief Probation Officer within ten (10) days. A copy is retained at the facility.

#### 1125.3 CONTENTS OF REPORTS PREPARED BY THE DEATH REVIEW TEAM

The report of death for a youth will contain the following information:

- Name
- Date of birth
- Sex

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- Race
- Date and time of admission to the facility
- Reason for admission
- Physical description and condition on admission
- Copy of autopsy report, if any, or facts relating to death, including but not necessarily limited to the following:
  - Date and time of death
  - Cause of death
  - Any incidents related to death
  - Name of the physician in attendance
  - Name of the facility
  - Name and title of the employee completing the report

If possible, a copy of the police report and all other available data about the decedent should be obtained so that an investigation report can be prepared by the Death Review Team.

The report of death for an employee or non-employee will contain the following information (15 CCR 1341(1)(a)-(d)):

- Name
- Date of birth
- Sex
- Race.
- Date and time of death
- Cause of death
- Any incident or circumstance related to death
- Name of attending physician
- Time and date next of kin notified and by whom
- Name of persons preparing the report
- Name of police agency preparing the report
- The report shall include both the autopsy report and the police report

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| Subject:<br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><br><b>ENHANCED SUPERVISION AND SUICIDE<br/>PREVENTION</b> | Section Number:<br><b>RTSB-1200</b>                                                                                                                   |
|                                                                                                                                    | Effective Date: April 7, 2026                                                                                                                         |
|                                                                                                                                    | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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**1201 SUICIDE PREVENTION PLAN**

In collaboration with Juvenile Court Health Services (JCHS) and the Department of Mental Health (DMH), the Department developed a policy clearly delineating the Department's suicide prevention plan. Staff shall consider the needs of youth experiencing past or current trauma. All responses towards youth shall be respectful and in the least invasive manner consistent with the level of suicide risk. ( Refer to Suicide Prevention Policy) (Refer to Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities Policy)

**1202 ENHANCED AND SPECIALIZED SUPERVISION REQUIREMENTS FOR YOUTH IN JUVENILE FACILITIES**

This policy introduces a Specialized Supervision Policy for all juvenile facilities.

This policy outlines the circumstances under which Enhanced Supervision and Specialized Supervision Plan (SSP) shall be utilized to maintain the safety of Youth deemed to be at risk of self-harm, or who require specialized housing and/or supervision.

**1202.1 POLICY**

In compliance with its mandate to provide a safe and secure environment for youth , it shall be the policy of the Department to maintain uniform preventive measures and enhanced supervision protocols to proactively address self-injurious and/or suicidal behaviors and to keep at-risk youth safe. Staff must be aware of various indicators of these behaviors that result in the employment of appropriate Enhanced Supervision and Specialized Supervision precautions for at-risk youth, as well as the importance of making timely referrals to mental health for initial and ongoing assessments, classifications, and treatments.

Facilities shall ensure that an appropriate level of Enhanced Supervision or Specialized Supervision is afforded to youth who are experiencing emotional distress and/or attempt to harm themselves while detained, including while the youth is pending transfer to another location.

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The varying levels of Enhanced and Specialized Supervision requirements outlined below are intended to ensure consistent and uniform interpretation of supervision requirements by the Department, DMH, JCHS, and the Los Angeles County Office of Education (LACOE).

Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services, and activities that are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deviation of programs, services, or activities for youth at risk of suicide shall be documented and approved by the Facility Director.

## 1202.2 DEFINITION AND EXPLANATION OF TERMS

To assist in better understanding the important components of this policy, the following terms are defined below. Staff shall be familiar with them and utilize them as an aid in understanding this policy.

**Alert Log (Formerly referred to as Self-Harm Log):** Youth who are potentially or actively at risk of self-harm or suicide (on L2, L3, and L4 status) or who require other Specialized Supervision precautions shall be noted on each facility's Alert Log. A new Alert Log shall be created each day in each facility and provided to all staff and agencies coming into contact with the youth at the facility.

**Appurtenance:** An appurtenance device or piece of equipment that extends out from the wall or other fixed objects to which objects or other items may be attached. Youths who are constantly considered to be at risk of self-harm should only be assigned to rooms that are free of appurtenances to which the youth could potentially attach bedding, clothing, or a lanyard-type object (shoelace, cords, etc.) in order to harm themselves.

**Duty Supervisor:** Acting Director (AD) and/or the Residential Supervisor (RS) shall be jointly referenced in this document as the "Duty Supervisor" where applicable. The Duty Supervisor is responsible for the safety and security of the facility's operation. The Duty Supervisor shall be responsible for assisting staff in all units and specialized supervision posts within the facility.

**Emergency Equipment:** Each unit shall have basic emergency equipment, which includes a first aid kit, a rescue breathing device, a biohazard kit, handcuffs, a working flashlight, and an emergency cut-down tool.

**Level I – Regular Supervision (L1):** This level of supervision is the least intensive level of enhanced supervision and is afforded to all youth who are not at risk of suicide or self-injury. This level of supervision consists of random or varied safety checks not to exceed fifteen (15) minutes between observations of the youth.

**Level II – Enhanced Supervision (L2):** Level 2 Supervision is an increased level of

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supervision for youth who are not actively suicidal but may experience persistent suicidal ideation and/or have a recent prior history of serious self-injurious behavior or a prior history of serious suicide attempt and appear to be at risk currently. Alternatively, this youth may present a constellation of risk factors that warrant an increased level of supervision. The placement of any youth on this level of supervision requires that the Probation Caseload Management System (PCMS) be updated with both a Level 2 and a "Suicide" ("S") code.

**Level III – Enhanced Supervision (L3):** Level 3 Supervision is reserved for youth in juvenile institutions facilities that are at high risk of suicide, either by threatening suicide with a clearly articulated plan for achieving suicide and the mean to carry out the plan and has recently engaged in the act of attempted suicide or serious self-harming behavior and whose current medical or mental health state require that they may be separated from their regular living unit for a specified period. The placement of any youth on this level or supervision requires that PCMS be updated with both a Level 3 and a "Suicide" ("S") code.

**Level IV – Enhanced Supervision (L4):** Indicates that a youth has been determined to be either actively suicidal or has engaged in serious self-injurious behavior and has been transferred from a facility to a higher level of care (psychiatric emergency camp facility) for psychiatric assessment. The placement of any youth on the level requires that PCMS be updated with both a Level 4 and a "Suicide" ("S") code and that the youth be supervised in accordance with Level 3 supervision requirements.

***Mental Health Recording Form:*** The DMH form, commonly referred to as a mental health green sheet, is utilized to advise the facility of DMH's post - assessment findings and recommended level of supervision, housing, and activities for an at-risk youth.

**Specialized Supervision:** This type of supervision is reserved for a subgroup of youth in the facility whose past behaviors and actions strongly suggest that they may act impulsively to engage in suicidal and/or self-harming behavior or require an individualized Special Supervision Plan (SSP) to provide for ongoing safety and security of the youth while detained for a variety of reasons. Upon identification, the Facility Superintendent/Director or the authorized designee shall designate these youth as *Specialized Supervision* status and shall ensure that a SSP is created and implemented on these youth's behalf. The SSP shall note the specific type of supervision to be afforded to the youth during waking and sleeping hours, respectively, and any other specialized supervision instructions for the youth, including movement into and out of various areas within the facility.

**Shift Leader:** The Transportation Supervisor and the Lead Officer shall be jointly referenced in this document as the "Shift Leader" where applicable. The term Shift Leader denotes the individual in the area, unit, location, facility or operation that has the lead staff responsibility for that area.



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**Unobstructed Line of Sight View:** An unobstructed line-of-sight view is one that allows the staff to visually observe an at-risk youth in an environment that is free from visual impediments or visual obstructions. Specifically, the staff member assigned to provide supervision to the at-risk youth must be positioned in such a manner as to clearly observe the youth and be able to easily determine if the youth is engaged in self-harming behavior(s) so that appropriate interventions can occur. When the youth is engaged in an interview with the DMH Clinician, physician, or attorney, confidentiality requirements may impact these visualization requirements to some degree. In these circumstances, it is expected that staff will position themselves in such a manner as to provide privacy while still observing the youth's activities from a position that provides the most appropriate line-of-sight supervision of the youth.

## 1203 PROCEDURE

Youth who are potentially actively or at risk of self-harm or suicide, on L2, L3, or L4 statuses that require other Specialized Supervision precautions shall be noted on each facility's Alert Log. The Alert Log shall be provided each day to all Individuals and agencies within the facilities having contact with youth. This log shall note the names of other identifying information such as Probation Department Juvenile (PDJ) number, regular living unit, date, enhanced supervision level assigned, and time placed on the supervision level, the name of the Clinician/administrator placing the youth on the level, a notation regarding the youth's psychiatric medication status, and the date of the next scheduled Mental Health assessment or administrative review for the youth. This log shall be updated daily by the facility administrator after collaboration between the Department and DMH.

Any officer at any facility that becomes aware of, or perceives that a youth attempts to harm themselves, or that observes self-harming behavior(s) on the part of any youth, shall take immediate action to stop the self-harming behavior, and shall immediately thereafter provide direct continuous visual supervision of the youth to ensure the youth's continuing safety (i.e., Level 3 type of supervision). The staff shall immediately thereafter inform the Duty Supervisor of the youth's behavior and prepare a Special Incident Report and a request for Mental Health Consultation form. The Duty Supervisor shall be responsible for determining the appropriate type of supervision and housing necessary to keep the youth safe pending assessment by a DMH Clinician or transport to another facility or psychiatric facility (15 CCR 1329 (e)(1)(a), (e)(2), (h)).

Upon the Duty Supervisor determining the most appropriate type of housing and supervision for the youth pending assessment by DMH, the Duty Supervisor shall ensure that the staff's Special Incident Report notes, at a minimum, the following:

- The circumstances surrounding the youth's at-risk behavior or staff

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observations, including specifically what the youth did or said that indicated their risk of self-harm

- The name of the staff observing the youth's behavior
- The immediate supervision action taken by the staff member to keep the youth safe pending notification of the Duty Supervisor
- The date and time the youth's behavior was reported to the Duty Supervisor
- The type of housing and level of supervision determined to be most appropriate for the youth by the Duty Supervisor pending assessment by DMH
- The date, time, and the name of the staff preparing the Request for Mental Health Consultation form
- Any special precautions that should be taken on behalf of the youth as directed by the Duty Supervisor, if any
- The date and time the youth was placed in a designated housing location, and the appropriate level of supervision was initiated and provided as directed by the Duty Supervisor
- The name of the staff providing the level of supervision directed by the Duty Supervisor
- If the youth is pending transportation to another facility or a mental health facility, document types of housing and supervision that were initiated to keep the youth safe, the name of the staff supervising the youth, and the time the supervision began
- Upon transportation being initiated, note the date and time the youth left the facility and the names and work assignments of the staff transporting the youth
- Provide a copy of the Special Incident Report and the Request for Mental Health Consultation form to the facility's Alert Log Coordinator
- If the youth was transported out of the facility, provide a copy of the 714-C document to the facility's Alert Log Coordinator

Upon completing the initial assessment, the DMH Clinician shall provide a completed Mental Health Recording form to the detention facility's Duty Supervisor, which shall outline the assessment findings and a recommended level of supervision for the youth. The Mental Health Recording form summary should include the specific triggers and warning signs for the youth, along with specific guidelines for probation staff on coping strategies, supervision needs, or other actions to mitigate the youth's risk of self-harm. The detention facility shall ensure that an appropriate level of supervision is provided to the youth, commensurate with the DMH Clinician's recommendation.

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Upon the Duty Supervisor being telephonically advised, or being advised via a copy of the *Mental Health Recording* form, the initial DMH Clinician's formal placement of the youth on L2, L3 or L4, or any subsequent change in level of supervision up youth or down youth, the Duty Supervisor shall instruct a staff member to initiate a Special Incident Report (SIR) on behalf of the youth. The report shall note, at a minimum, the following:

- The date and time the youth was assessed by a DMH Clinician and the level of supervision recommended. Note of the recommended level of supervision involves a change in the level of supervision for the youth from the level of supervision the youth is currently on
- The type of housing and level of supervision determined to be most appropriate for a youth by the DMH Clinician
- Any special precautions/housing requirements that should be initiated on behalf of the youth as directed by the DMH Clinician, if any
- The date of the youth's next scheduled follow-up evaluation by the DMH Clinician.
- The date and time the youth was placed in the appropriate housing location and appropriate level of supervision was initiated as directed by the Duty Supervisor.
- If the recommendation is for L3 supervision, note the name of the staff providing Level 3 supervision
- If the youth is determined to be L4 by the DMH Clinician and is pending transportation to another facility or mental health facility, document the types of housing and supervision that were initiated to keep the youth safe, the name of the staff supervising the youth pending transport from the facility, and the time of the supervision period to departure from the facility
- Upon transportation being initiated, note the date and time the youth left the facility and the names and work assignments of the staff transporting the youth.
- Provide a copy of the SIR and 714-C form to the facility's Alert Log Coordinator

**Note:** If the youth is placed on L3 by the Duty Supervisor and is then seen immediately thereafter by a DMH Clinician, one clear and comprehensive SIR, which clearly outlines all of the activities taken on behalf of the youth for this particular incident, shall be completed.

The following procedural expectations shall be adhered to by staff at all times:

- Any youth verbalizing or engaging in self-harming behavior(s) of any kind shall be considered to be at risk of self-harm or suicide. A SIR documenting the

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youth's action shall be completed, and the youth's Behavior File and PCMS shall be updated with "S" code. This requirement shall be adhered to without exception at all times.

- Any youth on L2, L3, or L4 status shall be considered to be at risk of self-harm or suicide and shall be coded with an "S" code and their updated level status (L2, L3, or L4) noted on the facility's Alert Log. This requirement shall be adhered to without exception at all times.
- Youth on L2, L3, or L4 status shall be supervised at all times in accordance with the instructions provided in Sections V, VI, and VII. Staff shall be alerted to the potential of these Youth to move out of visual supervision in order to engage in self-harming behaviors, especially while using the restroom.
- Without exception, staff shall provide continuous direct visual and auditory supervision of L2, L3, and L4 youth while they are using the restroom, taking care to provide a modicum of privacy to the Youth while ensuring the youth themselves are not out of direct visual supervision and do not have the opportunity to harm themselves.
- The Behavior File of any youth that engage in self-harming behavior(s), including suicide attempts, verbalizing an intent to harm themselves, or is placed on L2, L3 or L4 status, shall be immediately annotated with their current level status via a 3-inch high, red-colored "S" code and the level status on the left side of the cover sheet.
- In camp, Probation Case Management System (PCMS), the Camp Population Sheet, the Bed Chart in all dormitories, and the HOPE Center shall be updated to reflect an "S" code and the current level of status (L2, L3, or L4).
- Any youth placed on a Specialized Supervision Plan (see Section VIII) while detained shall be coded with an "X" code in PCMS, the Population Sheet and the Bed Chart, the youth's name and coding place in the facility's Alert Log, the "X" code shall be removed from each youth of these areas upon determination of the Specialized Supervision Plan by the Facility Director.
- Staff observing any behavior files or PCMS reports noting any youth was previously coded "SI," shall consider the youth to be a potential risk for self-harming behavior, including:
  - Upon admission to any facility, any youth whose behavior file or PCMS file indicates the presence of "S" or "SI" code shall immediately be placed under direct and continuous visual supervision by staff. The staff shall immediately thereafter inform the Duty Supervisor of the youth's status. The Duty Supervisor shall be responsible for determining the most appropriate type of supervision and housing necessary to keep the

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youth safe pending assessment by the DMH Clinician.

- Youth with an “S” code (or an older “SI” code) shall be considered a candidate for placement in a single or double bunk room in any facility until such time a DMH Clinician provides written documentation indicating that the youth is not currently at risk of self-harm. Upon receiving the clearance documentation, facility staff shall then refer the issue to the building Supervisor in juvenile hall or the Duty Supervisor in facilities for consideration. The youth may only be placed in a room after the Supervisor notes their written authorization for the youth to be assigned to a room. This documentation must remain a permanent part of the youth’s behavior file. In facilities, this clearance may be accomplished by the Duty Supervisor approving the Initial Assessment and Classification form upon the youth’s initial admittance to the facility.
- The medical, mental health, and behavior files of all youth transferred to facilities shall be reviewed by appropriate credentialed staff immediately upon arrival at the facility to ensure that JCHS and DMH have appropriately cleared the youth for assignment to a treatment facility. Youth who lack this clearance shall be immediately returned to the juvenile hall for reassessment.
- Once an “S” code is affixed to the behavior file or coded into PCMS, it shall not be removed unless it was entered in error. Removal of any erroneous coding must be approved in writing by the Superintendent.
- The “S” or “SI” codes shall serve as a permanent reminder to all staff that come into contact with the youth that the youth may have engaged in self-harming behavior at some level while detained.
- Closed-circuit camera supervision shall not be utilized as a primary method of supervision for youth placed on L2 or L3 statuses. Closed-circuit cameras and other aids may be utilized to supplement actual direct visual supervision.
- In facilities, staff shall be specifically assigned responsibility for supervising youth at risk of self-harm throughout the day. These assignments must be clearly noted in each time block on the daily schedule. Staff assigned to supervise L3 youth (either a single youth or a group of no more than three youth) shall have no other supervision duties. Staff assigned to supervise L2 youth may have other supervision duties, but one of their primary responsibilities is to ensure the safety of L2 youth.
- Utilization of suicide gowns, safety helmets, and other soft restraints: The removal of the youth’s clothing (with the exception of belts and shoelaces) and the use of physical restraints (e.g., soft restraints, flex-cuffs, or handcuffs) shall be avoided whenever possible and used only as a last resort when the youth

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physically engages in serious self-harming behavior.

- On occasion, it may be necessary to remove a suicidal youth's clothing and replace it with a suicide-resistant safety garment. The recommendation to place the youth in a suicide-resistant safety garment shall, in most centers, be made by a DMH Clinician to the facility's Duty Supervisor. In the absence of a DMH Clinician, the Duty Supervisor may authorize the placement of a youth in a suicide-resistant safety garment, but only after all alternatives to placing a youth in a safety garment have been explored. As the youth's behavior begins to improve, consideration should be given to removing the safety garment and placing the youth in regular facility clothing. This decision should be made jointly by both the Duty Supervisor and the DMH Clinician, if available.

The Department's enhanced and specialized supervision requirements are as follows:

#### 1203.1 LEVEL I (L1) REGULAR SUPERVISION REQUIREMENTS

Level I supervision is commonly referred to as "Regular Supervision." This is the least intensive level of supervision for all youth in the Department's care. The level of supervision consists of **staggered safety checks** at a minimum of every 15 minutes at random or varied intervals between observations of youth housed in individual rooms or dormitories. Each of these staggered observations shall be recorded on the unit/dormitory safety check sheet, with the actual time of observation documented.

Staff shall routinely summarize the behavior of youth on this level of supervision in the behavior record and shall communicate to DMH any change(s) in the behavior of any youth or any perceived need for increased supervision by completing a Request for Mental Health Consultation form.

#### 1203.2 LEVEL 2 (L2) ENHANCED SUPERVISION REQUIREMENTS

Level 2 enhanced supervision (L2) is an increased level of supervision for youth who are not actively suicidal, but may experience persistent suicidal ideations and/or have recent prior histories of serious self-injurious behavior, or a prior history of serious suicide attempt, and appear to be at risk currently. L2 is used as a "step-down" level of supervision from L3. Alternatively, this youth may present a constellation of risk factors that warrant an increased level of supervision. The procedures for supervising L2 Youth during waking hours, during sleeping hours, and when assigned to specialized units are noted below:

**Waking-hours supervision of L2 Youth:** Youth in living units, cottages, or dormitories: Youth on L2 supervision shall be afforded full education, recreational, and other programming opportunities, and shall be assigned to the unit day room, cottage

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day room, or dormitory during waking hours. L2 Youth must remain in close proximity to and in continuous direct line of sight of staff at all times, including when youth use the shower or restrooms.

- Youth on L2 enhanced supervision may not be assigned to work assignments for any reason, nor should they be assigned to perform housekeeping duties of any kind that will result in contact with or possession of tools, cleaning solutions, or other chemicals.
- Direct line of sight supervision means that the youth shall be in full view of staff providing supervision and that the staff shall be able to directly view the hands, wrists, arms, neck, and facial areas of the youth at all times.

**Waking-hours supervision of L2 Youth in the HOPE Center, medical unit, or other specialized unit:** When assigned to these locations, the youth may be assigned to rooms with a secured door immediately adjacent to the unit staff office. A Safety Check Sheet shall be posted on and documented as indicated below.

**Sleeping-hours supervision of L2 Youth in all facilities:** During sleeping hours, the L2 youth may be:

- Assigned to a room with a secured door that is immediately adjacent to the staff office. A Safety Check Sheet shall be posted on the door and documented as indicated below. Safety Check Sheet: Whenever any L2 youth is assigned to any room, any time in a regular or specialized unit (day or night) in accordance with this policy, a Safety Check Sheet shall be posted on the youth's room door and shall be appropriately documented. The youth must be observed at random or varied intervals not to exceed ten (10) minutes between observations. Each of these staggered observations shall be documented on the unit/dormitory Safety Check Sheet, with the actual time of observation documented (Refer to Safety Check Policy).
- Assigned to sleep in a dormitory bed in a camp: Dormitory supervision requires that a youth be placed in a bed (a lower-level bed if bunk beds are utilized) that is immediately adjacent to the dormitory control center, directly in continuous and direct line of sight of assigned supervision staff at all times.
- Assigned to sleep in the day room, living units, or specialized living units under direct staff supervision. Day room supervision shall consist of a dedicated staff member who has no other assignment, who shall remain in close proximity to the youth (approximately 8-12 feet from the youth), directly in the line-of-sight during sleeping hours, and shall provide direct and continuous, uninterrupted visual supervision of up to eight (8) youth as directed by the Duty Supervisor
- Staff that has worked the 2:00 PM to 10:00 PM shift and are assigned, or volunteered, to work on the next consecutive shift (10:00 PM to 6:00 AM shift)

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shall not be assigned to provide direct day room supervision of any L2 Enhanced Supervision Youth.

The following documentation efforts shall be undertaken on behalf of all youth on L2 Supervision Status:

- When placed on L2, the youth shall be coded as L2 and suicidal "S" by updating PCMS, the Behavior File, the Population and Grade Sheet in juvenile hall, the Camp Population Sheet, or the Cottage Population Sheet.
- The Youth on L2 status shall be noted on the facility's Alert Log. This log shall be updated daily after collaboration between Probation and DMH.
- The Youth on L2 status and "S" code shall be noted on the unit/dormitory/cottage Bed Chart. A fresh Bed Chart shall be created and updated on a daily basis in facilities, and the old Bed Chart shall be secured in a file in the facility.
- The youth's behavior file shall be annotated with a 3- inch, red-colored "S" code on both sides, outside and front cover, and the left inside cover sheet; the L3 status shall be noted on the inside left cover sheet.
- Staff shall summarize observation behaviors and the perceived emotional state of the youth in the Behavioral Record and communicate to DMH and/or JCHS any change in behavior or need to change the level of supervision by completing a Request for Mental Health Consultation form
- JCHS staff on each shift shall record in the medical record the status of youth who are assigned to the medical unit and shall communicate to DMH any change in behavior or need to change the level of supervision
- The DMH shall review supervision orders in consultation with the Alert Log Coordinator and the JCHS Nursing Supervisor at the facility
- Youth on L2 supervision shall be reassessed by DMH at least once every 72 hours
- JCHS staff and/or the Duty Supervisor shall consult with the on-call Psychiatrist for any request to change the level of supervision if there is no DMH staff on duty in the facility

### 1203.3 LEVEL 3 (L3) ENHANCED SUPERVISION REQUIREMENTS

Level 3 Enhanced Supervision status is the highest level of supervision afforded to youth within juvenile facilities. L3 supervision is reserved for youth with mental health issues that are at high risk of suicide, either by threatening suicide with a clearly articulated plan for achieving suicide and the means to carry out the plan, or has



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recently engaged in an act of attempted suicide or serious self-harming behaviors and whose current medical and mental health state may require that they be separated from their regular living unit for a specified period.

Staff assigned to supervise L3 youth at any time shall have no other supervision assignments or unit/dormitory/cottage responsibilities and shall remain in close proximity (within 8-12 feet) of youth on L3 status directly in the line of sight, during waking and sleeping hours, and shall provide direct and continuous, uninterrupted visual and auditory supervision of the youth. This includes those times when the youth attends court, outside medical appointments, school, and recreation, visits the medical unit, participates in any non-Mental Health interview, or uses the shower or restroom. Staff assigned to an L3 Enhanced Supervision post shall not leave their assigned posts without proper relief by another staff assigned by the Shift Leader, Duty Supervisor, or the Unit Supervisor to assume the L3 supervision post position. L3 supervision staff shall ensure that the youth's hands, wrists, arms, and entire neck and facial areas are visible at all times.

- Supervisory staff shall only assign experienced staff to provide supervision for Level III enhanced supervision status youth. An experienced staff member is defined as one that is CORE and POST qualified and has a minimum of six (6) months' experience as a peace officer in the probation department.
- Staff that has worked in 2:00 PM to 10:00 PM shift or the 10:00 PM to 6:00 AM shift shall not under any circumstance be assigned (voluntarily and otherwise) to work the next consecutive shift and provide L3 supervision; Section 170 staff members shall not be assigned to supervise L3 status youth unless they are CORE and POST qualified and have prior approval of the Director.
- L3 youth placed on this status by the Duty Supervisor, DMH Clinician, Nurse, or Physician shall have an Enhanced Supervision Observation Form initiated immediately upon being placed on L3 and at the beginning of each subsequent shift that the youth remains on L3. The Enhanced Supervision Observation Form shall be documented throughout the initiated shift and throughout each subsequent eight (8) hour shift (or portion thereof) during this youth's assignment to L3 supervision status. The form should be completed in accordance with the instructions provided for the Enhanced Supervision Observation Form.
- L3 Youth may need to be housed separately from the regular living unit, cottage, or dormitory settings in the Special Handling Unit (HOPE Center), Assessment Center (AC), Enhanced Supervision Unit (ESU), or other specialized unit as circumstances require. Each separation from the cottage or dormitory is designed to allow for better direct supervision of the youth in a more

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structured setting and reduce the opportunity for the youth to harm themselves.

- L3 Youth may require assignment to a room in the HOPE Center, ESU, AC, or the specialized unit due to behavior problems and/or to address the immediate safety/security needs of the unit or facility. When this need arises, the youth shall be assigned a room, with the door open, that is free of appurtenances that the youth could use to attach bedding, clothing, or lanyard-type objects (shoelaces, cords, etc.) in order to harm themselves.
- L3 Youth, while assigned to the HOPE Center, medical unit, Enhanced Supervision Unit, or other specialized supervision unit, shall not be isolated from other youth in the housing location, confined to their room during waking hours, or excluded from facility programming without the written specification and/or authorization of DMH or JCHS staff or for security reasons.
- L3 Youth shall participate in programs, recreation, exercise, and attend school while on L3 status, which may be suspended only upon a written finding by the Camp Director or the authorized designee that a youth represents a threat to the safety and security of the facility. The findings shall be documented on a SIR, PEMRS, and/or PCMS.
- L3 Youth may not be assigned to work assignments in juvenile hall or camp for any reason; nor should they be assigned to perform housekeeping duties of any kind that will result in contact with or possession of cleaning solutions or other chemicals.
- L3 Youth may be supervised in one or two settings, dependent on their current level of risk and/or behavior. These two settings are "Individualized Supervision" or "Small Group Supervision." The specific instructions for supervising Youth in these settings during waking hours are provided below:

**Waking hours supervision of L3 Youth:** Youth who have been placed on L3 enhanced supervision status will generally be supervised in Small Group (SG) settings during waking hours.

- In facilities, when a youth is placed on L3 supervision, they may be assigned to the Special Handling Unit or Assessment Center, or they may remain in the dormitory or cottage as designated by the Facility Director in consultation with the DMH Clinician and the Duty Supervisor.
- Small Group Supervision of L3 Youth may occur in facilities, but only in a day room, dormitory, classroom setting, and/or outdoor recreational settings. In some dayroom settings, the dayroom area is bordered by individual rooms and offices. When small group supervision is occurring within the day room or other inside areas, all room and office doors must be secured. While participating in outdoor recreation and other small group activities, the youth shall remain

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grouped closely together to facilitate direct and proximate visual and auditory supervision.

- In situations where two or more youth on Small Group L3 status are assigned to different school classrooms, a single staff member must be assigned to supervise each youth in accordance with L3 supervision requirements in each classroom.
- When it is necessary for any youth on a Small Group Supervision L3 status to leave the HOPE Center, Enhanced Supervision Unit, Specialized Unit, dormitory or cottage to attend court, participate in facility or out-of-facility medical or Mental Health appointments, or participate in a special visit (attorney visit, parent/guardian visit or other interview) at any time, a single dedicated staff member shall accompany the youth and supervise the youth in accordance with L3 supervision requirements.
- Occasionally, due to safety and security considerations, it may be necessary to place Small Group L3 Youth in a room. When this occurs, one staff member may be assigned to supervise no more than two L3 Enhanced Supervision Small Group status youth assigned to immediately adjacent side-by-side rooms at the same time, provided the staff's position immediately in front of the door, in front of and in close proximity (8-12 feet away at most) to the youth in the two rooms and has an unobstructed line-of-sight of view of the full bodies of both youth, including hands, wrists, arms, necks, faces of the youth throughout the two fully-opened room doors.

**Individual L3 Supervision Requirements during waking hours:** Some youth in L3 status have demonstrated patterns of physical aggression, assaultive behavior, and/or active self-harming behaviors and are generally not suitable candidates for small group L3 supervision. These youth, upon designation by the Duty Supervisor or Director, may require separation from the specialized unit population. Youth who meet this criterion shall be supervised during waking hours by a single designated staff member who has no other assignment except to supervise the L3 youth. The separation may include placement in a room with the door fully open, provided the staff is positioned in close proximity (8-12 feet away at the most) to the youth in the two rooms and has an unobstructed line of sight view of the full body of the youth.

**Sleeping Hours Supervision Requirements for L3 Youth:** During sleeping hours, youth on L3 Enhanced Supervision status may be supervised using one of the three situations indicated below:

- Assigned to sleep in individual rooms with the door open fully. One staff member may be assigned to supervise no more than two L3 Enhanced Supervision status.

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- Youth assigned to immediately adjacent side-by-side rooms at the same time provided the staff is positioned immediately and in close proximity (8-12 feet away at the most) to the youth in the two rooms and has an unobstructed line-of-sight view of the full bodies of both youth, including the youth's hands, arms, necks, and heads.

Assigned to sleep in the camp dormitory in a bed that is immediately proximate to the control center. One staff member may be assigned to supervise no more than two L3 Enhanced Supervision status youth assigned to immediately adjacent side-by-side beds at the same time provided the staff is positioned in close proximity (8- 12 feet away at the most) to the youth in the two beds and has an obstructed line of sight view of the full bodies of both youth, including youth's heads, necks, arms and hands. If bunk beds are in use in the dormitory, youth must be situated on the lower bunks.

- A small group of up to four L3 youth that qualify for small group supervision may be assigned to sleep in the day room area in the HOPE Center, Enhanced Supervision Unit or other specialized unit under direct continuous supervision of a dedicated staff member that is immediately present in the day room area, has no other assignment and is assigned to provide uninterrupted direct visual and auditory supervision of the youth.

The following documentation efforts shall be undertaken on behalf of all youth placed on L3 enhanced supervision status:

- At the time the youth is placed on L3 Enhanced Supervision status, the youth shall be coded both with L3 and suicidal "S" code by updating PCMS, the unit Population and Grade Sheet in juvenile hall, and the Camp Population Sheet or Cottage Population Sheet.
- The youth's L3 status shall be noted on the facility's Alert Log. This log shall be updated daily after collaboration between the Department and DMH.
- The youth's L3 status and "S" code shall be noted on the unit/dormitory/cottage Bed Chart. A fresh Bed Chart shall be created and updated on a daily basis in facilities, and the old Bed Chart shall be secured in a file in the facility.
- The youth's Behavior File at the facility shall be annotated with a 3-inch, red-colored "S" code on both the outside and front cover and the left inside cover sheet; L3 status shall be noted on the inside left cover sheet.
- Staff shall summarize the observed behavior and perceived emotional state of the youth in the Enhanced Supervision Observation Form and shall communicate to DMH and/or JCHS any change in behavior or need to change level of supervision by completing a Request for Mental Health Consultation form.
- A search of their clothing, persons, room, or dormitory area as appropriate shall

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be conducted at the beginning of the AM and PM shifts, and when the youth returns to the unit or dormitory following any outside activity or visit. These searches shall be conducted in accordance with the Searches policy.

- All searches, behaviors, appointments, visitors, and other occurrences during the shift shall be noted on the Enhanced Supervision Observation Form.
- JCHS staff on each shift shall record in the medical record the status of youth who are assigned to the medical unit and shall communicate to DMH any changes in behavior or need to change the level of supervision.
- DMH staff shall review supervision orders in consultation with Probation's Alert Log Coordinator and the JCHS Nursing Supervisor at the juvenile hall or facility nursing staff at the facility.
- Youth on L3 status shall be reassessed at least every 24 hours, or more often as clinically indicated by DMH.
- JCHS staff and/or the Duty Supervisor shall consult the on-call Psychiatrist for a request to change the level of supervision if there is no DMH staff on duty in the facility.
- The Management Services Bureau shall conduct monthly safety assessments of the HOPE Center, CARE, and other specialized supervision or dormitory-type units/cottages where L3 Youth are housed to ensure that appurtenances are not present, and if they are found, they are expeditiously removed.

#### 1203.4 LEVEL 4 (L4) ENHANCED SUPERVISION REQUIREMENTS

L4 Enhanced Supervision status indicates that the youth has been determined to be either actively suicidal or has engaged in serious self-injurious behavior and is pending or has been transferred from the facility to a higher level of care (psychiatric emergency care facility) for psychiatric assessment. The placement of a youth on this level of supervision requires that PCMS be updated with a "suicide" ("S") code and that the youth has been supervised in accordance with individual L3 supervision requirements. While at the psychiatric emergency care facility and while hospitalized at the psychiatric care facility hospital, the youth shall remain designated as L4 Enhanced Supervision status until returned to the facility. Youth on L4 status shall be supervised in accordance with L3 status "Individualized Supervision" requirements at all times.

Youth at L4, pending transfer to a higher level of care, shall participate in programs, recreation, exercise, and attend school while on L4 status. This may be suspended only upon a written finding by the Camp Director or the authorized designee that a youth represents a threat to the safety and security of the facility. The findings shall be documented on a SIR, PEMRS, and/or PCMS.

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Upon return to the facility, the youth's L4 status shall automatically be changed from L4 status to L3 status, an Enhanced Supervision Observation Form shall be initiated, and the youth shall be immediately interviewed and assessed by the on-duty DMH Clinician. If there is no Clinician on duty, the youth shall be assessed on the next business day. L3 status supervision precautions should continue upon entering the facility until such time as the youth's level is changed by the DMH Clinician. The Duty Supervisor shall determine the most appropriate type of L3 supervision (small group or individual supervision) for the youth.

Documentation Requirements: Recording Orders and Review of Orders for Youth on L4 Enhanced Supervision Status:

- The youth's L4 status shall be noted on the facility Alert Log. This log shall be updated daily after collaboration between the Department and DMH.
- The youth's Behavior File at the facility shall be annotated with the youth's current level on the inside left face sheet, and a three-inch, red-colored "S" code shall be placed on both the outside front cover and the left inside cover sheet.
- Upon the youth's return from the psychiatric treatment facility, the youth's status shall be changed from L4 to L3, and an Enhanced Supervision Observation Form shall be immediately initiated, and the facility's Alert Log updated with the youth's change of status.

## **1204 SPECIALIZED SUPERVISION REQUIREMENTS**

Specialized Supervision status is reserved for a subgroup of youth in the facility whose detention statuses (protective custody, administrative hold, potential victim, potential predator, court ordered separation, escape risk, current offense or prior detention behaviors, etc.) are such that they require enhanced safety, security and supervision precautions be taken on their behalf; or whose past behaviors and actions strongly suggest that they may act impulsively to engage in predatory, suicidal and/or self-harming behaviors even though they are not currently considered to be at risk of self-harm by DMH, but have been determined by the facility administrator to require the initiation of specialized supervision practices.

Upon identification, the facility Superintendent/Director shall designate those youth as SSP shall ensure that a SSP status is created and implemented on the youth's behalf, and shall ensure that the youth's SSP status is noted on the facility's Alert Log.

The SSP shall note the specific type of specialized housing (including specific placement within dormitories), searches, security, supervision, and/or treatment practices, etc., that are to be afforded to the youth during waking and sleeping hours, respectively. The SSP shall also address visitation and movement requirements.

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Copies of this plan shall be placed in the youth's Behavioral Chart, the facility's Mental Health log binder, and a copy of the plan shall be retained by the facility's Alert Log Coordinator. This plan shall be in effect for a minimum of 30 days from its initiation. For youth who require continuation of the SSP precautions, the Facility Director may extend this SSP once for an additional 30 days by annotating, signing, and dating the original form. A new SSP must be created every 60 days for the youth who will remain on a plan for a longer term.

Staff assigned to provide supervision for SSP youth, who are assigned to work in units or locations where SSP Youth is housed prior to assuming supervision of the youth, review the plan and ensure compliance with all aspects of the plan throughout the shift.

Any questions or concerns related to the proper supervision of the youth shall be referred to the Shift Leader or Duty Supervisor.

The facility's Alert Log Coordinator shall maintain copies of active and terminated SSPs in respective files and shall coordinate with the facility Director on a daily basis to ensure that they are updated, renewed, or terminated as necessary and appropriate in accordance with SSP as noted above.

The designation of a youth as SSP status requires that the PCMS, the Behavior Chart, the Unit/Dormitory/Cottage Population Sheet, and the Bed Chart be updated with an "XX" code. When the youth is removed from Specialized Supervision Status, the "XX" code must be removed from the above-noted documents.

Youth placed on this level of supervision shall be referred to as SSP youth. SSP youth shall be included on the facility's Alert Log and designated with an "XX" code and an "Enhanced Supervision Level/Probation" column.

Youth placed on SSPs may, at the direction of the Superintendent or Facility Director, require supervision in accordance with L2 or L3 Enhanced Supervision requirements, even if they are not currently determined to be at risk by DMH. When these situations occur, the coding of the youth on the Alert Log shall be as follows:

- For Level 2 supervision while on Specialized Supervision Plan, indicate XX2.
- For Level 3 supervision while on Specialized Supervision Plan, indicate XX3.

All youth on SSPs shall have their current DMH status noted in the Alert Log next to their SSP code. There will be instances where the youth's Enhanced Supervision status and SSP codes on the Alert Log are different. When this occurs, the youth shall be supervised at the highest level of supervision noted on the Alert Log in all instances.

The following documentation efforts shall be undertaken on behalf of all youth on specialized supervision plan statuses:

- Youth placed on SSP with an XX3 supervision status shall have an Enhanced

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Supervision Observation Form initiated immediately upon being placed on XX3 and at the beginning of each subsequent shift, the youth remains on XX3. The Enhanced Supervision Observation Form shall be documented throughout the initiating shift and throughout each subsequent eight (8) hour shift (or portion thereof) during the youth's assignment to XX3 Supervision status. The form should be completed in accordance with the instructions provided for the Enhanced Supervision Observation Form.

- Probation staff shall summarize the observations, observed behavior, and perceived emotional state of the youth in the Enhanced Supervision Observation Form and shall communicate to DMH and/or JCHS any change in behavior or need to change the level of supervision by completing a Request for Mental Health Consultation form.
- All searches, behaviors, appointments, visitors, and other occurrences during the shift shall be noted on the Enhanced Supervision Observation Form for youth on XX3 supervision status.

#### 1204.1 CONTINUITY OF CARE FOR AT-RISK YOUTH

To ensure continuity of care through identified At-Risk youth, the following procedures shall be followed regarding the identification of At-Risk youth, DMH reassessment timeline requirements, and step-down processes for youth on enhanced levels of supervision.

**Identification of At-Risk Youth:** Youth who are potentially or actively at risk of self-harm or suicide and designated as L2, L3, L4, XX2, XX3, or on a SSP shall be noted on the facility's Alert Log. The log shall be updated daily after collaboration between Probation and DMH. The Alert Log shall be provided each day to all individuals and agencies within the juvenile detention facility having contact with the youth.

Placement on, adjustment to, and removal from the Alert Log are accomplished via a PCMS update, a completed Request for Mental Health Consultation form, a completed Mental Health Recording form, or an SSP.

**Reassessment of L2 Youth:** Youth on L2 status shall be reassigned by the DMH Clinician at least every seventy-two (72) hours. DMH supervising staff shall monitor compliance with this assessment requirement.

Youth who remain on L2 status shall have their status reviewed every eighth day by a DMH supervising clinician to reassess the need for continued L2 status. The DMH Supervisor shall ensure that appropriate Clinician documentation is present in the DMH chart to justify this continued level of supervision.

**Reassessment of L3 Youth:** Youth on L3 status shall be reassessed by a DMH Clinician at least once every 24 hours or more often if clinically indicated for the



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duration of their assignment to L3 status.

Youth who remain on L3 status shall have their L3 status reviewed every five (5) days by a DMH Clinician to reassess the need for continued L3 status. The DMH Supervisor shall ensure that appropriate clinical documentation is present in the DMH charts to justify this continued level of supervision.

**Step-down Requirements for L4 Status Youth:** Upon return to the facility from a psychiatric care facility or medical facility, the youth's L4 status shall automatically change from L4 to L3 status. The youth shall be immediately interviewed and assessed by the on-duty DMH Clinician. If there is no Clinician on duty, the youth shall remain on L3 supervision and shall be assessed the next business day. The youth shall thereafter be reassessed in accordance with L3 assessment processes outlined in Section VI.

**Step-down Requirements for L3 Status Youth:** L3 status youth's step-down (reduced) from L3 to L2 status shall remain in their current location/unit for assignment for a minimum of 24 hours after a change in status and shall be supervised as L2 in that location. Within 24 hours of being "stepped down," the Youth shall be reassigned by DMH and cleared as appropriate for release to their regular living units, cottage, or dormitory on L2 status if they are housed in the HOPE Center or other specialized units. The youth shall thereafter be reassessed in accordance with the L2 assessment process outlined in this section.

**Step-down Requirements for L2 Status Youth:** L2 status Youth who are on step-down (reduced) to L1 status shall be reassessed by DMH within three (3) days of being "stepped down" to assess the youth's mental state. The youth shall thereafter remain on a DMH caseload and be seen as clinically indicated at least once every 30 days until released from the facility.

**Note:** Youth only may be stepped down (reduced) one level after each instance of reassessment by DMH. Additional reductions must occur in accordance with the timeframes outlined above.

**Enhanced Supervision Requirements/Assessment Process for Newly Admitted Youth with "S," "SI" or L2, L3 or L4 Coding in Behavior File or PCMS:** Youth newly admitted off-street to any juvenile hall that during the prior detention were on L2, L3 or L4 status, or have an "S" or "SI" code in their Behavior File or the PCMS shall immediately be placed on L3 status and referred to Mental Health via a *Request* for Mental Health Consultation form and shall remain on L3 status until formally assessed by a DMH Clinician and their appropriate supervision level determined. Once determined, the youth shall be placed on and stepped down from that clinically determined level in accordance with the step-down process outlined above. If placed on L1 supervision status, the youth may be immediately placed in a regular housing unit, dormitory, or specialized unit (e.g., HOPE Center or assessment center) that is

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consistent with any SSP the youth may be on.

**Enhanced Supervision Requirements for Newly Admitted Youth with Self - Reported or Observed Self-Harming behaviors:** Youth newly admitted off-street to any facility that was observed by arresting officers, Intake Detention and Control (IDC) Officer, or admission staff to have engaged in self-harming behaviors, or that self-report previous self-harming behaviors and/or self-harming thoughts at any time in the present or past shall immediately be placed on Level 3 Enhanced Supervision status, and referred to Mental Health via a *Request for a Mental Health Consultation* form, and shall remain on L3 status until formally assessed by a DMH Clinician and their appropriate supervision level determined. Once determined, the youth shall be placed on a step-down from that clinically-determined level in accordance with the step-down process outlined above. If placed on L1 status, the youth may be immediately placed in a regular housing unit, dormitory, or cottage or specialized unit setting (HOPE Center or assessment center, etc.) that is consistent with any SSP the youth may be on.

**Enhanced Supervision Requirements for Youth Placed on Level 2 or Level 3 by Non-Mental Health Clinicians Pending Assessment by DMH Clinician:** In response to certain situations, and in the absence of a DMH Clinician, a currently detained youth may require placement on L3 status by the Duty Supervisor, Facility Director or DMH Staff pending assessment by DMH Clinician. When these situations occur, the youth shall be placed on an L3 Enhanced Supervision status and shall be referred to Mental Health via a Request for Mental Health Consultation form. Upon assessment by the DMH Clinician, if the youth is placed on L2 Enhanced Supervision status, the youth shall be housed, supervised, and stepped down in accordance with the facility's general L2 requirements. If placed on L1 supervision status, the youth may be immediately placed in a regular living housing unit, dormitory, or cottage, or a specialized unit setting that is consistent with any SSP the youth may be on.

**Ongoing Assessment of Youth Entering Facilities on Movement:** Staff coordinating the movements of youth into facilities shall be especially alert to those youth returning to the facility from court hearings, medical appointments, and/or special visits. Each of these situations may have potentially involved a negative outcome for the youth, which may result in the youth contemplating self-harming behavior and/or acting out. Staff coordinating these movements shall be alert to the potential of these situations and shall engage the youth verbally and inquire as to the results of the court appointment or visit to ascertain the emotional state of the youth as best they can. If it appears that the youth is emotionally unstable, staff shall immediately provide direct, continuous visual supervision of the youth to ensure the youth's continued safety. The staff shall immediately thereafter inform the Duty Supervisor of the youth's behavior and prepare a SIR and Request for Mental Health Consultation form. The Duty Supervisor shall be responsible for determining the most

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appropriate type of supervision and housing necessary to keep the youth safe pending assessment by the DMH Clinician or transport to another facility or psychiatric facility.

## 1204.2 DUTIES OF YOUTH SUPERVISION STAFF

**Duty Supervisor Responsibility:** The Duty Supervisor shall be responsible for assigning appropriate staff for supervision of youth placed on L2, L3, L4, XX2, and XX3 statuses at the facility and shall maintain a copy of the facility's Alert Log with the name of each youth in the facility requiring L2, L3, L4, or XX2 or XX3 supervision. The name(s) of the staff designated to supervise each youth on L3, L4, or XX3 statuses shall be listed on the Duty Supervisor's Shift Condition Report in the juvenile hall and in the camp's Duty Supervisor Log on each regular eight (8) hour shift (AM, PM, and EM shift).

**Shift Leader Responsibilities:** The Shift Leader shall be responsible for ensuring that staff assigned to supervise Enhanced and Specialized Supervision status youth are appropriately instructed as to their specific duties, including proper positioning and supervision responsibilities, so that they may be able to provide safe and effective supervision. The Shift Leader shall:

- Ensure a copy of the current facility Alert Log is present in the unit/dormitory/cottage
- Oversee the shift-change-over with each staff designated for supervision of L2, L3, L4, and XX status Youth in their unit, dormitory, cottage, HOPE Center, or offsite Mental Health facility
- Ensure each staff is properly briefed on the youth's conduct during the previous shift
- Ensure that a search of each L2, L3, or L4 status youth's person, room, and bedding is conducted (on the AM and PM shift), prior to approving the previous shift's release from supervision duty
- Ensure the Enhanced Supervision Observation Form is completed by each staff member responsible for supervising a youth on L3 or XX3 status, and that the outgoing staff member's form is signed by the incoming shift's staff member prior to the shift exchange being conducted
- Ensure assigned supervision staff reviews the Behavior Charts, Bed Charts, and population and grade sheets at the beginning of each shift, to ensure proper "level" and "S" coding of the youth assigned to various unit locations

The Shift Leader, at the beginning of each shift, shall ensure that all emergency equipment assigned to the unit, cottage, or dormitory (which includes a first aid kit, a rescue breathing device, a biohazard kit, handcuffs, a working flashlight, and an

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emergency cut-down tool) is in its proper place. Staff must also verify that the above equipment is fully accessible for use in the event of an emergency. The presence of this equipment shall be documented on the daily shift reports, as appropriate to their work locations. If any safety equipment is missing or not fully accessible, the Duty Supervisor shall be notified immediately.

The Shift Leader shall advise and direct subordinate staff on programming requirements that must be carried out; communicate effective means of dealing with problems presented by youth; and ensure staff maintain appropriate supervision techniques and proper positioning during the supervision of youth on enhanced specialized supervision statuses.

**General Staff Supervision Instruction:** Staff assuming Enhanced or Specialized Supervision responsibilities shall be properly briefed regarding the youth's conduct during the previous shift and shall review, at a minimum, critical behavior information documented and recorded relative to the youth, for at least the previous 24 hours. Staff shall ensure that they comply with the following instructions at all times when supervising youth on Enhanced and Specialized Supervision statuses:

- Staff assigned to provide day room, individual room, or dormitory supervision are assigned to post positions and shall not leave their assigned post positions unless properly relieved by another staff member
- Staff shall be aware of the locations of the cut-down tool and other emergency equipment in the unit prior to assuming supervision of the youth
- Staff shall be in full view of backup staff at all times
- Staff assigned to supervise youth on the AM and PM shifts shall conduct a search of the youth's person and room prior to the Shift Leader approving the previous staff release from supervision duty. All articles accessible to or in the youth's possession that are determined to be potentially dangerous (including shoelaces, extra clothing, personal items, hair bands, plastic food service gloves, pencils, belts, certain undergarments, plastic containers with lotion and shampoo, toothbrushes, water bottles, etc.) shall be removed from the youth's possession as appropriate. The outgoing staff shall assist with the supervision of the youth during the search processes
- Searches shall be conducted in accordance with the Searches Policy
- Youth at imminent risk of engaging in self-harm shall not have any pencils, pens, toothbrushes, or other devices with which they may harm themselves; nor should they be provided with reading materials that have staples or paperclips
- Staff shall ensure that no youth leaves their immediate room, dormitory, or other immediate areas of supervision for any reason without the direct

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authorization of staff supervising the youth, the Shift Leader, or the Duty Supervisor. Staff providing supervision shall immediately utilize de-escalation and/or physical intervention techniques to prevent the youth from leaving the immediate area of supervision without authorization

- Staff assigned to supervise L3 or XX3 status youth shall ensure that an Enhanced Supervision Observation Form is initiated and documented as outlined in Section VI
- Staff shall ensure that the youth's hands, wrists, arms, and entire neck and facial area are visible at all times. Youth shall not be allowed to cover their heads, necks, hands, or arms with blankets or sheets, as Youth may attempt to harm themselves in areas not visible to staff
- Staff shall remain alert at all times and may not read or utilize personal electronic devices (cell phones, games, blackberry-type devices, and/or personal computers or electronic devices, etc.) while assigned to supervise the Enhanced or Specialized Supervision status youth.
- All movement and activities of youth shall occur in an orderly manner that is managed by the staff providing direct and proximate visual supervision with the approval of the Shift Leader.
- Staff shall conduct themselves in a professional manner and shall employ a non-threatening manner of supervision that utilizes and reinforces an environment that is safe and structured-focused.
- All Enhanced and Specialized Supervision youth confined to a room shall routinely have their doors open at all times with staff approximately positioned in the doorway. Emergency situations (e.g., assault of youth), however, may dictate that the door be temporarily secured and the Duty Supervisor notified. Note: if the door is secured, all Room Confinement protocols shall be followed. Staff shall stand at the doorway of the youth's room and shall continuously observe the youth pending the arrival of the Duty Supervisor, who shall assess the situation and provide direction to staff. Situations such as this shall be fully documented in a Special Incident Report, and the appropriate Room Confinement documentation shall be completed.
- Staff shall be alert to situations where youth verbalize the intent to harm themselves, or initiate efforts to harm themselves, such as tearing clothing or bedding into strips, scratching on themselves, standing on beds and/or striking body parts against walls or other fixed objects, or begin breaking lights, cameras, windows, doors, or other fixtures in the room.
- When these situations begin to occur, staff shall immediately alert the Shift Leader and/or Duty Supervisor regarding these behaviors and take immediate

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action utilizing appropriate techniques to de-escalate the situation and/or assist the youth to a safer position/location, where they can no longer harm themselves or others, or destroy county property.

- Any unusual incidents involving an Enhanced and Specialized Supervision status youth shall be immediately reported to the Shift Leader and documented on a SIR or PIR as appropriate. Unusual incidents include, but are not limited to, the following:
  - Suicidal threats, gestures, and/or attempts
  - Especially loud and/or exhibiting aggressive, defiant-type conduct
  - Aggressive behavior (threats, fights, assaults, etc.)
  - Any incident involving Physical Intervention by staff
  - Use of any type of Soft, Hard, or Plastic Restraints; Attempted escape
  - Refuses to eat; Refuses to take medication or hoards prescribed medications
  - Refusal to attend medical appointments
  - Refusal to attend school

### 1204.3 GUIDELINES TO UNDERSTANDING/DOCUMENTING THE FACILITY'S ALERT LOG:

Each facility shall maintain an accurate list of youth on Enhanced Supervision status and/or on a Specialized Supervision Plan on the facility's Alert Log. Youth with statuses of a Level 2, Level 3, or Level 4 shall be readily identifiable at each facility. This list is to be reconciled and a new list generated daily, including weekends and holidays. The Alert Log must be distributed to all intended recipients by 8:00 PM.

To assist staff in understanding the Alert Log, the following is offered:

- **Top Area Form:**
  - Date: This is the date the Alert Log was completed and published. The Alert Log is generally completed in the evening on the date indicated and is placed in use until the next Alert Log is published
  - Time: This is the time the Alert Log was completed and published
- **Alert Log Informational Categories:**
  - Unit/Camp/Cottage: Note the unit/dormitory/cottage to which the youth is currently assigned
  - Youth's Name: Note the youth's last and first name

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- PDJ Number: Note the youth completed the PDJ number
- **Enhanced Supervision Level:** Note the level of Enhanced Supervision and/or the SSP the youth is currently on at the facility. As there are both Mental Health-generated Enhanced Supervision Plans (MH1, MH2, MH3, and MH4) and SSP statuses (XX, XX2, and XX3), both statuses are noted. If an area in the SSP section is left blank and shaded, it means the youth does not have a Probation designated SSP status, but does have a DMH level as noted on the left. If the youth has a SSP status, but no DMH level at Level 2, 3 or 4 is currently available, a DMH level of "MH1" should be recorded as the default MH level. When reviewing both of these categories, the highest supervision status that is recorded in "BOLD" font is to be followed by the staff assigned to supervise the youth.
- **Staff Supervision Required:** Note exactly how the youth is to be supervised by assigned staff:
  - SG-Small Group Supervision: One staff and up to 3 Level 3 youth.
  - 1:1-One staff member on one Level 3 youth.
  - 2:1-Two staff members to one Level 3 youth.
  - NR (No Room)-The youth shall be supervised in accordance with Enhanced Supervision requirements noted; however, the youth may not be placed in a room. The youth must remain under staff visual supervision at all times and shall be supervised in accordance with the department's Enhanced Supervision policy at the level noted on the Alert Log.
  - PP-Level 2 Supervision youth shall be briefly supervised at all times as per the Enhanced Supervision policy when out of rooms and shall have ten (10) minute safety checks performed during sleeping hours, or when assigned to a room in the HOPE Center Medical Unit or otherwise specialized unit.
- **MH Meds:** Notes whether or not the youth is currently taking psychotropic medication.
- **Date and Time Youth was Placed on Current Level:** Note the date and time the youth was placed on the current Enhanced Supervision level that is shown on the Alert Log.
- **Last date youth was seen by the Department of Mental Health:** Note the last date on which the youth was assessed for self-harming behaviors by DMH. Youth on SSP that have an MH1 Enhanced Supervision designation shall generally be noted being followed by DMH and, therefore, may not have a

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recent, or next, or assessment date available.

- **Date of Next Appointment:** Note the next date on which the youth is to be reassessed by DMH.
- **Therapist's Name and Phone Extension:** Note the youth's assigned therapist and extension, if a therapist is assigned.
- **On IBMP or MDT Plan:** Note whether or not the youth is on an active IBMP or MDT plan.
- **PCMS Update:** Note whether or not the PCMS has been updated to reflect the enhanced supervision level assigned to the youth.

#### 1204.4 INSTRUCTIONS FOR COMPLETING THE ENHANCED SUPERVISION OBSERVATION FORM:

All staff members assigned to supervise youth in L3 Enhanced Supervision status, or XX3 Specialized Supervision status in juvenile hall or camp, shall immediately initiate a Probation Department Enhanced Supervision Observation Form upon assuming supervision of a youth and initiate a new form on each subsequent eight (8) hour shift during the youth's assignment to Level 3 Enhanced Supervision status. The form should be completed in accordance with the instructions provided below:

- **SECTION A–DATE AND LOCATION:** Note the date, facility, and shift for each of the Probation Department's Enhanced Supervision Observation Forms being prepared.
- **SECTION B–YOUTH'S INFORMATION:** Note the youth's name, date of birth, PDJ number, and current location of the youth (for example, HOPE Center unit, enhanced supervision unit where the youth is located).
- **SECTION C–LEVEL 3 ENHANCED SUPERVISION ASSIGNMENT DATE:** Note the date and time the youth was initially placed on L3 or XX3 supervision status. A form shall be initiated immediately upon the placement of the youth on L3 status and at the beginning of each subsequent shift that the youth remains on L3. The form shall be fully documented throughout the initiating shift and throughout each subsequent eight (8) hour shift during the youth's assignment to L3 or XX3 supervision status.
- **SECTION D–STAFF INFORMATION:** Note the full printed name, employee number, employee signature, time assuming observation responsibility, and rank of the staff assigned to supervise the youth.
- **SECTION E–SEARCHES:** Note the time the youth's room was searched and the time the youth's person was searched in accordance with the Searches Policy.



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- **SECTION F–VISITS:** Note the name of any visitors that visit the youth, including the DMH Clinicians, nurses, clergy, Field Officer, or other outside visitors. Note the agency of the visitor represented and the time of the visit(s) for each youth involved. Also, note any visit/appointment attended by the youth outside of the unit/facility.
- **SECTION G–BEHAVIOR(S) OBSERVED:** Place an “X” in the box that identifies any potential problematic behavior(s) observed. Note any other behaviors that are of concern that are not listed in the “Other” sections.
- **SECTION H AND I–OBSERVATION COMMENTS:** In this section, staff shall make observational notations during each four (4) hour supervision period of the shift or a portion thereof that the youth was on L3 or XX3 supervision. Staff shall note the specific time frames of the actual observation during each four (4) hour period. Staff shall note the programming activities that the youth engaged in, and the youth’s compliance with the unit program (meals, all unit activities, school activities, appointments, visits, etc.) and/or problems that arose during each four (4) hour supervision time frame. This section shall also be used to communicate to DMH or Health Services any changes in behavior.
- **SECTION J–SHIFT CHANGE DOCUMENTATION:** In this section, the outgoing staff (staff relinquishing supervision) shall note their name and the time/date relinquished supervision responsibilities to the staff receiving them. This is to be done at the end of the shift.
- **SECTION K–SHIFT CHANGE DOCUMENTATION:** The oncoming staff members shall note their name and the time they assumed supervision of the youth. The incoming staff shall then initiate a new Enhanced Supervision Observation Form upon which to document their observations during the next shift.
- **SECTION L–SHIFT LEADER REVIEW OF DOCUMENTATION:** The Shift Leader in the current unit or camp shall conduct a formal review of the Enhanced Supervision Observation Form and ensure that it has been properly and completely documented. After this review is completed and any required adjustments to the form are made by the staff supervision of the youth, the Shift Leader shall sign and approve the Enhanced Supervision Observation Form and place it in the youth’s Behavior File.

1204.5 INSTRUCTIONS FOR COMPLETING A SPECIALIZED SUPERVISION (SSP) FORM:

Each section in this plan must be annotated by the Director or the authorized designee.

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Please do not skip any areas.

- **PLAN INFORMATION:** Note the date the SSP is to be initiated, the date it is to end, and the name of the facility where the SSP is to occur. A SSP can only be in effect for 30 days. It can be extended for an additional 30 days (as outlined in Section XVII) only after the first 30 day SSP concludes.
- **YOUTH'S INFORMATION:** Note the youth's name, PDJ number, date of birth, and any other special coding in this section.
- **DIRECTOR AUTHORIZING INFORMATION:** Note the printed name and phone number of the Director authorizing the Specialized Supervision Plan.
- **SECTION 1–REASON FOR SSP:** Check all boxes that apply (if more than one reason) regarding why the youth is being placed on an SSP. If there is no reason, check the box noted below and note the reason in the “Other” area.
- **SECTION 2–JUSTIFICATION FOR SSP:** The Director shall articulate the reason for the SSP as it relates to the safety, security, and confidentiality needs. In this section, the Director shall outline the staff, the clear reason for the SSP, and any other information the Director believes the staff should be aware of so as to adequately and safely house and care for the youth to keep him/her free from harm. If an IBMP or an MDT led to the creation of the SSP, the specific issue related to the SSP's creation should be outlined, especially if it requires placing the youth in a specific room or area of the dormitory for supervision purposes.
- **SECTION 3–HOUSING TYPE:** Check the box that notes whether the youth may be housed in a room or whether the youth must be housed in a day room/dormitory type setting. Use the “Other” area to provide additional information as needed.
- **SECTION 4–HOUSING LOCATION:** Check the box that indicates where the youth shall be housed. If the desired housing location is not listed, note the location to be housed in “Other.” Also, use “Other” to provide additional information as needed.
- **SECTION 5–LEVEL OF SUPERVISION TO BE PROVIDED:** Check the box that indicates the level of supervision (Level 1, Level 2, or Level 3) to be assigned to the youth while on the plan, at a minimum.
- **SECTION 6–TYPE OF SUPERVISION TO BE PROVIDED:** Check the box that indicates the type of supervision to be afforded to the youth by assigned staff.
- **SECTION 7– MOVEMENTS IN THE FACILITY:** Check the box that indicates how the youth may be moved about the facility when out of the unit. If the

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desirable requirements are not listed, note the movement requirements in the "Other" area.

- **SECTION 8--RECREATION:** Check the box that indicates how the youth may recreate in the facility. If the desired recreation requirements are not listed, note the recreational requirements in the "Other" area.
- **SECTION 9--SCHOOL ATTENDANCE:** Check the box that indicates how the youth may attend school. If the desired school attendance requirements are not listed, note the school attendance requirements in the "Other" area.
- **SECTION 10--VISITS:** Check the box that indicates the visitation privileges for the youth. If the desired visitation privileges are not listed, note the visitation privileges in the "Other" area.
- **SECTION 11--PHONE ACCESS:** Check the box that indicates the phone access privileges for the youth. If the desired phone access privileges are not listed, note the phone access privileges or lack thereof in the "Other" area.
- **SECTION 12--PERSONAL ITEMS:** Check the box that indicates the personal items the youth is allowed to possess. If the desired personal items allowed are not listed, note the changes to personal items allowed in the "Other" area.
- **SECTION 13--OTHER COMMENTS:** In this section, provide any comments of interest regarding the youth (safety, security, or other information) that will allow the staff to better manage and/or provide more appropriate supervision for the youth while on the SSP.
- **SECTION 14--DIRECTOR SIGNATURE APPROVING:** The Director shall sign and date the SSP upon completion.
- **SECTION 15--SSP EXTENSION:** At the end of the first 30 days on the SSP, the Facility Director may extend this plan for an additional 30 days by annotating this section. The plan may only be extended once for 30 days. After 60 days on the plan, a new SSP must be prepared.

## 1205 SUICIDE PREVENTION POLICY FOR JUVENILE FACILITIES

In compliance with this mandate to provide a safe and secure environment for youth under its care, it shall be the policy of the Department to maintain uniform preventive measures and enhance supervision protocols to proactively address self-injurious and/or suicidal behaviors in each facility. Staff must be aware of various indicators of those behaviors that result in appropriate supervision precautions for affected youth, as well as the importance of timely referrals to Mental Health for their initial and ongoing assessments, classification, and treatment.

Any officer who becomes aware of, or perceives any youth's intent to harm

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themselves, or who observes self-harming behavior(s) on the part of any youth, shall immediately place the youth on a Level 3 Enhanced Supervision status to ensure the youth continues in safety. The staff shall immediately inform the Duty Supervisor of the youth's behavior and prepare a Request for Mental Health Consultation form and SIR or PIR as appropriate. The Duty Supervisor shall be responsible for determining the appropriate type of housing and level of enhancement service (Level 2 or Level 3) needed to keep the youth safe pending assessment by the DMH.

### 1205.1 PROCEDURES

The following measures comprise the department's suicide prevention program facilities:

- Section I: Training of Staff
- Section II: Understanding the Motivation For Suicidal or Self-Harming Behaviors
- Section III: Identification and Referral of Self-Harming Youth
- Section IV: Interagency Communication Regarding Self-Harming Youth
- Section V: Intervention to Prevent Self-Harming or Suicidal Activities
- Section VI: Reporting Suicide Attempts or Suicides
- Section VII: Investigating Serious Suicide Attempts and Suicides
- Section VIII: Mortality/Morbidity/Suicide Review Process

### 1205.2 TRAINING

All staff who have regular contact with youth shall initially be trained in the recognition and handling of potential suicidal youth in CORE training. Newly hired staff shall receive such training through the training academy. The CORE training shall include an understanding as to why the environments of youth are conducive to suicidal behavior, potential predisposing factors to suicide, high-risk suicide, warning signs and symptoms, identifying suicidal youth despite the denial of risk, a review of the Department's policy for suicide prevention, suicide prevention policy, use of the emergency cut-down tool and the liability issues associated with successful suicides within custodial environments.

Staff who have completed their CORE training requirements, all mental health, medical, and education staff who have regular contact with youth in facilities, shall receive regular suicide prevention refresher training. The refresher training workshop shall include a review of predisposing risk factors, warning signs and symptoms, identifying suicidal youth despite the denial of risk, training in the use of emergency

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and safety equipment, and a review of any changes to the department of suicide prevention program. It should also include a general discussion of recent suicide attempts or successful suicides, re-instruction in the use of the emergency cut-down tool, and liability issues.

All sworn facility staff who have regular contact with these youth in the juvenile hall custodial facility shall also receive Standard First Aid and Cardiopulmonary Resuscitation (CPR) training at specified intervals (15 CCR 1329 (a), (b) (2)).

### 1205.3 UNDERSTANDING THE MOTIVATION FOR SUICIDE OR SELF-HARM

It is important to recognize that youth may injure themselves when they do not intend to kill themselves; however, the motivation for both behaviors is the same. Self-inflicted injuries may be a rehearsal for a future suicide attempt. Suicide attempts by youth are a demand that life get better, not that it be over. Most youth, in effect, are trying to kill the problem, not themselves.

### 1205.4 GENERAL TYPES OF MOTIVATION

The four general types of suicidal or self-harming motivation include the following:

- Attachment: Youth form close emotional ties with people and things. When those ties are endangered or broken, they may resort to self-inflicted injury as a cry for help and attempt to regain those attachments. When the cry for help is ignored, the youth may escalate the degree of behavior to a potentially life-threatening level
- Escape: When circumstances in their lives (e.g., guilt, depression, or anger) are difficult or seemingly impossible to bear, youth may seek to escape them through self-injurious behavior. Escape may be the intention, but suicide becomes the potential mode
- Control: In order to gain control over some aspect of life when all other forms of self-determination have been lost, a youth may resort to self-injurious behavior. Failure to respond to these (need to be in control) messages may escalate the danger to others as well as to the youth.
- Release: To release feelings of physical or psychological pressure, youth may resort to self-injurious behavior. Self-injury or death is not a generally intended outcome, but may result when the relief afforded by the self-injury is no longer sufficient.

### 1205.5 RECOGNITION OF RISK

Recognition of warning signs when they are being communicated is the first element

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of the assessment process and is an integral part of any prevention program. Common warning signs include the following:

- Suicidal threats (verbal and/or written)
- Direct threats (“I am going to kill myself.”)
- Indirect threats (“I might as well be dead.”)
- Anger
- Mental illness
- Prior suicidal behavior
- History of suicidal behavior
- Physical illness (including frequent complaints of illness)
- Substance abuse/addiction
- Cultural prevalence (how a culture reviews and defines suicide)
- Sexual orientation (conflicting internal and societal messages)
- Suicide contagion (exposure to the suicidal behavior of several youth)
- History of sexual abuse
- Personality traits (youth with strongly imprinted traits are at risk)
- Stress (associated with isolation and confinement)
- High risk periods (initial admission, following a justification, etc.)
- Preoccupation with death (talking, reading, and writing about death)
- Making final arrangements, giving away prized possessions
- Reminiscing about a dead person
- Changes in behavior, appearance, thoughts, or feelings
- Feelings of HOPE Centerless or helplessness
- Social withdrawal, isolation, loss of involvement in interests or activities
- Increased risk-taking
- Sudden weight or appetite change
- Inability to concentrate or think rationally
- Sleeplessness or sleepiness
- Increased irritability or anger

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- Crying easily
- Moodiness, uncommunicative
- Lethargy, exhaustion
- Extreme anxiousness
- Unexplained headaches, dizziness, or nausea
- Loss of self-esteem.

Most of the preceding warning signs can also be described as symptoms, such as they indicate the possibility of suicide, but are not viewed as definite predictors of suicidal behaviors. The more the symptoms point to youth and an overall unchanging theme of hopelessness, the greater the likelihood that they are indicators of suicide. Upon observing such signs, staff shall ask the youth directly if they are contemplating suicide. If the youth indicates that they are contemplating harming themselves, appropriate self-harm and/or suicide precautions (supervision and housing) shall be immediately initiated by the staff to keep the youth safe pending assessment by the DMH Clinician. The Duty Supervisor shall be contacted immediately and advised of the situation.

#### 1205.6 DETERMINING THE LEVEL OF RISK

Determining how close an at-risk youth is to suicide is the second element of the assessment process. Once it is recognized that the youth may be contemplating suicide, it is vital to determine the level of risk by assessing the current situation in light of the following:

Current Suicide Plan: Plans and separation on the part of the youth reflect intent. Once a plan has been made, the obligation to finish becomes stronger. Staff should ask the youth the following questions:

- How does the youth plan to commit suicide: Specificity of the plan seriously increases the potential risk of death. Completed preparations and easy access to the express means also increase the risk considerably.
- How prepared is the youth to commit suicide: Consider if the method allows for reversal, but do not discover reversible actions. The youth may not be aware of the lethal potential of any actions being considered.
- How soon will it happen: The sooner the intended act, the greater the risk. A youth whose behavior indicates suicide is imminent should not be left alone under any circumstances.
- Has the youth ever attempted suicide before: Past attempts indicate self-destructive actions are acceptable to the youth. Staff should ask the youth

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what happened previously and if the youth attempted to make a current attempt a more acceptable option.

- Does the youth want to talk to someone: Support systems can sustain an individual during stressful periods of life. For those without internal support systems (HOPE Center, self-confidence, etc.), external resources become crucial. Staff should determine if the youth feels alone and isolated, and what available resources or interventions would be acceptable to address their needs.

### 1205.7 GENERAL MODE FOR UNDERSTANDING SUICIDE

Suicide is an interaction of five components of this model:

- Population at risk – certain populations are at greater risk:
  - The high suicide rate is among males (ages 15-25)
  - Lack of social support
  - History of suicide (for self or family)
  - Adolescence (especially substance abusers and those continually in trouble)
  - Mental illness and/or drug addiction
- Stressful events increase suicide risk:
  - Anything that causes a problem or changes in the youth's life
  - Assault
  - Setback in legal proceedings
  - Bad news from family
  - Discharge from psychiatric hospital
  - Transfer (especially to a higher level of confinement)
  - Death or illness of a family member or friend
  - Illness
  - Other perceived losses or rejection
  - Arrest or events leading to arrest
  - Critical Response to stressful events
  - Common critical responses
  - Feelings of helplessness



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- Feeling of loneliness, fear, and anger
- Expressions of agitation, self-hatred, and suicidal intent
- Inability to see alternatives or to feel pleasure
- Fantasies of death
- Change in behavior and mood
- Organize personal concerns (give away belongings)
- Lethargy, sleep problems, lack of interest
- Isolation/withdrawal
- Change in daily routine
- Hostile rejection of help
- Critical response:
  - Persons who attempt suicide most often indicate their intent
  - Suicide can be prevented with knowledge of the warning signs
  - The signs may be overt/direct (e.g., "I wish I were dead.") or covert/subtle
  - For adolescents, suicide is often an impulsive act.
- Decision.:
  - Decision to commit suicide is viewed by the youth as an escape from unbearable pain, not necessarily a desire to end their life
  - After the decision, the youth's behavior often changes, either by becoming agitated as if ready to act or peaceful
  - The decision to commit suicide may be impacted by intoxication or substance abuse
- Opportunity:
  - Opportunity is the means and unsupervised time to commit suicide
  - There may be opportunities that are not obvious, so careful routine checks are essential

The following are three essential steps to take after identifying a youth who you think is suicidal:

- Immediately take steps to keep the youth safe pending other interventions
- Obtain medical and/or mental health services

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- Increase the level of supervision

#### 1205.8 IDENTIFICATION AND REFERRAL OF AT-RISK YOUTH

What a youth says and how they behave during arrest, transport to the facility, and at intake are critical in determining suicidal behavior. The scene of the arrest is often the most volatile and emotional time for the youth. Arresting and transporting officers should pay close attention to the youth during this time. Suicidal behavior may be manifested by anxiety or hopelessness in the situation. Onlookers, such as family members and friends, can often confirm previous behaviors. Any pertinent information regarding the youth's well-being must be communicated by the arresting or transporting officer to the admissions staff.

In compliance with its mandate to provide a safe and secure environment for youth in its care, all facility staff shall maintain awareness of suicidal or self-harming activities, share information as necessary, and make appropriate referrals to mental health staff. To better serve all youth entering into a facility and to provide a safer environment, all youth should be assessed for potential suicide risk utilizing the following:

- Orientation Interview Process: The Orientation Officer shall, as a part of the intake interview, question the youth regarding any potential self-injurious behavior, suicidal behavior, and/or past suicidal activities. If the youth indicates involvement in any of these activities, the orientation officer shall verbally notify the Duty Supervisor of the subject youth's statement and/or any observation and shall document the statement/behaviors on the juvenile hall entrance record intake and PCMS. The Duty Supervisor shall direct the admission staff to refer the youth to the Department of Mental Health via a Request for Mental Health Consultation form.
- Initial Intake Screening Questionnaire Process: Facility staff completing the initial intake screening questionnaire shall be trained in the recognition and handling of potential suicide of youth in CORE training. CORE training shall consist of eight (8) hours of instruction at a minimum. Furthermore, all staff who perform intake shall receive four (4) hours of suicide prevention refresher training each fiscal year. The refresher training workshop shall include a review of predisposing risk factors, warning signs and symptoms, identifying suicidal youth despite the denial of risk, training in the use of emergency and safety equipment, and review of any changes to the Department of suicide prevention program.

An initial intake screening questionnaire form for each youth newly admitted to the facility, including those youth assigned to a HOPE Center from another facility. This form shall be completed before the youth leaves the admissions area or is placed

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in a room or in a HOPE Center in all instances. This form offers a series of yes/no questions to each youth relative to their medical, mental health, and educational histories, including whether or not they have had previous attempted or contemplated self-harm or suicide. If the youth admits to any previous suicidal ideation, self-harming activities, or suicide attempts, the youth shall be referred to DMH via a Request for Mental Health Consultation form. Admission staff shall place a copy of the initial intake screening questionnaire on the left side of the youth's behavior chart and provide copies to JCHS, DMH, and the LACOE. This document shall remain a permanent part of the youth's behavior chart.

PCMS Review Process: Orientation staff shall review the PCMS to determine whether or not the youth was previously coded as a self-injurious (SI) or suicide (S) risk, or was on Level II, III, or IV supervision status during the previous detention, if any. If any are noted, the youth shall be referred to DMH via a Request for Mental Health Consultation. The review of the PCMS is required in addition to any communications by and/or notations made by the IDC officer on the juvenile hall entrance record. Staff who do not have access to PCMS shall contact the nearest juvenile hall and request that the PCMS system be accessed, and a copy of the record be affixed to the facility for review.

Behavior Chart Review Process: Admission staff shall conduct a review of the youth's behavior chart to determine if the youth was coded as a self-injury or suicide risk or was on L2, L3, or L4 status during a previous detention. If any are noted, the youth shall be referred to DMH via a Request for Mental Health Consultation. Orientation staff shall also ensure that a 3-inch, red-colored "S" code is annotated on the outside front cover and inside the left-side cover sheet in the behavior file.

Medical Admission Screening Process: JCHS nursing staff shall conduct a medical assessment of all newly admitted youth. As a part of the admissions process, nursing staff shall inquire as to any current or previous self-harming and/or suicidal activities utilizing a psychosocial assessment tool. If any are noted, the youth shall be referred to DMH via a Request for Mental Health Consultation. Nursing staff that feel the youth represents a suicide threat shall place the youth on L3 status, contact the Duty Supervisor, and complete a JCHS Notification of High Risk Juvenile form, which shall be provided to both Mental Health and the facility's Duty Supervisor.

Mental Health Screening Process: The DMH staff shall conduct a mental health screening of all youth newly admitted to juvenile hall utilizing the Massachusetts Youth Screening Inventory II (MAYSI-2) within 72 hours of arrival. This screening is followed up by an interview with a DMH Clinician.

These two processes are utilized to help identify those Youth who present self-injurious and/or suicidal tendencies. If any are noted, the Clinicians shall place the

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youth on an appropriate level of supervision (Level II or III supervision), complete an update form, complete a Mental Health Recording form, and contact the Duty Supervisor.

Formalized Orientation Process: As part of the formalized orientation process, facility staff shall ask newly admitted youth a series of questions in an effort to identify those who may have self-injurious and/or suicidal tendencies. If a youth admits to any current or previous suicidal ideations, self-harming activities, or suicide attempts, the youth shall be referred to the DMH via a *Request for Mental Health Consultation*.

Education Screening Process: LACOE conducts educational screenings on all youth admitted to facilities. Occasionally, during the process, a youth will indicate either current or previous suicidal ideations and/or self-harming activities. When this occurs, the youth shall be referred to DMH via a *Request for Mental Health Consultation* referral form, and the school official shall contact the facility's Duty Supervisor and advise the Duty Supervisor of the situation.

Physical Examination Process: JCHS physicians conduct a physical examination of a newly admitted youth to juvenile hall (off-street). As a part of the physical examination process, physicians inquire about any current or previous self-harming and/or suicidal activities. If any are noted, the youth shall be referred to DMH via a *Request for Mental Health Consultation*. Physicians who feel the youth represents a suicide threat will coordinate with nursing staff to initiate an L3 supervision process. Nursing staff shall place the youth on L3 supervision status, immediately contact the Duty Supervisor telephonically or in person, and complete a JCHS *Notification of High Risk Juvenile* form, which shall be provided to both DMH and the Duty Supervisor.

Daily Observation: Throughout a youth's stay within the facility, staff shall be alert to those youth that involve themselves in self-harming and/or suicidal activities. When these activities are noted or observed, it is incumbent upon all Probation, JCHS, and LACOE staff to immediately refer those youth to the DMH via a *Request for Mental Health Consultation* form and contact the Duty Supervisor so that appropriate suicide precautions (supervision and housing) can be initiated to keep the youth safe pending assessment by DMH Clinician.

HOPE Center (HOPE Center) or Assessment Unit Mental Health Clinician Assessment: The DMH Clinician assigned to the facility shall, upon coming on duty during the 6:00 AM to 2:00 PM shift and during the 2:00 PM to 10:00 PM shift, conduct rounds of the HOPE Center and assessment unit, and shall assess youth identified by staff or observed by the Clinician to be experiencing adjustment difficulties or other mental health-related issues. The Clinician shall also determine whether existing mental health needs contraindicate the placement of a youth in the

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HOPE Center or assessment unit and whether a different level of supervision is indicated for the youth (15 CCR 1329 (b)(3)).

#### 1205.9 INTERAGENCY COMMUNICATIONS REGARDING SELF-HARMING YOUTH

It is critical that arresting officers and staff from Probation, DMH, JCHS, and LACOE, as well as parents, legal guardians, and other caregivers, share information regarding potentially suicidal or self-harming activities so that appropriate precautions (supervision and housing) can be initiated to keep youth safe. The IDC Officer shall contact the youth's parents and/or guardians via telephone during the initial intake process to gather information regarding the youth's past or present suicidal ideations, behaviors, or attempts.

The following practices have been implemented to facilitate the sharing of information:

**Request for Mental Health Consultation:** In each instance when Probation, JCHS, or LACOE becomes aware of a youth's desire to harm himself or herself, they shall initiate appropriate supervision practices to keep the youth safe and communicate this information via a *Request for Mental Health Consultation* form to DMH (15CCR 1329 (c)).

**Mental Health Consultation Request for a youth transfer to the HOPE Center, Involved in a youth-on-youth Violence or Physical Intervention Incident:** When a youth is sent to the HOPE Center, involved in a fight or an assault, or is involved in an incident where physical intervention techniques (physical restraint) are utilized, they may undergo some emotional stress. In each of these situations, a *Request for Mental Health Consultation* form shall be initiated for the youth to DMH so that they may assess the youth's mental state post-incident. The shift leader in the HOPE Center shall be responsible for ensuring that a copy of these referrals is received and placed in the file of each youth sent to the HOPE Center.

**Mental Health Recording Forms:** Each time a DMH Clinician assesses a youth, the Clinician shall prepare a *Mental Health Recording* form (commonly referred to as a green sheet), which shall generally indicate to Probation and JCHS staff the youth's current mental health state, any recommended changes in current level of supervision and any other information the Clinician feels staff should be aware of how to appropriately care for the youth.

**Mental Health Chart Recordings:** Medical staff shall, as necessary, record in the mental health record their observation of youth who are on L2 or L3 supervision status within the medical unit and shall indicate to Mental Health any observed changes in behavior that may necessitate a change to the youth's level of supervision.

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Facility Alert Log: Youth who are potentially or actively at risk of self-harm or suicide (L2, L3, or L4 status) or that are on a specialized supervision plan shall be noted on the facility's Alert Log. The Alert Log shall be provided each morning via fax or email to all individuals and agencies within the facility that have contact with the youth. This log shall be updated daily after the Department and DMH have contact with the youth. Placement onto and removal from the Alert Log is accomplished via a PCMS update and a completed Request for *Medical Health Consultation* form, or a completed *Mental Health Recording* form at the facility. This Alert Log shall consist of the names and other identifying information (PDJ number, regular living unit or camp, date placed on supervision level, name of Clinician placing youth on the level, and the date of the next mental health review at a minimum) of youth. Discrepancies shall be reviewed and collected via the PCMS update process. At all facilities, adjustments to the Alert Log shall be coordinated among the Duty Supervisor, DMH, and JCHS, as necessary and appropriate, after discussion and approval. The Duty Supervisor at the facility shall facilitate changes to the other log. There must be a new Alert Log printed and posted each day, and copies of all older log(s) retained in the Facility Director's office.

Probation Caseload Management System Update: Each time the level of supervision of a youth in juvenile hall is raised from Level 1 to Level 2 or Level 3 to Level 4, or lowered, a PCMS update form is to be completed by the individual initiating the change. Only the Duty Supervisor, Nursing staff, or DMH Clinician are authorized to initiate a PCMS update for changes in Enhanced Supervision Levels.

Facility Population and Grade Sheet: Each time the level of supervision of a youth in the facility is changed, either up or down, the facility population sheet and the Duty Supervisor's Alert Log are to be notated to reflect those changes.

Level 3/4 Enhanced Supervision Observation Form: Each youth placed on L3 or L4 status shall have an L3/L4 *Enhanced Supervision Observation* form initiated and maintained on each shift during the youth's assessment of L3 or L4. This form shall be used to communicate to DMH or JCHS any changed behavior or perceived need to change the level of supervision.

Movement Coordinator Collaboration – Transfers of L2, L3, L4 Enhanced Supervision and Specialized Supervision Status Youth: Movement Coordinator at the facility, at the direction of the Duty Supervisor, are responsible for coordinating movement of youth into and out of the facility and shall be cognizant of suicidal and self-injurious youth, L2, L3 or *Specialized Supervision Plan* youth, that are scheduled for movement to other facility, court, or medical appointments. The Movement Coordinator shall ensure that PCMS transmittals, or other transmittals, reflect those special codes and/or enhanced levels of supervision, and that staff assigned to transport these youth (including the Sheriff's Department) are aware of enhanced levels of supervision required. Movement Coordinator sending these

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youth on movement shall notify the receiving facility that the youth requires L2, L3, or specialized supervision and is being transferred to the receiving facility.

Staff coordinating movements of these youth in the facilities shall be especially alert to those youth not already on Level 2, Level 3, or Level 4 who are returning from court hearings, medical appointments, and/or special visits. Each of these situations could potentially have resulted in some level of negative outcome for the youth, which may result in the youth contemplating self-harming behaviors and/or a desire to act out. Staff coordination movements should be alert to the potential of these situations and should engage the youth verbally and inquire as to the results of the court appointment or visits to ascertain the emotional status of these youth as best they can. If it appears that a youth is emotionally unstable, appropriate direct supervision, as instructed by the Duty Supervisor, shall be provided to the youth pending assessment by a DMH Clinician.

Youth Transferred in from Other Facilities: Notwithstanding the previous requirements, movement Coordinator, Admitting staff, and other staff, as directed by the Facility Director, shall be responsible for reviewing incoming transmittals on all new transfers into the facilities from other facilities to determine if any of the youth are currently assigned to L2 or L3 enhanced supervision status or are on specialized supervision plan.

If any of these incoming youth are determined to be on L2, L3, Enhanced Supervision status or Specialized Supervision Plan, the movement Coordinator shall at the receiving facility be responsible for notifying the Duty Supervisor regarding the youth's specialized supervision status so that appropriate supervision practices can be immediately initiated to keep the youth safe pending assessment by the DMH Clinician, initiating *Request for Mental Health Consultation* form, and notifying the facility Alert Log Coordinator of the youth's arrival so that the facility's Alert Log can be appropriately updated.

Mental Health Transfer Summary: When Youth with mental health issues are transferred between probation facilities, DMH shall for youth to the receiving facility a "*Mental Health Transfer Summary*" consisting of, but not limited to the following: *Child/Adolescent Assistance* form, MAYSI-II results, *Belief Symptoms Inventory* (BSI) form, relevant medication logs and relevant progress notes pertaining to L2, L3 or L4 observations.

Shift Leader Briefing: Once daily, at the beginning of the day's shift, the shift leader shall conduct a shift briefing with the staff. A part of that briefing shall consist of a review of the unit/facility's at risk youth, which shall include a review and discussion of the Alert Log and mental health recording documents pertaining to the youth in the facility that may exhibit emotional and/or behavior problems as well as a reminder to those staff of the ongoing role in preventing self-harming or suicidal

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incidents. The shift briefing shall be documented in the shift leader's shift condition reports or Supervisor Log .

Individual Behavior Management Planning (IBMP) or Multi-Disciplinary Team (MDT) Meeting: Each facility hall or camp shall conduct regularly-scheduled individual behavior management planning or multidisciplinary team meetings, during each identifying youth that are involved in self-harming and/or suicidal behaviors are referred for discussion. At these meetings, specialized supervision, housing, and/or educational plans shall be created as necessary and appropriate. This meeting shall consist of representatives from the Department, from DMH, JCHS, and LACOE as necessary and appropriate. Facilities shall convene multidisciplinary team meetings as time and circumstance dictate to address self-harming and/or suicidal youth in their facility.

Suicide Prevention Assessment Committee: A portion of the weekly IBMP and MDT meetings at each facility shall be dedicated to the assessment, discussion, and classification of self-harming incidents that occurred during the previous seven (7) day period. The committee will also keep minutes of these meetings and make further recommendations for minimizing future attempts and eliminating identified physical hazards within the facility. Each facility that houses suicidal and/or self-harming youth shall convene a Suicide Prevention Committee meeting on a monthly basis in order to address any suicide attempts or serious self-harming incidents occurring during each previous month.

Court and Parental Notification of Self-Harming Activity: Staff shall ensure that the youth's parents, legal guardians, the court, the probation officer, and/or social worker are notified of any self-injurious harm or suicidal activities presented to the Department.

"Suicide Prevention" Code Blue" Drills: In an effort to ensure an efficient emergent response to suicide attempts, Code Blue drills shall be conducted throughout all probation departments, institutional facilities, on a scheduled basis as directed by the Director. These drills shall be documented on SIR and copies of these reports shall be maintained in the Director's Office.

#### 1205.10 INTERVENTION TO PREVENT SELF-HARMING OR SUICIDAL BEHAVIORS

The assessment of suicide risk and the prevention of suicide attempts are ongoing processes and should never be viewed as uniformly separate issues. Because a youth may present self-injurious and/or suicidal behaviors at any point during their stay in a facility, suicide prevention interventions (including appropriate housing and suicidal supervision precautions) shall commence at the point of intake and continue until they are released from the facility.

The most important suicide prevention/intervention tool available to staff is the



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performance of required safety checks, not to exceed staggered intervals of 15 minutes between safety checks for youth and 10 minutes for L2 status youth that are housed in rooms. Historically, data regarding institutional suicides indicates that a majority of suicides successfully completed in detention facilities are perpetrated by individuals that were not previously identified by authorities as being potential suicide risks. Accordingly, staff who supervise youth intently, perform required safety checks, and provide appropriate supervision to youth assigned to L2 and L3 statuses are less likely to have suicide attempts succeed while they are on duty (15 CCR 1329 (b)(1)).

Staff assigned to living units, dormitories, colleges, or the HOPE Centers shall at the beginning of each shift, ensure that all emergency equipment (which may include a self-aid kit, an Ambu bag and/or face shield, biohazard kit, disposable gloves, cut-down tool, handcuffs, soft restraints, safety helmets, and suicide gowns) assigned to the unit is in the proper place and fully accessible for use in the event of an emergency. The presence of this equipment shall be recorded in the dormitory and the HOPE Center Log Book in camp. If any safety equipment is missing or not fully accessible, the Duty Supervisor shall be notified immediately.

The primary assessment and intervention agency is DMH. Any youth suspected of harboring self-injurious and/or suicidal ideations shall be immediately referred to DMH for treatment. Until the youth is seen by DMH, staff shall show concern and encourage the youth to express feelings in order to lessen their sense of isolation and anger, while at the same time providing appropriate suicide supervision precautions until assessment by DMH. These, however, are supportive measures only and as such, should in no way refrain, interfere with or delay the process of a DMH referral.

Youth involved in incidents of self-harm shall be referred to DMH for assessment and treatment designed to minimize their desire and/or ability to engage in incidents of self-harm and increase coping skills. Referral is accomplished when a staff member submits a *Request for Mental Health Consultation* form to DMH. A DMH Clinician shall evaluate the youth as soon as possible and make a recommendation for an appropriate level of supervision of the youth.

The levels of on-site facility supervision allow for Enhanced Supervision and Specialized Supervision to occur at Level 2 or Level 3. Youth requiring ongoing specialized programming designed to minimize self-harm shall, as appropriate, be referred for an assessment by the Multi-Disciplinary Team.

An immediate verbal notification of the assessment findings, which increase the supervision level of any youth to L2 or L3 Enhanced Supervision status or recommend the transfer of the youth to a higher level of care, presented to WIC § 5150 shall be immediately made to the Duty Supervisor by the DMH Clinician either

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telephonically or in person, followed by written notification to the Duty Supervisor.

The Duty Supervisor shall be notified in writing via a completed copy of a "Request for Mental Health Consultation" or a copy of a green "Mental Health Recording" form for any youth placed on enhanced supervision status. Since these supervision levels may be used for a range of clinical and behavioral conditions, DMH must state the specific reason for the order, along with specific recommendations for housing and the management of the youth.

Mental Health should distribute copies of the completed "Request for Mental Health Consultation" form to the Superintendent, Director, the youth's home unit/camp, unit/camp Supervisor, Duty Supervisor, special handling unit/specialized unit currently housing the youth, JCHS, DMH office, and LACOE (if the referral name came from LACOE).

DMH is generally the agency that places youth on enhanced supervision status. However, the Department, JCHS, or the court may independently place a youth on enhanced supervision status for mental health-related reasons pending assessment by DMH. When this occurs, the youth shall be referred to DMH immediately.

**NOTE:** In crisis situations, if there is no DMH staff on duty at a facility, Health Services shall consult with the on-call Psychiatrist regarding any requested change in the level of supervision. If there is no medical staff on duty in the facility, the Duty Supervisor shall consult with the on-call Psychiatrist.

**ATTEMPTS TO GAIN AN ELEVATED POSITION:** In accordance with Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities.

Attempts by a youth to gain access to a roof, stairwell, tree, or backstop may require an Officer to initiate "Immediate Use of Physical Intervention" because the youth presents an immediate threat to their own safety due to the nature and severity of the situation.

**Note:** De-escalation strategies will be initiated prior to the use of all physical interventions whenever possible.

**YOUTH IN AN ELEVATED POSITION:** If the youth is successful in their attempt to gain an elevated position, the following procedures should be followed to ensure the safety of the youth and staff.

- a) Initiate and follow "Code Blue" procedures whenever life-threatening suicide attempts are observed
- b) Request back-up assistance from other staff and continue to provide direct supervision of the youth in crisis
- c) Request supervisory assistance

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- d) Request DMH assistance
- e) Back-up staff shall notify Movement Control or the facility's main security office of the emergency before providing support
- f) The Duty Supervisor will call 9-1-1 for emergency services in all cases that appear to be life-threatening or if a serious injury may occur
- g) The Duty Supervisor will oversee the extraction to be conducted by staff and coordinate emergency services by contacting Movement Control or the facility's main security office regarding the location and nature of the emergency for medical staff and/or paramedics to be directed to the appropriate area
- h) De-escalation:
  - o Counsel the youth to gain compliance
  - o Direct youth to comply while explaining the significance of non-compliance
  - o If the youth is de-escalated and becomes compliant, the youth will be provided direct, continuous visual supervision to ensure their continued safety (i.e., Level 3 – Enhanced Supervision) pending DMH assessment
  - o A Specialized Supervision Plan shall be generated to address the youth's supervision, security, treatment practices, searches, etc., that are to be afforded to the youth during waking and sleeping hours
- i) The Duty Supervisor will determine whether force is needed to facilitate compliance if the situation becomes life-threatening (objectively reasonable), and will act in accordance with the Physical Intervention Policy if force is deemed necessary.

Suicide Attempt Procedures: The Department has established the following procedure to be adhered to in addressing those youth who become involved in self-injury attempts, ranging from small scratches to death. Staff shall consider all self-inflicted injuries as significant and as possible precursors to an actual suicide attempt. When handling suicide attempts, staff shall:

- Initiate the following "Code Blue" procedures whenever life-threatening suicide attempts are observed
- Request backup assistance from other staff before approaching the youth
- Control self-harming behavior immediately
- If a youth has attempted hanging, retrieve the emergency cut-down tool. Two staff shall then join to lift the youth, relieve pressure on the neck, and remove the noose or utilize the cut-down tool to remove the noose. CPR shall be

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employed and continued as necessary until medical staff or emergency fire paramedic personnel have arrived and assumed life-saving efforts

- Request backup staff shall notify Movement Control or the facility's main security office of the emergency before providing assistance.
- Request fire department emergency services in all cases of serious attempted hangings, asphyxiation, or serious injury.
- Ensure that the Movement Control of the facility's main security office is notified regarding the location and nature of the emergency so that medical staff and/or paramedics can be directed to the appropriate area to provide assistance
- Facilitate medical staff and/or paramedic decisions regarding when and where the youth is to be moved and determine whether or not the youth's injuries are to be treated at the facility
- Ensure seriously injured youth are transported by ambulance to the nearest emergency hospital upon the advice of the attending medical staff or emergency rescue personnel
- Ensure that youth involved in making suicidal threats and gestures are constantly observed by staff pending assessment by the DMH staff
- If necessary, confine a self-injurious youth to their room for critical safety and/or security reasons pending arrival of medical staff, paramedics, the Duty Supervisor, or DMH staff. If this type of confinement is necessary, a staff member shall provide constant visual observation of the Youth in the room when doing a door pending assessment of the situation by the Duty Supervisor or other supervisory staff
- Immediately refer youth engaging in self-harming behaviors or engaging in suicide threats or gestures, as well as those attempting suicide, to DMH for assessment.
- In serious situations, telephone DMH and request an immediate consultation for a youth if a Clinician is on the grounds and available. If there is no DMH Clinician on the grounds, the on-call Psychiatrist is to be contacted.
- Complete a *SIR* or a *PIR* (if physical force was used), which clearly articulates the behaviors observed, contacts made, and actions taken on behalf of the youth.
- Ensure that a PCMS update form is initiated and a special coding of suicide attempts (S) is added to the system.
- Prepare a "*Request for Mental Health Consultation*" form for youth to DMH.
- Chart on all self-harming and suicidal behavior, including threats and gestures,

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as well as actual suicide attempts. Medical staff shall chart on these incidents as well.

- Ensure that each incident where a PCMS update after a suicide attempt occurs, the youth's behavior chart is amended with an "S" code affixed to the outside front of the behavior chart in red lettering that is 3 inches in height. A white code shall be affixed to the inside left front cover sheet of the behavioral chart.

#### 1205.11 REPORTING

- The Supervisor shall immediately notify the Director of any successful suicide, serious suicide attempt, or serious self-injurious incident
- The Director shall notify the Superintendent of the incident as appropriate.
- The youth's parent or legal guardian shall be contacted as soon as practical and advised of the youth's behavior/status. In addition, the court and the youth's Probation Officer shall be advised of the youth's actions
- The incident shall be referred to the facility's Multi-Disciplinary Team for review and classification at the next scheduling meeting

#### 1205.12 INVESTIGATING SERIOUS SUICIDE ATTEMPTS AND/OR SUICIDES

- Should a successful suicide occur, local law enforcement shall be immediately notified
- The Director shall ensure that full cooperation is provided to the local law enforcement agency charged with investigating the incident
- The Director shall ensure that the Death in Custody Report, as required by the Bureau of State and Community Corrections, is completed and submitted to the California Department of Justice for youth.
- The Department shall conduct an internal investigation of these incidents.

#### 1205.13 MORTALITY/MORBIDITY/SUICIDE REVIEW PROCESS

In the event of a completed suicide or a serious suicide attempt that requires medical hospitalization, a mortality/morbidity/suicide review process shall be initiated by the Director, which may include a psychological autopsy in the case of a fatality. A multidisciplinary review team consisting of representatives from the Department, DMH, JCHS, LACOE, and other members as designated by the facility administrator, or Chief Probation officer shall participate in this review. This review shall be conducted separately and apart from any internal or concurrent investigation being conducted by other parties and shall be completed within 30

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days. The investigation shall address the following areas:

- A review of the circumstances surrounding the incident:
  - Who was involved
  - How did it happen
  - What actually occurred
  - When did it happen
  - Where did it happen
  - Why did it happen
- Review of compliance with procedures (i.e., what policies and/or procedures were in place to safeguard the youth and whether or not they were violated)
- Review of circumstances and responses preceding, during, and after the incident
- A review of all related training received by the staff involved
- Review of potential medical and DMH reports involving the youth, with a particular focus on those reports that indicate the youth was at risk of harm. Review of any possible precipitating factors that may have caused the youth to attempt self-harm or suicide
- Recommendations, if any, for changes in policy, training, physical plan, medical or DMH services, and internal operational procedures
- Critical stress debriefing. After a serious incident occurs, the supervising staff shall meet individually with the involved youth and staff to review the incident and make an assessment regarding the need to make crisis counseling available to the involved staff. Supervisor staff shall conduct the facility administrator and DMH. DMH shall facilitate appropriate counseling services for those affected youth staff as necessary
- The Facility Director shall provide a written report to the Superintendent regarding the incident

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|                                                                                                        | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                        | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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### **1301 DAILY OPERATIONS**

The section addresses various matters involved in the daily operation of a facility.

### **1302 SCHEDULE**

Each facility is responsible for developing a daily schedule that shall be distributed to staff the evening prior. The schedule shall detail each facility's activity and the staff members' responsibilities relating to each activity. All staff shall report for their duties on time. All staff shall be present and on time to assist with regular line movements and meals, whether named on the schedule or not.

Each facility shall develop a monthly schedule identifying all staff and their assigned shifts. The monthly schedule shall include:

- Regular days scheduled to work
- Training
- Vacation
- Shift vacancies

Once the master schedule is issued, it shall be maintained in the Assistant Director's (AD) office. Approved changes will be updated in ink by the approving Supervisor.

### **1303 PERSONAL HYGIENE, SHAVING, AND HAIRCUTS**

Staff shall ensure that each youth receives adequate personal hygiene supplies, which include a toothbrush, toothpaste, soap, comb, shaving implements, deodorant, lotion, shampoo, and post-shower conditioning hair products. Each female youth shall be provided with sanitary napkins, panty liners, and tampons as requested.

All female youth shall be given the option of both feminine hygiene pads and tampons for use during menstruation. Feminine hygiene products shall be placed in an easily accessible, plain-view location within the unit. At the beginning of every shift, staff shall ensure that an adequate supply is available to the youth at all times.



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Youth shall not be required to share any personal care items such as toothbrushes, toothpaste, soap, and combs. Liquid soap provided through a common dispenser shall be available.

The daily schedule shall include time periods during which the youth will tend to their personal hygiene needs. Staff shall ensure that youth have appropriate and timely access to the toilet, opportunities to wash their hands with warm water and soap, and access to paper towels to dry their hands. Staff shall encourage youth to wash their hands after participating in activities that may cause their hands to become soiled and before the youth eat meals. Youth shall also be given the opportunity to brush their teeth after each meal (15 CCR 1486).

Pursuant to the showering guidelines, staff shall provide youth with sufficient time in the showers for lathering. Additionally, youth shall be permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter.

If the youth requires any special accommodations to perform personal hygiene tasks such as showering, changing, or using the restroom (such as a youth with a cast on their arm), the staff shall attempt to provide the youth with the means to facilitate their needs or refer the youth to medical staff to assist them with their needs.

### 1303.1 SHAVING PROCEDURES

Youth shall have access to a razor daily unless their appearance must be maintained for reasons of identification in court. All youth shall have equal opportunity to shave their face and body hair (15 CCR 1487).

The following procedures shall be adhered to in order to minimize the risk inherent in providing razors to youth:

- Youth are allowed the use of disposable razors only
- Razors shall be kept in a safe designated area and are available only to staff
- Razors shall be used only once before disposal. A sealed box shall be kept in a locked, designated location for this purpose
- Staff shall collect and dispose of razors
- Razors shall be available for all youth regardless of gender identity, using the same procedures as above
- Staff must maintain direct visual supervision of youth who are shaving
- Youth shall not share disposable razors

The Superintendent or the authorized designee may suspend shaving procedures if the youth are considered a danger to themselves or others (15 CCR 1487).

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### 1303.2 HAIRCUT PROCEDURES

The Chief Probation Officer or the authorized designee shall establish written site-specific procedures for youth hair care services that comply with 16 CCR 979 and 16 CCR 980, California Code of Regulations. Hair care services shall be available in all facilities (15 CCR 1488).

Youth shall receive hair care services monthly and be permitted to reschedule for conflicts, such as court appearances (15 CCR 1488).

Staff members, as well as licensed barbers and cosmetologists, may give haircuts to youth. The same regulations that apply to barbers in the community shall apply to staff providing hair care services. Youth are not allowed to cut the hair of other youth.

After each haircut, all tools and equipment that came into contact with the youth shall be cleaned and disinfected according to this facility's established guidelines and procedures, and by a method approved by the State Board of Barbering and Cosmetology (15 CCR 1488).

Staff shall adhere to the following procedures:

- Equipment used for cutting hair shall be stored in a designated area available only to staff. Staff shall not leave equipment unattended
- All sterilizing chemicals shall be stored in secure areas available only to staff.
- All disinfectant solutions must be registered by the Environmental Protection Agency (EPA) and possess bactericidal, fungicidal, and virucidal capabilities. If an EPA-registered disinfectant, this information will be printed on the product's label
- All non-electrical instruments and equipment shall be disinfected as follows:
  - Remove all visible debris. Clean with soap or detergent and water
  - Completely dry tools with a new, clean paper towel
  - Then, totally immerse in an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity, used according to the manufacturer's instructions
  - Remove the implements by wearing protective gloves or using clean tongs
  - The disinfectant solution must remain covered at all times and be changed according to the manufacturer's instructions or when visibly cloudy or dirty
  - All tools used in any manner shall be placed in a container labeled Dirty, Soiled, or Contaminated
  - All disinfected tools shall be stored in a clean, covered place labeled "Clean" or "Disinfected."

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- Disinfected tools shall not be placed in a container, pouch, or holder which cannot be disinfected
- Shears shall be disinfected according to the following sequential procedures:
  - Remove all visible debris
  - Clean with soap or detergent and water
  - Spray or wipe the shear with an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity, used according to the manufacturer's instructions
  - Disinfected shears shall not be placed in a container, pouch, or holder which cannot be disinfected
- All electrical instruments shall be disinfected as follows:
  - First remove all visible debris
  - Disinfect with an EPA-registered disinfectant spray or wipe with demonstrated bactericidal, fungicidal, and virucidal activity, use according to manufacturer's instructions
  - Store electrical instruments in a clean, covered container that is properly labeled
  - All soiled electrical tools used on youth, or soiled in any manner, shall be placed in a container labeled Soiled, Dirty, or Contaminated (excluding hot styling tools)

#### **1304 CLOTHING AND BEDDING EXCHANGES**

Each day, staff shall provide the youth with a clean pair of undergarments (underwear/bra), socks, and t-shirts that are freshly laundered and free of stains. Youth shall exchange pants and sweatshirts once each week or whenever they become soiled. Clothing shall be clean, reasonably fitted, durable, and easily laundered, in good repair, and free of holes and tears.

Youth shall also be provided with a mesh laundry bag, which they may utilize to clean their undergarments. Female youth shall be issued new, non-disposable cloth underwear. Youth shall receive their own laundered underwear back at the exchange. Disposable underwear shall be made available upon request. Additional clean undergarments shall be made available for replacement should the youth's undergarments become soiled.

In some facilities, youth may be given the opportunity to do their own laundry on a daily basis. Each youth is responsible for washing their own sheets, blankets, and

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clothing with the washing machines provided in the cottages. Clean clothing is kept on hand in the cottage to be given to the youth in case their clothing becomes soiled. Suitable clothing shall be issued to pregnant youth.

Youth shall exchange their sheets, pillowcases, and bath towels each week or whenever they become soiled. Youth shall be given one blanket or more upon request, and shall be exchanged once a month or sooner if requested.

The standard issue of climatically suitable clothing for youth shall consist of, but not be limited to:

- Socks and serviceable footwear
- Suitable outer garments

Unless climatic conditions or illness necessitate more frequent exchange, outer garments, except for footwear, shall be exchanged at least once a week.

Each facility is responsible to develop a schedule for exchanging clothing and bedding that is in compliance with this policy. Clothing and bedding exchange shall be documented in the red Logbook, indicating the date and time the exchange occurred.

Management Services Bureau (MSB) shall ensure clothing is laundered at the temperature required by local ordinances for the commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer (15 CCR 1480 (a-d), 1482, 1500 (e), 1501).

## **1305 PROGRAMS, RECREATION, AND EXERCISE**

Facilities shall provide the opportunity for programs, recreation, and exercise periods for all youth, a minimum of three (3) hours per day during the week, and five (5) hours per day on Saturday, Sunday, and non-school holidays, of which one hour shall be an outdoor activity, weather permitting.

All youth shall be provided with the opportunity for at least one (1) hour of daily programs with the intent of minimizing the amount of time youth are in their rooms or their bed area. Programming includes, but is not limited to, trauma-focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro-social interventions and activities designed to reduce recidivism.

Programs shall be based on the youth's identified needs from their Initial Institutional Assessment and Institutional Plan. Such programs may be provided under the direction of the Los Angeles County Office of Education (LACOE) and can be administered by county partners such as the Department of Mental Health (DMH), community-based organizations, faith-based organizations, or the Department staff.

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A schedule of activities shall be posted in each living unit. Programs may include, but are not limited to

- Cognitive Behavioral Interventions
- Management of Stress and Trauma
- Anger Management
- Conflict Resolution
- Juvenile Justice System
- Trauma-related interventions
- Victim Awareness
- Self-Improvement
- Parenting Skills and support
- Tolerance and Diversity
- Healing Informed Approaches
- Interventions by Credible Messengers
- Gender Specific Programming
- Art, creative writing, or self-expression
- Cardiopulmonary Resuscitation (CPR) and First Aid training
- Restorative Justice or Civil Engagement
- Career and leadership opportunities
- Other topics suitable for the youth population

There shall be a written annual review of each program by the responsible agency to ensure the content offered is current, consistent, and relevant to the population.

A youth's participation in programs, recreation, and exercise may be suspended only upon a written finding by the Superintendent or the authorized designee that a youth represents a threat to the safety and security of the facility (15 CCR 1371).

If the Superintendent or the authorized designee denies any youth or group of youth the programs, exercise, or recreation time period, documentation should exist that verifies that the denial is based on good cause in relation to a safety or security need.

The Superintendent or the authorized designee may suspend, for a period not to exceed 24 hours, access to programs. The Superintendent or the authorized designee shall document the reasons why the suspension of programs occurred.

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### 1305.1 RECREATION AND EXERCISE

Youth shall be provided the opportunity for at least one (1) hour of daily unscheduled leisure reading, letter writing, and entertainment. A schedule of activities is posted in each living unit. Activities shall be supervised and include orientation, and may include coaching of youth.

Youth shall also be provided with the opportunity for at least one (1) hour of large muscle activity a day. The purpose of the exercise program is to build strength, endurance, and flexibility. Suspension of exercises requires written documentation from Juvenile Court Health Services or the Department of Mental Health indicating that the youth's health and well-being preclude participation in such activities (15 CCR 1371 (b)(c)).

Staff shall adhere to these procedures:

- During inclement weather, gyms or other available facilities shall be used to provide large muscle-type activity
- Co-ed functions shall be a regular part of the recreation program where facilities and appropriate conditions exist. Well-structured and supervised co-ed activities are valuable for developing social skills and serve a useful function for motivation and behavior control
- Activities must be properly supervised and thoughtfully planned to maximize participation by youth
- The following are approved exercises that shall consist of no more than 20 repetitions per exercise:
  - Jumping Jacks: Youth shall stand with their feet together and arms to their sides. They are required to jump with their feet spread apart and their hands touching over their heads
  - Sit-ups: Youth shall lie on their backs with their knees flexed, their arms crossed with hands placed on opposite shoulders, and their elbows held close to the chest. They are required to raise the trunk of their body off the ground with their elbows touching their thighs
  - Arm Turns: Youth shall turn their arms in a circular motion forward and then backward
  - Open/Closed Hand Clasps: Youth shall hold their arms out while opening and closing their hands
  - Side-to-Side Bending: Youth shall stand with their legs apart and bend from one side to the other
  - Running in Place: Youth shall move their legs up and down as if they

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were running

- Push-Ups: Youth shall lie face down with hands under their shoulders, fingers straight, legs straight, and toes supporting the feet. They shall straighten their arms, keeping the back and knees straight, then lowering the body until a 90-degree angle at the elbows is reached
- V-Sit Reach: Youth shall sit with their legs spread apart. They are to reach slowly forward as far as possible

Prohibited exercises are toe touches and deep knee squats. The Unit Supervisor/Lead or the authorized designee shall be responsible for ensuring that exercises are performed correctly and that youth are not overexerted.

- There shall be no deviation from the posted recreation schedule concerning when the activity is to begin, its duration, or field location unless authorized by the Officer of the Day (OD)/Supervisor. The Building Supervisor can request a change in the schedule upon consultation with the OD/Supervisor.
- The recreation schedule, with times and specific activities, shall be posted in the staff office and on the Behavioral Management Program (BMP) boards in living units where youth have access to them visually. It shall be the responsibility of the Unit Supervisor/Lead or the authorized designee to ensure compliance with the posted recreation schedule.
- The Unit Supervisor/Lead or the authorized designee shall make an entry into the logbook, which shall indicate the recreation period start/stop times and the type of recreational activity performed.
- Behavioral expectations and boundaries of activities shall be carefully structured and monitored by the staff responsible for each activity. Staff are prohibited from actively participating with youth in recreation but shall assume an appropriate role, such as refereeing.
- Special recreational activities must be planned far enough in advance to ensure successful programming and adequate supplies.
- Use of the swimming pool is to be carefully scheduled and monitored. Careful adherence to safety conditions shall be built into any swim activity.
- Each facility is responsible for having small game activities, reading materials, and supplies available to youth so they can effectively utilize free time periods in the unit.
- Only movies or videos approved by the OD/Supervisor may be shown to the youth. The Unit Supervisor/Lead or the authorized designee shall ensure compliance with the provision.

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- Neither enforced recreational activities nor exercise shall be used as a form of discipline or punishment.
- Equivalent recreational programming shall be provided for all youth

### **1306 THE DAILY SCHOOL/RECREATION/PROGRAMMING LOG**

Each facility has the fundamental responsibility to provide programming activities (15 CCR 1371).

All youth shall be guaranteed basic needs, such as school, recreation activities, counseling, and any other programs deemed necessary to assist and rehabilitate the youth.

This report shall reflect the names of all youth in each living dorm/unit. This report is initiated and completed prior to 10:00 PM and is to be submitted with the Supervisor's daily packet. Facilities may make the necessary adjustments to the time for recreation and programming activities. However, facilities shall ensure that at least three (3) hours of daily recreation activities are provided on weekdays and five (5) hours on weekends and/or non-school days.

The Daily School/Recreation/Programming Log report shall be completed daily by the designated staff from each unit/dorm to ensure that each youth has been accounted for in regard to school hours, recreation activities (including large muscle exercise), counseling, and any other programming the youth has participated in.

Each day (6:00 AM to 10:00 PM), the Title 15 Programming report shall be filled out by the designated staff for each living unit/dorm. The designated staff shall ensure the form is properly filled out before the receiving Board Counselor takes over.

#### **1306.1 SUPERVISOR'S RESPONSIBILITIES**

At the end of each day, the Supervisor or the authorized designee shall ensure that all Daily School/Recreation/Programming Logs forms are submitted with the daily Supervisor packet to the admin office. It is the duty of the Supervisor or the authorized designee to ensure that all youth have their required school hours, recreation hours, and programming completed.

### **1307 MOVEMENT LOG**

Each facility shall maintain a daily movement log. This log is the official record regarding the movement of youth. The following categories shall be included for each youth listed in the logbook:

- Name



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- Probation Department Juvenile (PDJ) Number
- Date of Birth (DOB)
- Reason for movement
- Time In/Out

Assigned office staff shall be responsible for recording the movement of all youth in and out of the facility in a timely manner.

### **1308 THE HEALING OPPORTUNITIES AND POSITIVE ENGAGEMENT (HOPE) CENTER LOGS**

Each HOPE Center shall maintain a separate HOPE Center logbook. This log shall be used both to document the movement of youth in and out of the HOPE Center and to communicate pertinent information to all staff. The HOPE Center log shall include the following information for all youth admitted to or released from the HOPE Center:

- Name
- PDJ Number
- Time In/Out
- Location sending youth to the HOPE Center (e.g., juvenile hall, disciplinary removal (D/R), camp, or dorm)
- Reason for referral to the HOPE Center
- SIR received
- HOPE Center room number assigned
- Name of staff member referring youth to the HOPE Center
- Name of staff member who received the youth in the HOPE Center
- Mental Health referral complete

### **1309 SUBPOENAS**

Periodically, subpoenas concerning criminal matters and complaints are brought to the facility for service. The following procedures and guidelines assist staff in expediting these matters, whether service is made by law enforcement or private process servers.

#### **1309.1 ACCEPTANCE OF WORK-RELATED SUBPOENAS**

The Department only accepts service of subpoenas for matters related to the

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Department services. The Department does not accept subpoenas for private matters not having a department nexus. Management at the facilities shall advise individuals attempting to serve Department-related subpoenas that service is only accepted at Probation Headquarters as follows:

Los Angeles County Probation Department  
Civil Litigation Office – Employment Related Subpoena Control Unit

9150 E. Imperial Highway

Downey, CA 90242

Subpoena Service is accepted Monday-Friday during the following hours:

9:00 AM to 12:00 PM

2:00 PM to 5:00 PM

#### 1309.2 DUCES TECUM

Welfare Institution Code (WIC) § § 827, 828, along with Juvenile Laws and Court Rules § 1423, clearly establish the confidentiality of juvenile records, as well as who may access them. The Department's policy recognizes these requirements and sets forth the following guidelines to provide procedures consistent with the policies governing the release of those records, documents, and information.

Per WIC § 827(a), certain parties or agencies are eligible to review or receive copies of juvenile records in the Department's control, upon signed and certified approval of the judge presiding over the instant (current) matter.

#### 1309.3 PROCEDURES

Upon receipt of the Subpoena Duces Tecum (SDT), which has been signed by the judge, the custodian of records or the authorized designee shall personally present the original requested documents and a copy of the documents to the judge at the prescribed date and time. The custodian of records or the authorized designee must retain physical custody of the original documents at all times. These documents shall not be mailed, faxed, or otherwise sent to the court for the youth. The custodian of records must maintain a record of all SDTs received and executed.

A SDT must be signed by a judge to be considered a valid request.

#### 1309.4 CRIMINAL SUBPOENA

When a law enforcement officer comes to a facility in order to serve a criminal subpoena, the Supervisor shall not accept the subpoena, as the Department only accepts subpoenas for matters related to Probation services.

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### 1309.5 CIVIL SUMMONS

Periodically, the Department is named in a civil suit. Normally, civil suits are served at the Department's Headquarters. However, occasionally, service is made to the Facility Director. When this occurs, the following steps shall be taken:

- Immediately upon service, the Facility Director shall notify the Department's Civil Litigation Office
- The Facility Director or the authorized designee shall immediately make copies of all documents served and forward the originals to the Civil Litigation Unit by mail or messenger.

Federal civil actions require a response within 20 days from the date of service. Local and state courts request a response within 30 days from the date of service. Since County Counsel responds on behalf of the County, it is imperative that complaints or subpoenas be forwarded to the Litigation Coordinator immediately to allow sufficient time to respond in a timely manner. Failure to do so may result in a Default Judgment.

### 1309.6 CIVIL SUMMONS – STAFF INDIVIDUALLY NAMED (JOB-RELATED)

If a staff member is individually named in a lawsuit and the process server arrives on the grounds to serve the staff, the following shall occur:

- Immediately upon service, the Supervisor shall notify the Facility Director

The Director or the authorized designee shall notify the Department's Civil Litigation Office

### 1309.7 CIVIL SUMMONS – NOT JOB RELATED

If the process service arrives on the grounds to serve a civil suit on a staff and the summons is not job-related, the following shall occur:

- If the staff agrees to accept service, the process server shall accomplish this in a private area
- If the staff is not available, service shall not be accepted

## **1310 SUPERVISION**

The provision of a safe and secure environment is the primary responsibility of all staff (Refer to Camp Supervision policy).

## **1311 SECURITY CHECKS**

It is the responsibility of facility staff to maintain a safe and secure environment for

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youth and staff through compliance with specific procedures. The Facility Director or the authorized designee shall annually review, evaluate, and record all internal and external security measures, including, but not limited to, key control, equipment, and staff training (15 CCR 1326).

Staff are responsible for maintaining a safe and secure environment for youth and staff. This is accomplished through compliance with specific procedures.

#### 1311.1 PHYSICAL COUNTS

Staff shall conduct a physical count of all youth at the onset of each activity and movement. The count is the responsibility of both incoming and outgoing staff, and it shall be conducted jointly. The results of the physical count shall be recorded in the appropriate logbooks.

Any discrepancy from the correct count shall be reported to the Supervisor immediately. Staff shall be responsible for maintaining an ongoing record accounting for the location of each youth during the supervision period. The Supervisor shall be responsible for verifying that all youth are accounted for at all times.

#### 1311.2 SECURITY CHECKS

Before 10:00 PM each evening, a designated officer shall conduct a thorough security check of the facility grounds and buildings, paying close attention to doors, locking mechanisms, screens, bolts, light fixtures, vents, and other areas. If there is a physical security issue requiring immediate maintenance, the Supervisor shall be contacted to initiate a work order for maintenance personnel. The designated officer shall document the results of the security check in accordance with facility-specific procedures.

All staff shall ensure that doors are locked at the appropriate times. Utility closets, laundry rooms, staff offices, storage areas, and recreation rooms are to be locked at all times. Staff shall directly supervise youth who enter these areas; at no time are youth to be left unattended in these areas.

### **1312 SAFETY CHECK POLICY**

A safety check shall consist of direct visual observation of youth at a minimum of every 15 minutes, at random or varied intervals. Safety checks shall be conducted during hours when youth are asleep, when youth are in their rooms, confined in holding rooms, or confined to their bed in a dormitory.

Direct visual observation refers to supervision staff performing one uninterrupted 'line-of-sight' visual observation. Supervision is not replaced but may be supplemented by an audio/visual electronic surveillance system designed to detect overt, aggressive,

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or assaultive behavior and to summon aid in emergencies. All safety checks shall be documented with the actual time the check is completed<sup>1</sup>. Audio/visual electronic surveillance systems and mirrors are not intended to replace, nor are they acceptable in lieu of, direct visual observation. Safety checks shall be conducted in an unpredictable manner to avoid the youth predicting a pattern.

#### 1312.1 MANUAL SAFETY CHECKS

All manual safety checks must be documented and recorded on the Safety Check Sheet.

A Safety Check Sheet shall be posted on each youth's room door within all living units or each living wing in a dormitory setting to ensure that each youth in the room can be appropriately observed by staff at required intervals.

It is the responsibility of the staff at each shift to prepare and place a new Safety Check Sheet on each youth's door or living unit in a dormitory setting for the following shift. Staff shall continue the safety checks until they are relieved. This will ensure that safety checks are not delayed during shift exchanges and that compliance with Title 15 § 1328 is maintained.

Safety Check Sheets shall have the youth's name and any special coding (including Enhanced Supervision and Specialized Supervision statuses). Safety checks shall be conducted in an unpredictable manner to avoid the youth predicting a pattern.

Safety Check sheets are to be handwritten in ink and shall contain the date, the initials of the staff member conducting the check, and the actual time the safety check was completed.

Notations on the Safety Check sheet shall only be made by supervising staff to indicate that an actual safety check was completed. Any notation, in advance of real time, such as filling out times, signatures, or comments prior to completing an actual safety check, is strictly prohibited. Any notation that represents a safety check was performed, when in fact it was not made; or, the failure to perform a required safety check is a violation of this policy.

One row of the Safety Check sheet shall be utilized to record the required information for a single safety check. Sequential safety checks shall be recorded vertically on the Safety Check sheets.

Safety checks must be conducted during sleeping hours, as well as during the day. When all youth are outside of their assigned rooms and are under the constant direct visual supervision of staff during programming (in dayrooms, or outside for recreation, etc.), the performance of youth counts shall substitute for safety checks.

<sup>1</sup> BSCC Title XV § 1328. Safety Checks

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When the entire group of youth is out of their rooms or beds, staff shall, at the time the youth vacate their rooms or beds, make a notation just below the last safety check, indicating the time the youth vacated. A safety check shall be made immediately upon all youth being returned to their rooms or beds after the activity has concluded.

### 1312.2 SAFETY CHECK AUDITS

The supervisor must regularly review and audit Safety Check Sheets to ensure compliance. Supervisor shall ensure a new shift-appropriate Safety Check Sheet is posted at the beginning of each shift and shall ensure that staff do not record safety checks outside of the table provided on the form. The Supervisor shall ensure all Safety Check Sheets completed/utilized during each shift each day are compiled in a file that is maintained by the facility.

At least once per eight (8) hour shift, as time and circumstance permit, a Supervisor shall make an unannounced inspection of the Safety Check Sheets in buildings under their supervision and, with a red ink pen, legibly note their name and actual time of inspection on the line just below the last safety check notation made by a staff. As circumstances require, a Supervisor may be required by the Facility Director to conduct multiple unannounced inspections of the Safety Check Sheets to ensure appropriate and timely safety checks are being conducted. Discrepancies such as late/missed checks, checks that are not random or varied, or checks that were not closed, shall be documented under the "Discrepancies" section on the safety check sheet and signed by the Supervisor.

### 1312.3 ELECTRONIC SAFETY CHECK

When utilizing the electronic safety check system located in each living unit. The electronic safety check system comprises of the following accessories:

- Radio-Frequency Identification (RFID) Scanning Device
- RFID Scanning Device Docking Station
- Near Field Communication (NFC) RFID Tags
- Application Software

Staff must ensure that the youth do not handle or tamper with the RFID scanning device, docking station, or RFID tags.

If a safety check is completed beyond the required time allotment (fifteen (15) minutes for a standard safety check and ten (10) minutes for specialized safety checks), a justification for missed/late safety checks shall be documented on a SIR for each shift. Staff shall notify the Supervisor/Lead or the authorized designee of the reason for the missed/late safety checks.

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While conducting safety checks utilizing the electronic safety check system, staff must:

- Ensure that they are logged in to the RFID scanning device prior to conducting a safety check using their standard County email/eCAPs Login
- Observe each youth to ensure that the youth is alive, not in distress, not experiencing any observable trauma, and not engaging in any activities that may endanger themselves, other youth, and/or the safety and security of the facility
- Visually verify that the youth are present, safe, secure, and not in crisis or experiencing any observable trauma.
- Stop at each room window when youth are in their rooms or confined to their beds to ensure that the youth's head, arms, and neck region are visible, and observe physical and/or audible signs (such as the rise and fall of the youth's chest, snoring, movement, etc.) that would indicate the youth is not experiencing an obvious medical emergency
- At any time and during all shifts, whether the youth is sleeping or not, have a clear view of the youth. If a clear view of the youth is not possible, the youth shall be directed to move into the officer's view and/or remove any obstruction.
- Remain in constant visual observation of Level 3 youth and complete the required Enhanced Observation Form
- Upon completion of the safety check with the RFID scanning device, immediately return and dock the RFID scanning device on the corresponding docking station
- Staff conducting safety checks must ensure that they are actively logged into the device
- In the event that an RFID tag is deemed inoperable or damaged, staff must ensure that a hard copy safety check sheet is used as a temporary measure pending its replacement/repair
- Ensure that a work order is completed and processed in every instance for damaged or inoperable RFID scanning devices, docking stations, or RFID tags

#### 1312.4 SAFETY CHECK AUDIT

During each shift, designated Supervisor is responsible for the following:

- Conduct a daily audit of missed/late safety check reports by unit and shift to ensure that safety checks are conducted in accordance with Title 15 and this policy. Utilize the unit bed chart to reconcile with a missed/late safety check report and identify each youth whose safety check was missed/late.

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- If a safety check is missed/late, the Supervisor will direct the Unit Supervisor/Lead or the authorized designee of the unit to generate a SIR.
- Ensure that a printed copy of a missed/late safety check report generated SIR, is included in the Supervisor packet.
- Ensure that staff are assigned to complete safety checks in the event of a critical incident or emergency.
- Ensure that all Safety Check Sheets completed and utilized during each shift each day are compiled in a file maintained by the facility.

#### 1312.5 UNANNOUNCED FACILITY ROUNDS

At least once per eight (8) hour shift, as time and circumstance permit, the Supervisor or the authorized designee (at the minimum level of supervisor) must conduct unannounced rounds. While conducting these unannounced rounds, the Supervisor is required to:

- Inspect units/rooms visually and scan the designated Supervisor's RFID room tag in every unit to identify any concerns with the safety check system and deter potential safety concerns within the facility.
- Immediately address observed safety concerns. Safety concerns may include, but are not limited to:
  - Covered security windows, Closed-Circuit Television (CCTV) cameras, light fixtures, etc.
  - Non-functioning lock mechanism(s)
  - Damaged/broken furniture, CCTV cameras, fixtures, etc.

When conducting required unannounced rounds, Supervisors must make every effort to ensure that staff are prohibited from alerting other staff members that these supervisory rounds are occurring.

#### **1313 CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID**

Youth Supervision staff shall be trained on how to respond appropriately to emergencies requiring first aid and the use of Automated External Defibrillators (AED). The first aid and AED certification shall be renewed every two (2) years. Staff shall notify their Supervisor or Training Coordinator to arrange for recertification. Any trained staff who becomes aware of a youth in need of first aid or emergency care shall immediately provide such care or arrange for the youth to receive care.

The facility shall have first-aid kits readily available to staff in the housing and admission areas and any other locations approved by the Medical Director. The



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Medical Director shall approve the contents, number, location, and procedure of periodic inspections of the first-aid kits.

Facility shall have AEDs available to staff in the housing and admission areas and any other location approved by the Medical Director. The Superintendent or authorized designee shall ensure that AEDs are maintained properly per manufacturer standards (15 CCR 1412).

#### **1314 SAFETY EQUIPMENT**

Each facility shall develop procedures to ensure the following:

- Fire extinguishers, cut-down tools, rescue breathing devices, handcuffs, flex cuffs, first aid kits, flashlights, leather restraints (if applicable), emergency alarms, Oleoresin capicum (OC) canisters (if applicable), NARCAN, and biohazard kits are operable and properly secured
- Fire extinguishers are available in their designated areas and are currently dated
- Protective masks for staff and youth use in the event of a fire or other respiratory-related emergency are available and in adequate supply
- The cut-down tool must be maintained in the identified box. All staff shall know the location of all boxes throughout the facility. Additionally, all staff shall be issued, and must carry, the red cut down tool box key whenever they are in the facility.
- Handcuffs (or other restraining devices, such as leather restraints, flex-cuffs, four-man chains, and leg cuffs, as applicable to the unit) are immediately available and in good working order
- Rescue breathing devices are immediately available and in good working order
- Flashlights are immediately available and in good working order
- First aid kits are immediately available and fully stocked. If the first aid kit needs restocking, the Supervisor will contact the nurse for assistance.
- Bio-hazard kits are immediately available and fully stocked. If the Bio-Hazard kit is in need of restocking, the camp services manager/general services manager is to be contacted.
- Emergency alarm(s) (panic buttons/knock-off telephones) system is/are in good working order. MSB personnel must test the alarm system on a regular basis. This test shall ensure the unit's emergency alarm system is in good working order (i.e., panic buttons and/or knock-off telephone). In instances where the device is not operating properly, the Supervisor shall be contacted,

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and an Emergency Work Order shall be submitted immediately.

## **1315 SEARCHES**

It is the policy of the Department that searches shall be conducted to ensure the safety and security of youth, staff, visitors, and the public, as well as facilities. Searches shall be conducted in a manner that preserves the privacy and dignity of the person being searched and shall not be conducted for harassment or as a form of discipline or punishment. Searches may be conducted as deemed necessary by the administration on a routine or random basis.

It shall be the policy of the Department that all youth shall be searched upon entry to the facility and prior to being transferred out of the facility.

### **1315.1 INTAKE TO FACILITIES**

When youth are admitted to the facility, receiving staff shall immediately take control of the youth and any personal property that they may have with them.

A metal detector search and pat-down search shall be performed immediately upon the youth's arrival, regardless of offense. A pat-down search consists of a search where deputized personnel perform a physical search of a youth while the youth is clothed. The search requires:

- The movement of the same sex searcher's hands over the body
- Pressing the clothing in an attempt to detect any concealed weapons or contraband
- Pulling out pockets on pants, takes off shoes and socks, and shakes them out, lifts up the pant leg to expose the back of the knees
- Running fingers through the waistband of the pants or skirt
- Youth running/their fingers through their hair
- Visually inspecting the youth's ears, nose, and mouth
- An officer of the same sex as the youth shall conduct the pat-down search
- A strip search may be conducted when there is reasonable suspicion (must be based upon specific and articulate facts) that the youth is in possession of contraband or weapons. Staff are allowed to perform strip searches (requires the youth to remove or arrange some or all of their clothing so as to perform a visual inspection of underclothing, breasts, buttocks, or the youth's genitalia) with the approval of a Supervisor and a completed Strip Search Authorization Form that clearly articulates the need for the strip search

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- A youth's charge and or prior history of possessing contraband are strong indicators of reasonable suspicion, however, the decision to authorize a strip search must be based on reasonable suspicion that the youth is concealing a weapon, drug, or other contraband; that such contraband could not be detected by a pat-down search, and that a strip search will result in the discovery of the contraband

#### 1315.2 YOUTH ON MOVEMENT OUTSIDE FACILITIES

- When a youth is preparing to go on any movement from a facility for outside medical appointments, court appearances, or transfers between probation facilities, a pat-down search shall be conducted on the youth prior to leaving the cottage or dorm.
- Staff shall perform a thorough search of the youth's personal belongings, where applicable, prior to leaving the cottage or dorm.
- Staff shall search the youth before the transportation staff takes over supervision to reduce the chance that contraband is missed.

#### 1315.3 YOUTH ON ENHANCED LEVELS OF SUPERVISION

- Youth on Level 3 Supervision are prone to self-injury and suicidal behavior. As such, these youth shall be searched (pat-down) at the beginning of both the AM and PM shifts and when the youth returns to the room or bed in dormitory or cottage settings following any activity. If the youth is awake on the Early Morning (EM) shift, a pat-down search shall be conducted. If the youth is sleeping during the shift change, a visual search shall be conducted.
- A search of their rooms or beds in dormitory or cottage settings shall be conducted at the beginning of both the AM and PM shifts. If the youth is awake on the EM shift, a search of their room or bed in the dormitory or cottage settings shall be conducted. If the youth is sleeping during the shift change, a visual search shall be conducted.
- When staff observes any youth with an object that can be used to hurt themselves or others, staff shall search that youth immediately to retrieve the object.

#### 1315.4 SEARCHING YOUTH ROOMS, COTTAGES, AND DORMS

- Staff shall search on a daily basis the entire youth's room or camp dorm area; bed area, sheets, blankets, desks, any personal items that are in the room, door jams, windows, and light fixtures. They shall ensure that doors lock

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properly and that no obstructions are present.

- All areas that youth have access to should be searched on each shift, this includes but is not limited to:
  - Utility Rooms
  - Laundry Rooms
  - Common areas
  - Restrooms
  - Closets/Cabinets
- Youth shall be searched (pat-down) any time they return to the unit or dorm from:
  - School
  - Recreation
  - Court
  - Medical Unit
  - After any type of visit

#### 1315.5 CLOTHING SEARCHES DURING SHOWERS

- Staff shall conduct a clothing search (a search of the youth's clothing, which has been removed and put aside) on a daily basis while the youth is taking a shower.

#### 1315.6 FIELD AREAS

- Staff shall conduct frequent searches of the facility for any contraband or weapons.
- Staff shall do a cursory search of field areas before minors are allowed to recreate.
- After recreation is completed, staff shall do a cursory search of the area.
- A search of the field areas shall be included in the facility security check.

### **1316 BODY SEARCHES (PAT-DOWN, STRIP, AND BODY CAVITY SEARCHES)**

To maintain a safe and secure environment for youth, staff, and civilians in the facility, Officers shall search youth in compliance with the Department's search procedure. Strip searches and visual or physical body cavity searches shall comply with Penal

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Code § 4030.

### 1316.1 DEFINITIONS

Reasonable suspicion: Reasonable suspicion is the knowledge sufficient to induce an ordinarily prudent and cautious person under the circumstances to suspect criminal activity is or has taken place. A “hunch” or a “guess,” without more, does not constitute reasonable suspicion. Concerning strip searches or visual body cavity searches, reasonable suspicion must be based upon specific and articulate facts that the specific youth is concealing a weapon or contraband, and a strip search and/or visual body cavity search will reveal it.

Facts: Facts are something that actually exists. The following are examples of factors for determining reasonable suspicion. Note there could be other factors, as well, that are not listed below:

- Nature of incident/offense/charge: Does the incident/offense involve violence, drugs, and/or weapons? If yes, what were the circumstances surrounding the offense? Why do these circumstances create reasonable suspicion?
- Circumstances surrounding the offense, incident, and/or action
- Access/opportunity to obtain weapons or contraband
- Furtive movements indicating the secretion of weapons or contraband
- Prior history: Criminal history, violent behavior, self-mutilation, mental health, suicidal efforts/ideation, possession, use, or sale of contraband

Pat-Down Search: A pat-down search is a search where Officers perform a physical search of a detainee while the youth is fully clothed. The search requires the movement of the searcher’s hands over the body, pressing the clothing in an attempt to detect any concealed weapons or contraband.

Clothing Search: A clothing search is a search of the youth’s clothing, including a search of jackets, shirts, pants/cuffs, pockets, etc., while the youth is fully clothed.

Metal Detector Search: A metal detector search involves the youth passing through a metal detector, and/or the Officer waiving a metal detector wand over and around a youth while the youth is fully clothed.

Strip Search: A strip search is a search that requires a person to remove or arrange some or all of their clothing so as to permit a visual inspection of the underclothing, breasts, buttocks, or genitalia of such person. This requires documented, specific, reasonable suspicion and prior written authorization of a supervising officer on duty.

Body Cavity: A body cavity is the stomach or rectal cavity of a person, and the vagina of a female.

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Visual Body Cavity Search: A visual body cavity search is a more intrusive strip search that includes a visual inspection of a body cavity. This requires documented, specific, reasonable suspicion and prior written authorization of a Supervisor.

Physical Body Cavity Search: A physical body cavity search involves the physical intrusion into a body cavity or orifice for the purpose of discovering an object concealed in a body cavity. This requires a search warrant issued by a magistrate (judge, not a commissioner or referee) specifically authorizing a physical body-cavity search. Only medical personnel shall conduct the search.

Contraband: Contraband is any item or substance possessed by a youth that is declared illegal by law or not specifically approved for the youth's possession. Examples of contraband include weapons, escape devices, drugs and/or drug paraphernalia, cell phones, marking pens, or authorized items possessed in excessive quantities or altered to be used in a manner not intended.

Weapon: A weapon is an instrument used, designed, or altered to be used to injure or kill someone.

Medical Personnel: Medical personnel include Physicians, Nurse Practitioners, Registered Nurses, licensed Vocational Nurses, or Emergency Medical Technicians.

Participant in a Search: A participant in a search is a person whose official duties relative to the search procedure require them to be present at the time a search is conducted.

Youth: Any person who is in the custody of the juvenile institution. This person may be a minor under the age of 18 or a person over 18 years of age. This includes persons whose cases are under the jurisdiction of the juvenile court and persons whose cases are under the jurisdiction of the adult /criminal court. This term includes "juvenile" as defined by WIC § 208.55.

Detention Hearing: A formal hearing by a Judge or subordinate Judicial Officer to determine whether a youth shall be detained in a juvenile facility.

## 1316.2 PAT-DOWN SEARCHES

The Officer conducting the pat-down search must be of the same gender as the youth. Cross-gender pat-down searches and strip searches are prohibited except in exigent circumstances or when conducted by a medical professional. Such searches must be fully justified and documented in writing. During the search, a Supervisor must be present (15 CCR 1360 (g)).

Transgender youth (a youth whose gender identity is different from their physical gender identity) must be afforded the opportunity to be searched by staff of the gender with which they feel comfortable. Under no circumstances should a search be used

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to determine a youth's physical gender (15 CCR 1360).

In order to successfully conduct a pat-down search, Officers must use their senses, including:

- Sight: Look for weapons/contraband
- Touch: Feel for weapons/contraband
- Hearing: Listen for indications of nervousness or lying.
- Smell: Odors of intoxicants (alcohol/drugs)

A strip search may be conducted when there is reasonable suspicion (must be based upon specific and articulate facts) that the youth is in possession of contraband or weapons.

### 1316.3 STRIP SEARCHES

Strip searches and/or visual body cavity searches may be conducted on under limited circumstances. This entails requiring the youth to remove or arrange some or all of their clothing so as to allow the Officer to perform a visual inspection of underclothing, breasts, buttocks, or the youth's genitals. The Officer must first obtain approval from the Supervisor or Facility Director, and they must complete a Strip Search Authorization form and a SIR that clearly articulates the need for the strip search.

The admitting Officer must have reasonable suspicion, based on specific facts that can be clearly articulated, to suspect that the youth is secreting weapons and/or contraband in a manner that requires a visual body cavity search to reveal, and that the visual body cavity search will reveal it.

A youth's charge and/or prior history of possessing contraband are strong indicators of reasonable suspicion. However, the decision to authorize a strip search must be based on reasonable suspicion that the youth is currently concealing a weapon, drug, or other contraband; that such contraband could not be detected by a pat-down search, and that the strip search will result in the discovery of the contraband.

If the Supervisor has approved the strip search and/or visual body cavity search, the Officer is to follow the following guidelines:

- Strip search and/or visual body cavity searches shall never be conducted in a group setting
- All such searches shall take place in a private area. The private area must eliminate the possibility of visual access by person(s) not involved in the search
- All such searches shall be conducted without touching the youth's body

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- The officer conducting the search shall be of the same sex as the person being searched. No person of the opposite sex shall be allowed to view the search (An exception is medical personnel)
- If a visual body cavity search has been approved, instruct the youth to remove each article of clothing, one piece at a time, and hand it to the Officer.
- Carefully examine each article of clothing for contraband, weapons, etc., and place it into the appropriate laundry receptacle.
- Immediately remove the clothing from the area and begin the search.
- During the strip search and/or visual body cavity search process, look for and note on the Strip Search Authorization form any irregularities, such as fresh injection marks, tracks (scarring from previous injections), bruises/scarring, etc., that may indicate physical abuse, medical conditions, etc.
- Physical body cavity searches are never to be performed by the Department staff.

Once a strip search and/or visual body cavity search has been authorized by a Supervisor, the search shall be conducted as follows:

- Direct the youth to stand and face the Officer
- Begin the visual strip search at the head and work down to the feet, sequentially, as follows:
  - Hair and scalp: All hair must hang loose. The youth must take all hair arrangements (ponytails, braids, etc.) apart for inspection.
    - Direct the youth to run/their fingers through their hair. Inspect hair, scalp, and hairline at the back of the youth's neck.
    - Wigs, hair extensions, and hairpieces may be subject to removal at the discretion of the Supervisor.
    - If a youth requires a hairpiece due to a medical condition, it must be cleared by medical staff and the Supervisor.
  - Ears: Visually inspect behind ears, under lobes, and into the ear canal.
  - Nose: Direct the youth to tilt their head back and visually inspect the nasal passages.
  - Mouth: Visually inspect the mouth and lip area. Direct the youth to open their mouth wide, tongue up, down, right, and left. Have the youth roll the upper lip up and lower lip down.
  - Upper torso – Anterior: As the youth continues to stand and face the Officer, direct them to extend arms to the side, with fingers spread apart.



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Direct the youth to rotate their hands from front to back.

- Direct obese youth to raise rolls of excess skin for visual inspection.
- Direct the youth to extend arms to the youth with fingers spread. Inspect between fingers and under fingernails. Inspect arms and hands for injection sites.
- Fingernails must be a safe length, not to exceed ¼". Residents will be directed to clip their long nails. False fingernails must be removed and stored in the youth's property.
- Lower Torso – Anterior: Direct the youth to stand with legs apart (approximately 24") and inspect the front lower torso.
  - Inspect the front of the legs and feet.
  - Instruct the youth to spread each toe and inspect between each toe.
- Upper Torso – Posterior: Instruct the youth to turn so that their back is facing you.
  - Inspect the entire back area, beginning at the base of the neck.
  - Direct obese youth to raise layers of excess skin for visual inspection.
- Lower Torso – Posterior: With the youth still facing away from you, visually inspect the back of each leg and instruct the youth to lift each foot so that the bottom of the foot is exposed. Inspect the bottom of the feet and toes.

If, at any time during the strip search and/or visual body cavity search procedure, there is reasonable suspicion to believe that the youth being searched may still be secreting contraband, and believe that this contraband could be discovered through a more thorough search, the following may be included:

- a) Male will be instructed to lift their penis and subsequently their scrotum. If a male is uncircumcised, instruct them to pull the foreskin back
- b) Female will be instructed to raise their breasts
- c) Visually inspect the youth's buttocks area, looking for any string or thread leading into the anus
- d) Instruct the youth to assume a squatting position and cough deeply. This should expel most contraband items secreted in the rectal area
- e) The strip search and/or visual body cavity search is now concluded, and you may direct the youth to change into facility-issued clothing

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f) Continue with the facility-specific admittance process

Note: In the event any contraband is discovered during the course of a strip search and/or visual body cavity search, it shall be processed in accordance with procedures for handling evidence (i.e., Chain of Custody). Any contraband discovered shall also be noted on the Strip Search Authorization Form, and the Officer conducting the search shall also complete a SIR or a Physical Intervention Report (PIR).

#### 1316.4 PHYSICAL BODY CAVITY SEARCHES

A physical body cavity search may be authorized only with the written approval of a Supervisor and under the direction of a valid search warrant issued by a magistrate (judge, not commissioner or referee) specifically authorizing the physical body cavity search. A physical body cavity search shall be conducted only by medical personnel. Prior to conducting a physical body cavity search, the reasons for the search shall be entered on the Strip Search Authorization Form (SSAF), and the Search Warrant shall be attached to the SSAF. The original SSAF with the Search Warrant attached shall be placed in the youth's behavioral chart. A copy of both documents shall be placed in the Strip Warrant file.

#### 1316.5 USE OF FORCE TO REMOVE CLOTHING

In the event a youth refuses to comply with the strip search/visual body cavity search policy set forth above, force shall not be used unless each of the following conditions are met:

- The non-compliant youth poses an imminent and serious threat to themselves
- A Supervisor shall communicate with the youth and thereafter make a determination whether force must be used to ensure the safety and security of the youth, staff, or the facility. The Supervisor shall ensure that only the minimum amount of force necessary to complete the search is used
- All Officers involved in the use of force shall submit a timely and appropriate PIR

When a youth refuses to comply with the strip search/visual body cavity search policy and an imminent, significant threat to the safety and security of the youth, staff, or the facility does not exist, the youth shall be placed in a holding room and provided with counseling.

Note: This sub-section applies when a youth refuses to comply with the strip search/visual body cavity search policy. This policy does not supersede or limit the use of force for other circumstances.

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## **1317 CRIME SCENE EVIDENCE PRESERVATION**

Every on-site incident involving criminal behavior committed by a youth must be fully investigated, and all evidence must be preserved and protected. The Facility Director shall ensure that staff adhere to this policy and that all evidence and property coming into the possession of the Department staff are accounted for and processed in accordance with the procedures set forth in this section. Any misappropriation, unauthorized destruction, or confiscation for personal use shall be grounds for disciplinary action.

Following an incident in which a serious assault or other criminal activity has occurred, the Director or the authorized designee shall ensure that staff follow these guidelines to secure the crime scene for possible criminal filing. The Director shall immediately report the incident to the Superintendent.

### **1317.1 CRIME SCENE DESIGNATION**

A crime scene shall be designated when a crime has occurred. Serious crime scenes include, but are not limited to, the following:

- Escapes
- Assaults
- Sexual assaults
- Possession of a controlled substance
- Possession of a weapon

The purpose of establishing a crime scene is to ensure that critical evidence is not disturbed or contaminated. Staff shall adhere to the procedures outlined below when a serious crime has occurred.

### **1317.2 RESPONSIBILITIES OF FIRST PERSON ON SCENE**

The first person on the scene is any officer who witnessed or responded to the location of the alleged crime. The first person on the scene shall:

- Survey the scene and address any urgent threat to their own safety, the safety of the youth, and other staff or the public in the surrounding area
- Summon a Supervisor as soon as possible. Immediately notify the Emergency Medical Response Team if there are any noticeable injuries.
- Advise the parties involved in the alleged sexual assault not to shower, change clothes, or use the restroom until medically examined
- Avoid touching or handling anything unless absolutely necessary in order to

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protect the crime scene and to prevent the contamination of evidence

- Set up a border securing the area containing possible evidence, and ensure that everyone remains outside the established crime scene perimeter when it is safe
- Remove the youth from the area, securing them in their assigned room or at a safe location with other staff
- Assist the designated person in charge in preparing the required written document of all pertinent information, which shall include the location, time, people involved, serious injuries, and weapons and/or narcotics involved

### 1317.3 RESPONSIBILITIES OF FIRST SUPERVISOR ON SCENE

The Supervisor or the authorized designee on the scene, shall assume control of the crime scene and immediately notify the Director that a serious crime may have occurred. The Director shall then report the incident to the appropriate Bureau staff and notify any local law enforcement, if necessary.

Further, the Supervisor or the authorized designee shall take the following actions:

- Survey the scene and initiate a preliminary investigation to determine if a crime has occurred
- If it appears that a youth has committed a youth incident of vandalism, then the Department can investigate the incident.
- The Director will complete the investigation if a law enforcement agency is not called.
- Pending appropriate processing of the evidence, the Supervisor shall cordon off the crime scene using designated yellow tape. The Supervisor shall avoid touching or handling the evidence unless absolutely necessary.
- Identify and maintain an accurate list of witnesses, including department staff who responded to the scene. At a minimum, the list should contain the following information:
  - Full name
  - Identification number(s) (employee number, CA DL/ID number, etc.)
  - Residence/business address
  - Contact phone number
  - Time arrived and time left
- If outside law enforcement is conducting an investigation, the Supervisor will

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wait until it is concluded before conducting their own investigation. The Supervisor shall remain available to assist in limiting traffic around the crime scene area, while at the same time avoiding interfering with the law enforcement investigation.

- Interview victims and witnesses as soon as possible.
- Complete a Suspected Child Abuse Report (SCAR) as soon as possible if there are allegations of child abuse. Immediately refer the matter to the Director of the Special Investigations Unit.
- Record all observations and initial findings on a Preliminary Incident Notification (PIN) report. Ensure all staff involved complete a SIR and a PIR as needed.
- Forward a copy of the Department incident report to the Probation Office of Security Services and Emergency Preparedness at Downey headquarters and Probation Risk Management Unit.
- Record all relevant findings (who, what, where, and how) on the Master Evidence Ledger.

#### 1317.4 EVIDENCE HANDLING

Evidence is useless if improperly handled. Staff shall carefully handle all articles that might have evidentiary value. Careful gathering of potential evidence, marking evidence correctly, maintaining the chain of continuity, and preventing contamination are critical to any criminal investigation. Staff shall adhere to the following procedures:

- Evidence collection: Staff shall wear gloves when handling physical evidence, such as weapons, money, clothing, controlled substances, and drug paraphernalia. Staff shall secure such physical evidence in clean cardboard boxes or envelopes. Law enforcement and physicians shall collect sexual assault evidence
- Labeling evidence: All evidence containers shall be labeled with the names of all staff who handled the evidence and in chronological order of possession. Include the date, time, and location where the evidence was found, along with the name and PDJ number of the youth specifically linked to the evidence. Preprinted label forms are available in the Crime Scene Evidence Kit, located with the evidence custodian
- Documenting evidence collected: Staff shall document all evidence items in the Evidence Ledger, including a description of the seized item, the date and location of discovery, and the name of the person who collected the evidence. The ledger shall include a chronological listing of those involved in handling the evidence, which correctly matches the information on the evidence label

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- Biological evidence: Staff shall not handle biological evidence, such as blood. Staff shall ensure that it remains undisturbed until law enforcement officials arrive and take control of the crime scene
- Photographing: Photograph the entire crime scene, all possible evidence items, and any visible injuries sustained. Using permanent ink, label the photographs with the date of the incident, the youth's name, DOB, and PDJ number.
- Storing evidence: Evidence shall be stored in a secure location as designated at each facility.

#### 1317.5 RESPONSIBILITIES OF THE EVIDENCE CUSTODIAN

The Director shall designate an Evidence Custodian and a Relief Custodian. The Evidence Custodian shall be someone at the level of a Supervisor. The Evidence Custodian has the following responsibilities:

- Ensuring the Master Evidence Ledger and evidence labels are accurate and contain complete descriptions
- Placing all incoming evidence in the secure storage area, unless surrendered to law enforcement. If surrendered to law enforcement, the evidence custodian shall ensure that a property receipt has been obtained and is affixed to the evidence ledger on the appropriate date of the incident page
- Segregating all evidence held more than three months, or as determined by the Director, and transporting this evidence to the local Sheriff's Office.
- Assuring the preservation of the chain of custody by logging out the evidence package in the Master Evidence Ledger under the appropriate column when disposing of evidence held for more than three months. All evidence must be transported in its original package
- Maintaining orderly storage areas and updating both the Master Evidence Ledger and evidence labels accordingly

#### 1317.6 LABELING EVIDENCE

Detailed procedures for labeling evidence are as follows:

- Evidence shall be labeled immediately using the pre-formatted, adhesive-backed evidence labels found in the Department's crime scene evidence kit.
- Legibly print the information using a ballpoint pen with permanent ink. Do not use pencils or felt-tip pens.
- Label and fasten property/evidence in such a manner that the evidence label will not be separated from the container, bag, or envelope that is holding the

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seized item

- DO NOT place labels where they may cause damage when removed
- Money, phones, and other items of similar size shall be placed in reinforced manila property envelopes, with completed evidence labels securely affixed to the envelope

The Director is responsible for ensuring staff receive proper on-site training regarding evidence-handling procedures. Training shall include a thorough review of this policy, the evidence ledger, and proper evidence labeling. Crime scene scenarios allow for discussion that may assist staff in understanding the process for preserving crime scene evidence.

### **1318 DAILY REPORTS**

Each day, the Supervisor shall ensure the timely completion and provision of all required Bureau documents. These documents may include, but are not limited:

- Supervisor packet.
  - All daily schedules (for all buildings, if applicable)
  - Safety check sheets
  - Facility security check sheet
  - Request for mental health consultation forms
  - The Daily School/Recreation/Programming Log
  - Suspected child abuse referrals
  - Unit meeting notes, if any
  - Daily variance
  - Group sign-in sheets
  - PINs and follow-up PINS
  - Strip search consent forms
  - Enhanced supervision documentation
- School attendance reports
- Bed charts

### **1319 TRANSITION PERIODS**

Staff shall only place youth in their rooms or be confined to their bed (dorm setting) when necessary for required institutional operations such as shift exchange, shower

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transitions, and post-incident. Once the activities are completed, the youth are to return to the regular program being offered at that time. Placing youth in their rooms or confining them to their bed (dorm setting) due to the cancellation or lack of programming or education services is strictly prohibited.

Other transition periods include youth changing their clothes, if they choose to, for outside exercise. Youth must be given a reasonable amount of time to change clothes and exit their room. Upon the conclusion of outside exercise, the youth shall change back into their daily clothing and immediately exit their room for programming.

Staff shall use good judgment and ensure that youth are not kept in their rooms or confined to their beds beyond what is reasonable for the activity. If a youth requests to go to their room/bed, they shall complete a *Self-Separation Form*. The youth shall document why they wish to go to their room/bed and sign the form.

If a youth requires room confinement due to their behavior posing an imminent risk to the safety or security of any youth or staff, the youth shall be transferred to the HOPE Center (Refer to Room Confinement Policy). Youth are not to be placed in a locked room in any cottage or confined to their bed in any dorm setting for the purposes of punishment, coercion, convenience, or retaliation by staff.

All transition periods that require brief periods of confinement shall be documented at the end of each shift in the Red Logbook.

#### 1319.1 SHIFT EXCHANGE

Staff shall only use the time necessary to accomplish shift exchange activities, but no more than 30 minutes at the end of the AM shift and beginning of the PM shift. Once completed, the youth must be returned to the program.

#### 1319.2 SHOWERS

Youth shall not be placed in a room or confined to their bed prior to 8:00 PM for shower preparation. Staff shall schedule shower times based on the dynamics of the cottage/dorm, such as the population, number of showers, number of keep-aways, etc. Showers can begin earlier than 8:00 PM only if this results in youth being provided additional programming afterward, but not for the purpose of going to bed earlier. Bedtime shall be no earlier than 9:00 PM.

To ensure the safety of youth who require nighttime medications that cause drowsiness, medical staff will provide a list of youth that necessitate earlier showers. Once youth have showered and taken their medications, they are to return to programming.

#### 1319.3 POST INCIDENT



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In some cases, involved or uninvolved youth may be placed in their rooms or confined to their beds to gain control of an out-of-control incident and ensure cottage/dorm safety. Youth shall be released from their rooms/beds in a reasonable time, specific and relative to the incident, to resume programming. Staff shall contact the Supervisor for staffing resources as necessary to allow programming to resume as soon as possible. Incident reports must include the times at which the youth were secured and brought out to resume programming.

## **1320 HOUSEKEEPING**

Housekeeping is essential to ensure that adequate health, hygiene, and cleanliness standards are maintained at all times. Operational continuity and the maintenance of a clean living and work environment depend on consistent standards and a commitment by all staff to adherence to those standards.

Although staff must be committed to maintaining housekeeping standards, they are not required to physically engage in the cleaning of a dorm/cottage. Youth may complete housekeeping tasks. The staff's role is to supervise and direct youth in the execution of housekeeping tasks and, on occasion, demonstrate how a task is to be completed. Staff are required to log the housekeeping activity(s) and times conducted in the Red Logbook.

### **1320.1 HOUSEKEEPING SCHEDULE**

Housekeeping is a mandatory function that must be completed throughout the day on each shift, excluding the EM shift. Prior to exiting the building for any movement, the staff is to ensure the unit is clean and orderly.

Prior to the end of each shift, all of the following areas shall be in a clean and orderly condition according to the standards set forth in this manual:

- Living unit areas
- Hallways
- T-area
- Living quarters (rooms and dorms)
- Dorm/Cottage Office
- Dorm/Cottage office restroom
- Personal closet/ storage area
- Dayroom
- Dining area

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- Pantries/Kitchens
- Utility room
- Laundry room
- Breezeway
- Restrooms
- Staff restrooms
- Storage rooms
- Drinking fountains
- Closets
- Areas between screens/ windows
- Outside perimeter of building
- Non-Living Unit Areas
- Intake Unit
- Breezeway
- Showers

### 1320.2 YOUTH PARTICIPATION

If the facility decides to utilize youth for any type of work program, the facility shall comply with the following:

Youth chosen to conduct housekeeping tasks must be physically and mentally capable of completing the tasks. The youth chosen should be fair and consistent. Such a selection should be based upon the predetermined housekeeping schedule posted in the living unit, but is ultimately determined by the Supervisor. Assignments shall not be imposed as a disciplinary measure.

### 1320.3 SAFETY PRECAUTIONS

When conducting any activity, safety and security must be of primary concern. Housekeeping activities are no exception. Staff must directly supervise youth conducting housekeeping chores at all times. Staff shall maintain direct visual supervision of all youth engaged in housekeeping activities.

For safety and security purposes, youth with special handling codes, as indicated below, are not to be assigned to conduct housekeeping tasks:

- Enhanced Supervision status – no housekeeping

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- Suicide (S) coded status – no use of cleaning chemicals
- Escape (E) code status – no cleaning assignment outside the building

Additionally, precautions must be taken to avoid injuries to both staff and youth during the completion of housekeeping tasks. Prior to conducting housekeeping tasks or work projects, youth must be provided with gloves and other protective gear and the appropriate cleaning equipment. Youth are not to handle cleaning solutions or other chemicals. Instead, staff shall add a measured amount of cleaning solution to buckets and/or spray bottles. Under no circumstances are youth to operate electric or gas-powered tools and equipment. Further, staff shall not operate any electric or gas-powered tools and equipment without the approval of the Supervisor and Facility Director (15 CCR 1373).

#### 1320.4 QUALITY ASSURANCE

Upon completing all housekeeping tasks, staff shall check each area for cleanliness and maintenance problems. Thereafter, the supervisor or inspector should inspect each area to ensure all areas meet acceptable standards of cleanliness. If an area does not meet acceptable standards, the Supervisor shall instruct the staff to make the necessary corrections (corrections shall be made by the youth). The area in question shall then be re-inspected by the Supervisor. This process shall continue until the area meets acceptable standards of cleanliness.

#### 1320.5 HOUSEKEEPING FUNCTIONS

Housekeeping involves many functions that are not otherwise considered to maintain unit cleanliness. They serve to enhance the visual orderliness of the building and ensure that the building infrastructure is maintained properly. These functions must be inspected daily by the Supervisor on each shift to identify and correct unsanitary or unsafe conditions in a timely manner. They include the following:

- Proper storage of chemicals: All chemicals must be stored according to the chemical use and storage procedures and must not be accessible to youth. The use of chemicals shall be done according to the product label and Safety Data Sheet, which may include the use of Personal Protection Equipment (PPE) (15 CCR 1510).
- Completion of work orders: Staff shall submit a work order through the Probation Facilities Management System (PFMS) for any maintenance problems that may exist. A copy of the email confirming the work order shall be filed in a binder in the unit office.
- Ensure youth grievance forms, grievance instructions, service request forms, and Ombudsman placards are posted in English and Spanish.

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- Ensure emergency supplies and equipment are present and in working condition:
  - Fire extinguisher
  - First aid kit
  - Flashlights
  - Rescue breathing device
  - Cut down tools
  - Handcuffs and physical restraints
- Ensure the presence of all necessary logbooks

### **1321 HOUSEKEEPING: BASIC CLEANING PROCEDURES FOR ALL AREAS**

The standard of cleanliness that shall be met in all building areas is outlined below:

- The walls, ceilings, floors, doors, doorjamb, windows, screen windows, and vents of all unit areas shall be free of:
  - Removable stains
  - Debris
  - Mucous
  - Bodily fluids or matter
  - Dirt
  - Dust
  - Cobwebs
  - Graffiti
- Floors: shall be swept, mopped, and visibly clean
- Ceilings/Walls: shall be visibly clean
- Lights shall be covered and not exposed
- Ceiling and wall vents: shall be unobstructed and free of dirt and debris
- Windows: Interior and exterior windows shall be clean, clear, and streak-free
- Window screens: shall be clean and free of dirt, dust, peeling paint, or other debris
- Window ledges, gaps, and sills shall be clean and free of dirt, dust, peeling paint, or other debris

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- Waste containers/Trash: shall be emptied whenever more than two-thirds full. All waste containers shall be lined with a plastic trash bag
- Restroom areas: all areas of the restroom shall be visibly clean and fresh-smelling, including all areas around urinals, toilets, and sinks
- Storage areas shall be visibly clean and orderly. All items located in these areas shall be neat and organized. Old, worn-out, dirty, and/or inappropriate items shall be removed
- Personal closet: shall be visibly clean and orderly. All items stored in these areas shall be neat, clean, and organized. Unclaimed and/or inappropriate items shall be removed
- Utility room: shall be visibly clean and orderly. All items stored in this area shall be neat and organized. Dirty equipment and tools shall be cleaned. Old, worn-out, and/or inappropriate items shall be removed and disposed of properly
- Laundry room: shall be visibly clean and orderly. All laundry items shall be unused, clean, neat, and organized. Dirty equipment and tools shall be cleaned. Old, worn-out, and/or inappropriate items shall be removed
- Damaged and/or unused furniture shall be removed from all areas
- Drinking fountains shall be visibly clean
- Building exterior and grounds: shall be visibly clean and free of debris
- Pantries and equipment therein shall be visibly clean and free of debris
- Mops and mop buckets shall be made of plastic. Metal mops and mop buckets shall be replaced with plastic models. Metal apparatus will be transferred to a non-custodial Probation facility

## **1322 HOUSEKEEPING: MAINTENANCE PROCEDURES**

Staff shall conduct routine inspections of its facilities and take immediate action to correct deficiencies discovered to ensure wash basins, showers, floor and ceiling tiles, lighting fixtures, doors, and mirrors are in a condition that can be used by youth to contribute to their hygiene.

### **1322.1 INSPECTIONS**

The Services Directors or the authorized designee must conduct random monthly inspections of each living unit's toilets and wash basins, the lighting located near mirrors, floor and ceiling tiles, lighting fixtures, and mirrors, to determine if the conditions of these items are acceptable for usage by youth. Their findings shall be listed in the monthly Physical Plant Maintenance Log, and a copy shall be provided to

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the Facility Director on a monthly basis. When discrepancies are noted, work orders shall be submitted.

Water temperatures will be tested during these inspections. The Superintendent or the authorized designee shall be notified immediately if a discrepancy in water temperature is discovered, so they can initiate an emergency Work Order.

Staff shall conduct a daily inspection of their living units, note their findings in the Facility Inspection Report, and if repairs are needed, submit a work order through PFMS. The email confirmation of the Work Order request shall be filed in a binder in the dorm/cottage office. The Supervisor shall review the email confirmations weekly and contact the PFMS support group ([probpfms-support@probation.lacounty.gov](mailto:probpfms-support@probation.lacounty.gov)) to follow up on outstanding work orders.

Supervisors shall conduct weekly inspections of their dorm/cottage to ensure that line staff have submitted a work order for each discrepancy related to wash basins, showers, floors and ceiling tiles, lighting, doors, and mirrors. If the Supervisor finds any unreported discrepancies, they shall ensure that work orders are submitted through PFMS.

Staff shall write a *SIR* for every act of vandalism or destruction of property, including but not limited to wash basins, showers, floor and ceiling tiles, lighting fixtures, doors, and mirrors, in the living unit.

Each month, Services Directors shall prepare a vandalism report that lists the number of repairs, including the cost associated with the repairs completed as a result of vandalism. A copy of this report shall be given to the Management Services and the Facility Director.

The results of the various annual facility maintenance inspections shall be kept in the Services Director's office, along with Corrective Action progress reports.

## 1322.2 WORK ORDER PROCESS

Probation Facilities Management System (PFMS) is a central, cloud-based system that creates, manages, and reports on the facility's maintenance and non-maintenance requests.

Staff shall submit work order requests through PFMS. Detailed processes for submitting a work order are outlined in the PFMS User Guide located on ProbNet.

The system sends automatic notifications via email to the requester at the following stages:

- Request has been received
- Request has been returned (if applicable)

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- Request has been approved (Once approved, the requester and/or contact person listed will be contacted by the designated team to coordinate job completion.)
- Request has been completed

After submitting a request, the form will be visible under the “My Pending Requests” section of the requester’s PFMS Home page. The requester may reference the form for status checks at any time.

Should staff require further assistance with PFMS, an email should be sent to the PFMS support group at [probpfm-support@probation.lacounty.gov](mailto:probpfm-support@probation.lacounty.gov).

### **1323 BEHAVIOR MANAGEMENT STORE**

A Store Manager will be appointed by the Director to oversee store operations, along with the Director and the Facility Services Manager. The Director will determine the day and hours of operation, as well as additional items to be sold in the store. All youth will be eligible to exchange points for items "sold" in the store. Supplies shall be ordered weekly or more often, if needed.

#### **1323.1 PROCUREMENT OF SUPPLIES**

- The Store Manager will generate an Inventory reorder list at least once per week and forward it to the Director for approval
- The Facility Services Manager will review the reorder list for budgetary purposes.
- The Facility Services Manager will submit the signed, completed form to Procurement.
- The Store Manager will ensure that enough supplies are ordered to accommodate the behavior points and to ensure against unforeseen delays.
- All orders shall be based upon projected facility needs
- All ordering documents (originals) shall be held on file for five (5) years in the Facility Services Manager's office.

#### **1323.2 RECEIVING OF SUPPLIES**

- The Store Manager shall receive supplies for the store from the Facility Services Manager
- All supplies received must be listed on a receiving document (itemized packing slip, vendor receipt, etc.). The Store Manager will reconcile the supplies

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received with the receiving document to ensure that the items listed were the actual items received

- The Store Manager shall ensure that all supplies are counted, then sign the receiving document and forward it to the Facility Services Manager for payment
- The signed receiving document (original) shall be held on file for five (5) years in the Facility Services Manager's office
- The Facility Services Manager shall resolve any discrepancies with the receiving of supplies

### 1323.3 CONDUCTING COUNTS OF SUPPLIES RECEIVED

- All items received must be meticulously reviewed to ensure that the items and amounts requested are the actual items and amounts received. The Store Manager shall validate items and amounts received against receiving documents (itemized packing slips, vendor receipts, etc)
- The Facility Services Manager shall resolve any discrepancies with the count of supplies received
- The Store Manager shall report damaged items immediately to the Facility Services Manager
- The Facility Services Manager will make a notation on all receiving documents (itemized packing slips, vendor receipts, etc.) that the item was damaged and forward a copy to Procurement
- The Facility Services Manager shall resolve any discrepancies regarding damaged items.

### 1323.4 INVENTORY MANAGEMENT

Once received and counted, all supplies shall be added to the Inventory Control Form. The Inventory Control Form allows for the efficient management of the store's inventory. The Inventory Control form will provide the following:

- The number of each product received (example: if there are 12 items per case and 2 cases have been received, the documented number of products would be 24)
- The number of each product sold
- The number of each product in inventory
- Beginning and ending inventory counts
- Monitoring of expiration dates of food items



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### 1323.5 INVENTORY CONTROL FORM

All items received from the Facility Services Manager and stocked in the store shall be listed on the Inventory Control Form. The Inventory Control Form provides an up-to-date record of the number of specific items in inventory at any given time.

The Store Manager shall ensure the following:

- The total amount of each item in stock before the minors have access to purchase them shall be recorded in the column designated "Quantity In-Stock."
- The total amount purchased by minors for each item shall be recorded in the column designated "Number of Items Purchased"
- The total amount of items remaining (Quantity In Stock" minus "Number of Items Purchased") shall be recorded in the column designated "Total Items Remaining."

Once a determination is made on what items are to be re-ordered to replenish the supply, the amount shall be recorded in the column designated "# of Items to Order."

- The re-order form is submitted to the Facility Services Manager, who will approve or disapprove the order. Once the order is approved, the Facility Services Manager will forward the order to Procurement. The date the order is sent to Procurement shall be recorded in the column designated "Date Order was Placed."
- If a product is not listed on the Inventory Control or re-order form, the product name, description, and amount counted shall be recorded in the additional spaces provided in the "Item" column. The Facility Services Manager will have to investigate to determine as to why it was not listed on the form(s).

The Store Manager will be held responsible for the following:

- Managing the store during the assigned hours of operation
- Collecting copies of the behavior points earned to purchase store items
- Assigning point values to all items for purchase (i.e., 4 points – pickles, 2 points – toothpaste).
- Ensuring that assigned point values are consistent with the point values throughout all Stores
- Utilizing the receiving document (itemized packing slip, vendor receipt, etc.) to ensure that the items listed are the actual items received
- Completing the Inventory Control Form accurately and correctly
- Maintenance and organization of the store at all times

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- Rotating the store stock regularly
- Monitoring expiration dates
- Ensuring that key access to the store is only provided to the Store Manager, Facility Services Manager, and Director

The Facility Services Manager will be held responsible for the following:

- Training the Store Manager on procurement procedures (including lead time), inventory protocol, and the approved vendor list
- All budgetary requests, transactions, etc., with regard to the store
- Ordering supplies for the store
- Ensuring that all proposed purchases are authorized
- Ensuring that all expenditures are made in accordance with applicable laws and established County policies and procedures
- Ensuring that all expenditures for which reimbursement is released are supported by properly approved invoices and receipts

The Director will be held responsible for the following:

- Designating a staff that will be responsible for managing the store
- Monitoring the store's hours of operation each week
- Ensuring that access to inventory is restricted to authorized persons
- Assessing the effectiveness of the store and modifying the store's operation, inventory, etc., if needed
- The Director may assign these responsibilities to an authorized designee

#### 1323.6 MONTHLY INVENTORY REPORT

The Store Manager will complete a Monthly Inventory Report. The face sheet will be a memo listing all discrepancies in orders (e.g., shortages, overages, damaged items) and the actions taken to reconcile them. The Monthly Inventory memo should include copies of all Inventory Control Forms, merit ladders, and signed itemized packing slips and/or vendor receipts for that month. A copy of the Monthly report shall be submitted to the Store Manager, Facility Services Manager, Director, Superintendent, and other designated staff.

#### 1323.7 QUALITY ASSURANCE

The quality assurance process is comprised of an evaluation of, but not limited to, the following:

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- Appearance and quality of inventory
  - Neatly shelved
  - Visible point value for items
  - Accessibility
  - Shortages/overages of items
  - No expired foods
  - Adequate room temperature
- Overall cleanliness of the store
- Adequate filing of budget documentation
  - Inventory Control Forms
  - Signed Itemized Packing Slips and/or Reports
  - Copies of Merit Ladders

Unannounced audits will be conducted by an Assistant Director or the authorized designee

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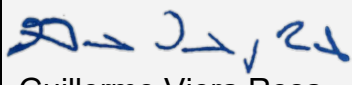
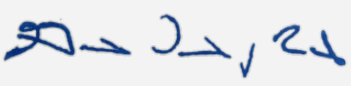
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| Subject:<br><br>RESIDENTIAL TREATMENT<br>SERVICES BUREAU MANUAL<br><br><br>THE HEALING OPPORTUNITIES<br>AND POSITIVE ENGAGEMENT<br>(HOPE) CENTER | Section Number:<br><b>RTSB- 1400</b>                                                                                                                  |
|                                                                                                                                                  | Effective Date: April 7, 2026                                                                                                                         |
|                                                                                                                                                  | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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**1401 THE HEALING OPPORTUNITIES AND POSITIVE ENGAGEMENT (HOPE) CENTER**

This policy governs the utilization of the Healing Opportunities and Positive Engagement (HOPE) Centers in juvenile facilities in which youth are separated from the general population for stabilization or administrative purposes.

**1401.1 SEPARATION**

Separation is the removal of a youth from their regular living unit for a specific purpose, such as temporary housing at the HOPE Center. This includes medical and mental health conditions, assaultive behavior, disciplinary consequences, and protective custody. When removed from the general population, careful consideration should be given to positive youth development and trauma-informed care. Youth shall not be denied normal privileges except when necessary to accomplish the objectives of separation.

When the objective of the separation is discipline, Title 15 §1390 shall apply. When separation results in room confinement, the separation shall occur in accordance with WIC §208.3 and Title 15 §1354.5.

Separation of youth, including Room Confinement and Special Supervision Programs, may occur in the HOPE Center or the living unit/cottage. A Specialized Supervision Plan (SSP) is required for youth in the Specialized Supervision Program and shall fully document the need for separation for the safety of youth and others.

**1401.2 COOL DOWN**

A youth may be referred to the HOPE Center for a brief removal from the general population as a temporary "Cool-Down." Separation may continue only until youth behavior has stabilized, and the return of the youth to the general population will not jeopardize the safety and security of the unit.

Staff shall engage youth, offering support and counseling. In addition, staff shall refer youth for a mental health assessment if needed.

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Youth can be returned to their regular living unit when the youth has de-escalated, or upon recommendation by HOPE Center staff or by mental health.

In addition, youth who have engaged in a minor rule violation can be separated to the HOPE Center to de-escalate. While at the HOPE Center, youth can complete imposed sanctions for minor rule violations, such as writing an apology letter, reflecting on lessons learned from the incident, and completing a reading assignment. Youth can continue to earn regular Behavior Management Program (BMP) points while under Cool-Down, unless receiving regular BMP points is part of a sanction resulting from a rule violation.

When a youth is referred to the HOPE Center for a cool-down, the following shall occur:

- The referring party must first contact and inform the HOPE Center Supervisor or the authorized designee of the youth being referred and the reason for the referral.
- The HOPE Center staff must log the youth in the red logbook as a cool-down and update the In/Out Log in the shared drive.
- The youth will then be placed in a “Cool-Down” space, which includes an open space such as a dayroom, office, or a room with no door.
- Youth may be referred to the Department of Mental Health (DMH) for an assessment or to clinicians, if needed.
- Once the youth has stabilized and is ready to return to their regular living unit, the HOPE Center Supervisor or the authorized designee shall immediately authorize the release of the youth from the HOPE Center back to their regular living unit.
- The HOPE Center staff is responsible for logging the youth out of the HOPE Center red in/out logbook and the In/Out Log in the shared drive.

## **1402 ROOM CONFINEMENT**

Room Confinement is defined as the placement of a youth in a locked room with minimal or no contact with persons other than facility staff and attorneys in instances where a youth’s behavior poses an imminent risk to the safety or security of any youth or staff.

### **1402.1 DEFINITIONS**

**Readiness for Release (RFR):** A process of assessing a youth’s behavior that resulted in their room confinement. RFR assessment shall be used to determine the need for continued room confinement.

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**Reintegration Plan:** A plan designed to address the goals and objectives needed for the youth's return to the general population. The reintegration plan shall include the basis for the room confinement extension.

## 1402.2 POLICY

It is the policy of the Department that Room Confinement:

- Shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff
- Shall not be for the purpose of punishment, coercion, convenience, or retaliation by staff
- Shall not be used to the extent that it compromises the mental and physical health of the youth
- May not be for a pre-determined length of time
- Does not include confinement of a youth in a locked single-person room for brief periods as may be necessary for required institutional operations
- It is not intended to limit the use of single-person rooms or cells for the housing of youth in juvenile facilities
- Does not apply to normal sleeping hours
- Does not apply to youth in court holding facilities or adult facilities
- Shall not be construed to conflict with any law providing greater or additional protections to youth
- Does not apply during an extraordinary emergency circumstance that requires a significant departure from normal institutional operations, including a natural disaster or facility-wide threat that poses an imminent and substantial risk of harm to multiple staff or youth. This exception shall apply for the shortest amount of time needed to address this imminent and substantial risk of harm
- Does not apply when a youth is placed in a locked room to treat and protect against the spread of a communicable disease for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in the medical unit for an illness. Additionally, this section does not apply when a youth is placed in a locked room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in the medical unit for illness.

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### 1402.3 ROOM CONFINEMENT ADMISSION PROCEDURES

Should a youth require room confinement, the following procedures apply:

- The Unit Supervisor or the Officer of the Day (OD) shall approve all Room Confinement. The unit staff shall complete the Audit Checklist to indicate approval, which is placed on the left side of the Room Confinement file.
  - Campus Vernon Kilpatrick (CVK): Staff shall utilize the designated unit at the facility for the room confinement. Staff shall adhere to procedures outlined in this section for youth requiring room confinement.
- If the youth is being referred to the HOPE Center for room confinement, the HOPE Center Supervisor or the authorized designee shall approve all referrals to the HOPE Center.
- Staff shall submit a SIR/PIR as soon as possible but no later than the end of the shift, articulating in detail the imminent safety/security threat that resulted in the youth's room confinement
- Upon admission to the HOPE Center, the staff that transported the youth to the HOPE Center shall remain with the youth at the HOPE Center until released by HOPE Center staff.
- The Room confinement shall be recorded in the unit Red Logbook or HOPE Center in/out Logbook and notated in Probation Case Management System (PCMS).
- All youth placed in room confinement shall be assessed by a Clinician.
- Electronic Safety Checks (Refer to the Safety Check Policy):
  - Safety checks that are random or varied shall be conducted and not to exceed ten (10) minutes between observations.
- Manual Safety Checks:
  - Affix a Safety Check Sheet to the youth's door to provide safety checks that are random or varied and not to exceed ten (10) minutes between observations.

### 1402.4 FIRST (4) FOUR-HOURS OF ROOM CONFINEMENT

- Staff shall contact either a Clinician to complete a "Behavior Chain Analysis" with the youth. The youth shall be seen within 30 minutes. If no Clinician is available, the staff must submit a Mental Health referral for the youth, noting they were placed in room confinement, so that one can be completed when a Clinician is available.



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- Electronic Safety Checks: Safety checks that are random or varied shall be conducted and not to exceed ten (10) minutes between observations.
- Manual Safety Checks: Affix a Safety Check Sheet to the youth's door to provide safety checks that are random or varied and not to exceed ten (10) minutes between observations.
- Prepare a Readiness for Release (RFR) form documenting the youth's behaviors that resulted in their room confinement. The RFR is to be completed within two (2) hours by the Unit Supervisor/OD or the HOPE Center Supervisor or the authorized designee. Staff shall be responsible for notifying the Supervisor within 30 minutes of the two (2) hour deadline for the initial assessment.
  - Readiness for Release Form - each youth shall be evaluated by a Supervisor every two (2) hours to determine the need for continued room confinement.
  - The Supervisor shall sign the RFR and document their approval for the youth's return to their regular programming or approval for the youth's continued room confinement.

#### 1402.5 FOUR-HOUR EXTENSION OF ROOM CONFINEMENT

It is expected that youth will be ready to return to the general population by the time of their first readiness review, and every possible effort must be made to engage youth and achieve de-escalation. In instances where youth continue to pose a threat to the safety of other youth or staff, the Readiness for Release form process and the Safety Check protocol listed in the preceding section shall be repeated. In addition, the following procedure shall be followed:

- A Reintegration Plan shall be completed with the youth by the unit or HOPE Center staff, signed by a Supervisor, and approved by the Facility Superintendent/ Director or their Designee. In the absence of a Director, contact must be made to the Superintendent or other Director for approval via email. The approval must be noted on the Reintegration Plan. In addition, mental health shall be consulted for the extension and every four (4) hours thereafter.
- The Reintegration Plan shall include:
  - Goals and objectives, including displaying appropriate behavior, to be met to return the youth to their regular living unit
  - The reasons for room confinement and the basis for the extension, which shall include why the youth remains a threat to the youth and/or staff

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- The date and time the youth was first placed in room confinement, and when they are eventually released from room confinement

#### 1402.6 ROOM CONFINEMENT EXIT PROCEDURES

- If the youth is deemed ready for release, the Unit/HOPE Center Supervisor or the authorized designee shall facilitate the return of the youth to their regular programming/living unit immediately upon exiting room confinement. The youth's home unit/camp shall facilitate the youth's return to their regular living unit/facility immediately upon being notified. Youth shall not return to room confinement after their official documented release unless an incident occurs prior to return requiring a new referral for room confinement. Youth placed on room confinement in the HOPE Center may not remain in the HOPE Center for more than one (1) hour after notification unless approved by the HOPE Center Supervisor.
- Upon releasing the youth from room confinement, the security check sheet will be closed out at the time the youth is released, signed by the Unit/HOPE Supervisor, and copies shall be made and placed in the youth's Room Confinement file.
- The RFR shall also be placed in the Room Confinement file once completed. This will be the top document placed in the file.
- Staff shall complete a PCMS note under the youth's case notes stating that the youth has been released from room confinement and returned to their regular programming/living unit. The youth shall be logged out of the red logbook and the In/Out Log in the shared drive.
- Upon completion of these steps, the file shall be provided to the Unit/HOPE Center Supervisor or the authorized designee for closing signatures.

#### **1403 SPECIALIZED SUPERVISION PROGRAM**

The Specialized Supervision Program is the separation of youth from their regular living unit for temporary housing at the HOPE Center with full access to programming. Youth can be referred to the HOPE Center directly from their regular living unit to the Specialized Supervision Program, or youth in Room Confinement can transition to the Specialized Supervision Program. A Specialized Supervision Plan (SSP) is required for youth in the Specialized Supervision Program and shall fully document the need for separation.

If the Director or the authorized designee determines that the youth shall be housed in the HOPE Center, the Superintendent/Facility Director shall be notified, and approval shall be obtained before starting the Specialized Supervision Program. Once approval is obtained, a plan shall be prepared, and the youth will be assigned

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to the HOPE Center and given the opportunity to participate in all regular programming, except when the separation is necessary to accomplish the objective of the separation.

The following procedures shall be followed for youth who are transitioning from room confinement to the Specialized Supervision Program.

- A SSP shall be immediately prepared for the youth with documented approval on the SSP by the sending facility Superintendent/ Director or their designee prior to acceptance to the Specialized Supervision Program. The HOPE Center SSP shall:
  - Clearly note the reasons for separating the youth from their living unit
  - Indicate the anticipated length of time under SSP
  - Indicate the programming and services to be provided while under an SSP, including all Title 15 Programming
- The youth's Room Confinement file shall be closed, and a new SSP file shall be created by initiating the SSP Audit Checklist.
- The HOPE Center staff shall conduct a new intake packet with the youth being placed on SSP, which includes but is not limited to:
  - Specialized Supervision Plan. Assessment and Classification Form
  - SSP Reclassification Form
- The new SSP file shall be placed in the HOPE Center file cabinet with the current SSP files.
- The SSP and Assessment/Classification Form shall be placed in the HOPE Center SSP folder under the youth's respective unit/camp
- The HOPE Center staff shall log the youth in the red logbook as a SSP and in the In/Out Log found in the shared drive as a SSP
- All SSP youth will participate in the HOPE Center's daily programs and are included in the Title 15 Programming Log
- At the conclusion of each shift, a copy of the security check sheet and a copy of the Title 15 Programming Log shall be placed in the respective youth's SSP file. Any other paperwork pertaining to the youth while on SSP shall also be placed in the file
- Within 48 hours of a youth being placed on an SSP, an As-Needed Multi-Disciplinary Team (MDT) shall be scheduled with the youth's assigned facility. As Needed MDTs shall continue every 30 days concurrently with weekly reclassification meetings as long as the youth remains an SSP in the HOPE Center.

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- Each youth under a SSP in the HOPE Center must attend a weekly reclassification meeting. At the reclassification meeting, the goals, strategies, and interventions shall be discussed and clearly outlined. The reclassification plan must be documented on the SSP Reclassification Form and entered in PCMS under the youth's case notes. The reclassification meeting shall include the following participants:
  - Assigned facility SSP Coordinator or HOPE Center SSP Coordinator.
  - LACOE representative
  - DMH Clinician
  - HOPE Center Supervisor, if available
- If changes to the current SSP are discussed during the reclassification meeting, a new SSP shall be created
- A SSP may be continued for up to 30 days. At the 30-day mark, it may be extended for up to an additional 30 days with Director approval. At the 60-day mark, a new SSP must be created for the youth. If the director does not approve a 30-day extension for the youth, the youth must be released from the HOPE Center
- If the youth is deemed ready to release to the general population prior to the expiration of the SSP, the HOPE Center staff shall close out the SSP folder, log the youth out in the red logbook, exit the youth from the In/Out Log in the shared drive, and document the exit in PCMS with a case note entry

#### 1403.1 RIGHTS OF ALL YOUTH ASSIGNED TO THE HOPE CENTER AS AN SSP

All youth assigned to the HOPE Center as an SSP shall be afforded all regular services, which shall include, but are not limited to, the following (15 CCR 1354 (c), 1371):

- Educational Services (including after-school educational services) - all youth shall receive educational instruction, which shall include any required special education and related services
- Medical and Mental Health Services
- Religious Services
- Substance Use Disorder Services, if available
- Programming, large muscle exercise, and recreational activities, three (3) hours a day during the week and five (5) hours on the weekends
- Receive and send Mail
- Visits and phone calls with parent/legal guardian, person standing in Loco

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Parentis, approved supportive adult, their child(ren), and/or Attorney, and any other who would normally be allowed if they are in their regular unit

- Access to Grievance, Request for Probation Services, Medical Services, and Request for Mental Health Services Forms
- Bed and bedding
- Daily shower, access to drinking fountain, toilet, and personal hygiene items, and clean clothing
- Full nutrition
- Clean and sanitary living conditions

#### **1404 HOPE CENTER DAILY AUDIT REPORT**

A daily review of separated youth shall be conducted to determine if separation remains necessary. The HOPE Center staff shall complete the "HOPE CENTER DAILY AUDIT REPORT" every day at 10:00 AM to indicate all activity conducted in the HOPE Center for the previous 24 hours.

The report shall then be sent via email to the following parties:

- Superintendent
- Bureau Consultant
- Facility Director, Assistant Superintendent/Director, and all Facility Directors
- HOPE Center Supervisor
- All staff assigned to the respective facility's HOPE Center

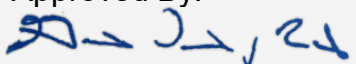
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|                                                                                                                                                                   | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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## 1501 PRELIMINARY AND FOLLOW UP INCIDENT NOTIFICATION (PIN AND FPIN) POLICY AND PROCEDURES

The purpose of this policy is to outline the process for reporting serious incidents that take place within juvenile facilities.

All serious incidents involving youth that take place in any juvenile facilities and during transportation shall be documented and reported in the Preliminary Incident Notification (PIN) and Follow-up Preliminary Incident Notification (FPIN) form. All serious incidents involving staff that do not also involve youth shall be reported on the Initial Notice of Special Incident form, Prob 1685. All timelines, notifications, and reporting requirements for serious incidents involving staff only are the same as the requirements delineated below for the PIN and FPIN.

The Duty Supervisor shall report serious incidents telephonically and via email based on the notification and timeline requirements described below. Notification shall be made within one (1) hour to the Facility Director, Assistant Director, all other Directors and Assistant Directors assigned to the facility, Superintendent, Deputy Director, Bureau Consultant, and Bureau Special Assistant. In the event the Superintendent is unable to be immediately notified, the Deputy Director shall be notified.

It is the Superintendent's responsibility to review and approve all final versions of the PINs and FPINs to ensure the reporting forms are completed correctly and that all required FPINs are submitted.

### 1501.1 SERIOUS INCIDENTS

A serious incident shall be defined as one or more of the following:

| SERIOUS INCIDENTS                                                                                                                                           | PIN QUALIFYING DATE AND TIME                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Any escape or attempted escape from a Probation facility, transportation vehicle, or while a youth is attending any event or activity outside the facility; | Date and Time Escape became known.                    |
| Any major disturbance at the facility (defined as having 10 or more youth involved);                                                                        | Date and Time 10 youth or more involved is determined |

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| SERIOUS INCIDENTS                                                                                                   | PIN QUALIFYING DATE AND TIME                                                                       |
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| Any suicide or suicide attempt;                                                                                     | Suicide: Date and Time of Incident<br>Suicide Attempt: When DMH determines it is a Suicide Attempt |
| Death of a youth while in custody;                                                                                  | Date and Time of Incident became known                                                             |
| Any other situation endangering the facility, youth or staff;                                                       | Date and Time Incident became known                                                                |
| Any medical incident or serious injury to youth or staff requiring transport to an off-site medical facility;       | Date and Time transport to medical facility                                                        |
| Any incident related to sexual abuse and/or harassment as defined per the Prison Rape Elimination Act (PREA) Policy | Date and Time Incident became known                                                                |
| Any incident or situation which may generate media interest or come to the attention of the Board of Supervisors;   | Date and Time Incident became known                                                                |
| Any incident or situation in which it is likely that the Chief Probation Officer may be contacted; and              | Date and Time Incident became known                                                                |
| An incident or situation which may be perceived as serious or have the potential to escalate to a serious incident. | Date and Time Incident became known                                                                |
| An incident or situation in which serious contraband is found;                                                      | Date and Time Incident became known                                                                |
| Any Security Breaches;                                                                                              | Date and Time Incident became known                                                                |
| Any Security Concerns;                                                                                              | Date and Time Incident became known                                                                |

The above definition provided for a serious incident is not a complete and final list. If there is any uncertainty about whether an incident shall be considered serious and submission of a PIN, the Duty Supervisor shall be responsible for making that determination. Once a decision is made, the Superintendent or the authorized designee shall ensure the information is disseminated as required.

A PIN qualifying date and time is when the incident meets the criteria of becoming a PIN.

## 1501.2 IMMEDIATE NOTIFICATION REQUIREMENTS

The Duty Supervisor has the primary responsibility to ensure that the Director/Assistant Director, Superintendent, and Deputy Director are immediately notified of any serious incident via telephone. Immediate notification, or as time permits, shall be within one (1) hour. The Duty Supervisor shall follow up a person-to-person and make notification based on the following PIN Telephone Tree



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1. Director/Assistant Director
2. Superintendent
3. Deputy Director (only when necessary/for critical incidents)

When reporting an incident, the essential facts shall be stated in a concise and brief manner and provide a clear summary of what is being conveyed: Who, What, Where, When, How, and Why.

If the PIN telephone tree intended recipient is not available, the Duty Supervisor must leave a clear voicemail message and provide the essential facts of the incident before calling the next level of management until a person-to-person contact is made.

After the Duty Supervisor completes their verbal person-to-person telephone conversation, a follow-up email that memorializes the person-to-person conversation shall be sent to the Superintendent, Director, all other Directors/Assistant Directors assigned to the facility, Bureau Consultant, and Bureau Special Assistant.

Once person-to-person telephone contact is completed by the Duty Supervisor, the PIN telephone tree recipients shall continue the notification process by reporting to the next level of management listed in the telephone tree.

### 1501.3 PRELIMINARY AND FOLLOW-UP INCIDENT NOTIFICATION SUBMISSIONS

The completed PIN form must be submitted via email within eight (8) hours of the serious incident. The completed form shall be forwarded to the Deputy Director, Superintendent, all facility Directors and Assistant Directors, Bureau Consultant, and Bureau Special Assistant.

The PIN summary shall include the date, time, name, and title of the manager who received the person-to-person notification immediately following the incident, along with the name and title of the Duty Supervisor who made the notification.

In the event of exigent circumstances, which result in a delay of the PIN completion, the reason for the delay shall be reported to the Deputy Director, Superintendent, Director/Assistant Director, all facility Directors and Assistant Directors, Bureau Consultant, and Bureau Special Assistant by telephone and email before the eight (8) hour deadline. In addition, the reason for the delayed submission shall be summarized in the PIN summary.

The FPIN form shall be submitted via email no later than seven (7) calendar days after the date of the serious incident. The FPIN form shall have the completed PIN summary and follow-up information included in the FPIN Report Narrative. The FPIN is mandatory for all injuries to youth that require a PIN.

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#### 1501.4 PIN/FPIN INTERNAL EMAIL PROCEDURES

The PIN/FPIN transmission shall include the following information in the email notification:

- Type in a Subject line (such as PIN BJNJH YOYV/Medical/Mental Health/etc.)
- Attach the PIN and/or FPIN in Word form to the email.
- Copy of the PIN summary or FPIN Report Narrative in the email

Note: A PIN or FPIN shall never be sent directly from a copy machine or a machine with scanning capabilities. In addition, a PIN or FPIN is never to be submitted as a PDF.

#### 1501.5 PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE UNIT NOTIFICATION

When youth are involved in an incident(s) of sexual abuse and/or sexual harassment, as defined in the Prison Rape Elimination Act (PREA) policy, the Duty Supervisor shall include the contact with the facility PREA Compliance Manager or the authorized designee as an immediate notification. Initial steps taken in accordance with the PREA policy shall be included in the PIN Summary and/or FPIN Report Narrative. Completed PIN(s)/FPIN(s) shall then be sent to the PREA Compliance Unit via email:

PROB-PREA.Compliance@probation.lacounty.gov.

#### 1501.6 SYSTEMS ACCOUNTABILITY BUREAU (SAB) CRITICAL INCIDENT REVIEW (CIR) PROCESS

The Bureau Consultant or the authorized designee shall email the completed PIN/FPIN report to the Deputy Director, other executive management, and the SAB team (via email: pin.cir@probation.lacounty.gov).

#### 1501.7 PARENT/LEGAL GUARDIAN/CAREGIVER NOTIFICATION

When a youth is involved in a serious incident that requires the completion of a PIN, at least three (3) telephonic contacts to the parent/legal guardian/caregiver need to be attempted within a 24-hour period of the incident occurring. Initial telephonic contacts and results shall be reported on the PIN. Continuing attempts to contact the parent/legal guardian/caregiver shall be reported on the FPIN. If telephonic contact was unsuccessful, it must be noted on the FPIN.

#### 1501.8 COURT AND ATTORNEY NOTIFICATIONS

The Court and the youth's Attorney shall be notified of all serious incidents involving the youth that require the completion of a PIN. If a serious incident occurs, notification shall be made via form Prob 804, Information to Court Officer. If the Superintendent or the authorized designee determines that the incident is a Critical Incident, the Bureau Consultant or the authorized designee shall notify the youth's Public Defender and the

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Alternate Public Defender that an incident has occurred, but shall not send a copy of the PIN. The email notification shall only include the youth's name, date, location, and description of the incident, and the email shall be sent to:

[Critical.Incident.Notification.PubDef.APD@probation.lacounty.gov](mailto:Critical.Incident.Notification.PubDef.APD@probation.lacounty.gov).

#### **1501.9 CAMPUS SAFETY AND SECURITY OPERATIONS (CSSO) NOTIFICATIONS**

All PIN notifications shall be sent to Campus Safety and Security Operations (CSSO) for three (3) specific subject matters: serious contraband, security breaches, and security concerns.

The email notification shall contain only essential details, including the youth's name, date of the incident, location, and a brief description of what occurred. The email shall be sent to: EDL-PROB CSSO (EDL-PROBCSSO@probation.lacounty.gov).

#### **1502 CRITICAL INCIDENT REVIEW (CIR) PROCESS**

This section outlines the Department's policy for incidents that are identified as serious, critical in nature, and require a review by the Critical Incident Review Committee (CIRC).

Critical Incident Review (CIR) is a retrospective review and analysis of an incident to determine the effectiveness of existing policies and procedures before and after an event, to address the root causes of an event, and to prevent the incident from reoccurring.

A Critical Incident is defined as a significant incident involving actual or potential liability, serious injury, significant loss, or major conflict occurring within the Department's arena of responsibility that merits high-level managerial review.

##### **1502.1 CIR PROCESS PURPOSE**

The Purpose of the CIR process is to:

- Provide direction for the rapid and timely review of significant or serious events which have the potential to adversely impact the Department
- Provide a forum for managers to debrief after a Critical Incident and identify systemic issues, facility weaknesses, tactical shortcomings, and/or the need for training and corrective action
- Provide a feedback and evaluation tool by which Department managers across all operations may learn and improve from previous experiences and avoid similar re-occurrences
- Collect information and present an accurate, unbiased representation of the

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events to answer questions, address general concerns, and/or correct misinformation relating to the event

- Provide a continuous system of Departmental improvement, including reviewing and updating policy as necessary

A CIR is neither a disciplinary investigation nor an audit of any individual or operation(s). Rather, a CIR shall examine:

- Whether there was an existing policy relevant to the Critical Incident
- The extent to which human error, misapplication of policy or procedures, or gaps in or lack of policy contributed to the Critical Incident
- Whether training or re-training is appropriate
- Whether the facility condition or the environment contributed to the Critical Incident
- Whether a recommendation for the Internal Affairs Bureau to further investigate is appropriate

The following events shall automatically trigger a CIR:

- Runaway or escape from a Probation facility
- Any major disturbance (10 or more persons involved)
- Any suicide or suicide attempt
- Death of a youth while in custody
- Any incident ordered reviewed by the Chief Probation Officer

The following is a non-exhaustive list of incidents that may trigger a CIR:

- Any situation endangering probationers, staff, or property
- Any physical intervention or altercation that results in staff or probationers' hospital admission
- Any incident or situation that may generate media interest, result in litigation, or result in possible criminal charges being filed against peace officers
- Death, for anything other than natural causes, of an adult or youth under Probation supervision
- Any other incidents deemed significant by the Department, including incidents or situations in which it is likely that the Chief Probation Officer may be contacted

The CIR process is designed to expedite a review by managers of the Department's response to a Critical Incident. It is also designed to identify successful and

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unsuccessful strategies employed during the incident. Lessons learned and best practices shall be shared with line supervisors and staff to implement throughout the Department. Additionally, CIR findings shall provide executives with facts to guide expectations and corrective action going forward.

The CIR process is administered under the oversight of the CIRC, which is facilitated by the SAB.

#### 1502.2 PRELIMINARY INCIDENT NOTIFICATION PROCESS:

Refer to the Preliminary and Follow-Up Incident Notification Procedures on protocols for completing and submitting a PIN and/or FPIN.

#### 1502.3 COMPLETION OF A CIR REPORT

A CIR report shall be completed by the impacted Superintendent or the authorized designee no later than ten (10) business days following the Critical Incident. The report shall follow the CIR report format and include the CIR tracking number.

NOTE: Where an incident is not initially designated for CIRC review, but is subsequently reclassified for review, a CIR report shall be completed within ten (10) business days from the date of reclassification

Prior to the CIRC meeting, the Superintendent or the authorized designee shall review the CIR report with the impacted Bureau to ensure thoroughness of the report and analyze the event/issues for possible corrective actions. Shall the corrective action also have an impact across other operations, the Superintendent or the authorized designee shall share the corrective action needed, even if temporary, with the relevant bureaus/operations to prevent additional incidents until a thorough review can take place during the CIRC.

The Bureau Consultant or the authorized designee shall send the final CIR Report and accompanying presentation to the SAS CIR Unit (via email: [pin.cir@probation.lacounty.gov](mailto:pin.cir@probation.lacounty.gov)) for placement on the CIRC agenda. The final CIR report and accompanying presentation are due one week before the CIRC presentation date.

#### 1502.4 CIR PRESENTATION

A CIRC meeting will occur two times per month (or as needed). The impacted Superintendent/ Director shall be responsible for the CIR presentation and shall attend the CIRC meeting.

The Superintendent or the authorized designee shall present the CIR presentation to the CIRC. The CIR presentation must be clear and concise and include key facts relevant to the incident, including but not limited to a timeline of the incident, factors

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leading up to the event, identifiable successes and shortfalls in the immediate response, policy implications, actions taken during or after the incident, corrective actions implemented, and recommended pending corrective actions.

#### 1502.5 CRITICAL INCIDENT REVIEW COMMITTEE (CIRC)

The CIRC is a forum for key stakeholders to debrief after a Critical Incident to identify systemic issues, facility weaknesses, tactical shortcomings, or the need for training and corrective action. The CIRC shall examine the incident, issues, and gaps based on the CIR report and presentation.

The CIRC may also make additional recommendations, corrective actions, and follow-up items to help improve operations.

- Following the CIRC meeting, the impacted Bureaus shall prepare a Corrective Action Plan (CAP) for CIRC-recommended corrective actions. All efforts shall be made to implement CAPs as expeditiously as possible
- SAB will serve as the CIRC Chair. The CIRC shall consist of the following administrators:
  - Deputy Director
  - Administrative Deputy
  - At least one (1) Deputy Director and Bureau Consultant outside the impacted Bureau
  - Staff Training
  - County Counsel
  - Other managers and guests, as deemed necessary and invited
- The CIRC Chair or the authorized designee will be responsible for administering the CIRC meetings, including (15 CCR 1329 (g)):
  - Moderating and/or mediating a resolution for any CIRC disagreements
  - Scheduling and maintaining the meeting calendar, agenda, and minutes
  - Documenting recommendations, corrective actions, and follow-up items
  - Coordinating and assigning corrective actions to the appropriate Bureau to develop a CAP
  - Administering the CIR Unit and CAP Executive Steering Committee
- The CIR Unit shall assist in administering the CIRC meetings and the CAP Executive Steering Committee, including:
  - Cataloging all PIN and CIR reports

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- Cataloging and tracking all CAPs
- Providing status reports

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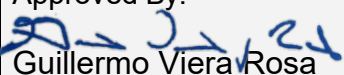
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| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU MANUAL</b><br><br><b>PRISON RAPE ELIMINATION ACT<br/>(PREA)</b> | <b>Section Number:</b><br><b>RTSB-1600</b>                                                                                                                   |
|                                                                                                                                     | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                                     | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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|                                                                                                                             | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

**1601 INTRODUCTION**

The purpose of this section is to set forth departmental policy regarding the Federal Prison Rape Elimination Act (PREA) and outline the Department's approach to prevent, detect, respond to, and audit an incident of sexual abuse/sexual assault or sexual harassment.

The Department is committed to maintaining an environment free from sexual abuse/sexual assault and sexual harassment of youth in our facilities. There is zero tolerance for anyone engaged in any form of sexual abuse/sexual assault, or sexual harassment of youth<sup>1</sup>. Sexual abuse/sexual assault and sexual harassment of youth is prohibited by Federal and State law.

**1602 DEFINITIONS**

**General Definitions<sup>2</sup>**

Contractor / Contract employee / Vendor: a person who provides service on a recurring basis pursuant to a contractual agreement with the department.

Credibility Assessment: Is not a subjective opinion but, instead, a reasoned analysis based on the evidence.

Cross-Gender / Opposite-Gender Supervision: Supervision of the opposite-sex youth.

Departmental PREA Coordinator<sup>3</sup>: A management-level staff position with sufficient time and authority to manage the PREA Compliance Unit (PCU) and develop, implement, and oversee the department's efforts to comply with PREA standards.

Direct Staff Supervision: Security/supervision staff are in the same room with the youth and within reasonable hearing distance.

Exigent Circumstances: Urgent, temporary, and unforeseen/unanticipated event/circumstances that require immediate action to combat a threat to the security or institutional order of a facility.

<sup>1</sup> PREA Juvenile Facility Standards § 115.311(a)

<sup>2</sup> PREA Juvenile Facility Standards § 115.5

<sup>3</sup> PREA Juvenile Facility Standards § 115.311(b)

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**Facility Head:** The Facility Head is the manager who manages the entire facility. The Facility Superintendent or the Facility Director.

**Facility Investigators:** Directors and Supervisors tasked and trained in conducting and completing administrative investigations within the juvenile facilities.

**Living Unit:** A self-contained unit containing locked sleeping rooms, single and double occupancy sleeping rooms or dormitories, day room space, water closets, wash basins, drinking fountains, and showers.

**Mandated Child Abuse Reporter:** Pursuant to Penal Code § 11165.7, any person who, in their professional capacity or within the scope of their employment, has knowledge of or observes child abuse or neglect.

**Medical Practitioner:** A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

**Mental Health Practitioner:** A mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

**PREA Compliance Unit (PCU):** This unit coordinates Department efforts in ensuring full compliance with the PREA (Prison Rape Elimination Act) Standards. The PCU's primary functions include compliance and assessments. The unit does not directly investigate incidents, as the Department has established dedicated investigative units and/or investigative processes.

**PREA Facility Compliance Manager (PFCM)<sup>4</sup>:** Each facility shall designate a PREA Facility Compliance Manager at the level of Director or higher, with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

**PREA Unit Compliance Manager (PUCM):** Is the liaison between the PCU and the PFCM's.

**Preponderance of the Evidence Standard:** The standard of proof used in administrative investigations to determine whether agency policy has been violated. Under the preponderance of the evidence standard, an administrative investigation will determine that agency or facility policy has been violated when there is greater than a 50% likelihood that the policy violation has occurred.

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<sup>4</sup> PREA Juvenile Facility Standards § 115.311(c)

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**Secure Juvenile Facility:** A facility in which the movement and activities of youth may be restricted or subject to control through the use of physical barriers or staff supervision. A facility that allows youth access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

**Security/Supervision Staff:** Staff primarily responsible for the supervision and control of youth in housing units, recreational or program areas of the facility.

**Strip Search:** A search that requires a person to remove or arrange some or all clothing to permit a visual inspection of the person's breasts, buttocks, or genitalia.

**Substantiated Allegations:** An allegation is substantiated when an investigation reveals a preponderance of the evidence in support of the allegation.

**Trauma** Is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being.

**Trauma Reminder:** Means something that reminds a person of a traumatic event or loss and can lead to fear, panic, agitation, numbness, physiological arousal, or other traumatic stress reactions.

**Traumatic Stress:** Occurs when youth are exposed to traumatic events, and this exposure overwhelms their ability to cope.

**Unfounded Allegations:** An allegation that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect.

**Unsubstantiated / Inconclusive Allegations:** An allegation that was investigated and determined that insufficient evidence existed as to whether or not the event occurred.

**Visitors:** A person who is granted access to see or spend time with a youth in an official/professional capacity, such as an attorney, clergy, social worker, CASA worker, law enforcement official, or therapist.

**Voyeurism:** An invasion of privacy of a youth by another individual during private activities, such as using the toilet or undressing, or by staff for reasons unrelated to official duties, such as peering at a youth who is using a toilet in their room to perform bodily functions; requiring the youth to expose their buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

**Volunteer:** An individual who donates time and effort on a recurring basis to enhance the activities and programs of the department.

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Youth: Any person who is in the custody of the juvenile facility. This person may be a minor under the age of 18 or a person over 18 years of age. This includes persons whose cases are under the jurisdiction of the juvenile court and persons whose cases are under the jurisdiction of the adult court.

**1602.1 SEXUAL ABUSE/SEXUAL ASSAULT/ SEXUAL HARASSMENT DEFINED<sup>5</sup>**

Sexual abuse / sexual assault of a youth by another youth includes any of the following acts if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva, or anus
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, excluding contact incidental to a physical altercation

Sexual abuse / sexual assault of a youth by a staff, partner agencies staff, contractor/contract employee/vendor, volunteer, or visitor includes any of the following acts, with or without consent of the youth:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva, or anus
- Contact between the mouth and any body part with the intent to abuse, arouse, or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttocks, that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire
- Any attempt, threat, or request to engage in the activities described in paragraphs of this section

<sup>5</sup> PREA Juvenile Facility Standards § 115.6

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- Any display by a Department staff, partner agency staff, contractor, contract employee, vendor, volunteer, or visitor of their uncovered genitalia, buttocks, or breasts in the presence of youth.
- Voyeurism

**1602.2 SEXUAL HARASSMENT**

Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another.

Repeated comments or gestures of a sexual nature to youth by a Department staff, partner agencies staff, contractor/contract employee/vendor, volunteer, or visitor, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

**1603 TRAINING AND EDUCATION****1603.1 PROBATION DEPARTMENT EMPLOYEE EDUCATION AND TRAINING<sup>6</sup>:**

The Department shall provide all staff, including Reserve Deputy Probation Officers (RDPO) who are or will be assigned to juvenile facilities, training related to PREA, commensurate with their role and degree of interaction with youth in custody. Prior to any contact with youth housed in juvenile facilities, all personnel shall be trained in the following:

- Probation Department's Zero-Tolerance Policy for sexual abuse, sexual assault, and sexual harassment
- How to fulfill responsibilities under the Department's sexual abuse, sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures
- Youth rights to be free from sexual abuse, sexual assault, and sexual harassment
- The right of youth and personnel to be free from retaliation for reporting sexual abuse, sexual assault, and sexual harassment
- The dynamics of sexual abuse, sexual assault, and sexual harassment in juvenile facilities
- The common reactions of juvenile victims of sexual abuse, sexual assault, and sexual harassment

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<sup>6</sup> PREA Juvenile Facility Standards § 115.331 Employee training

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- How to detect and respond to signs of threatened and actual sexual abuse and sexual assault, and how to distinguish between consensual sexual contact and sexual abuse between youth
- How to avoid inappropriate relationships with youth
- How to communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming youth
- How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual assault to outside authorities
- Relevant laws regarding the applicable age of consent

Newly hired, promoted, or reassigned sworn staff shall be required to complete an initial PREA training course. Upon completion of the Initial PREA training course, all sworn staff shall be required to complete a PREA refresher training.

**1603.2 FACILITY INVESTIGATORS SPECIALIZED TRAINING:**

Department Investigators (i.e., Probation Directors, Supervising Deputy Probation Officers (SDPO), Supervising Detention Services Officers (SDSO), and/or The authorized designees) responsible for conducting investigations of sexual abuse, sexual assault, and sexual harassment involving youth in custody, shall be required to complete training identified in section Probation Department Staff Education and Training and specialized training for investigators investigating sexual abuse in a confinement setting course. Specialized training shall include, at a minimum:

- Techniques for interviewing juvenile sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative action or prosecution referral

Upon completion of any of the PREA training courses, staff are required to complete and sign the PREA Zero Tolerance and Training Acknowledgment form (Prob. 1647).

**1603.3 PARTNER AGENCY EDUCATION AND TRAININGS<sup>7</sup>:**

The Department shall ensure that partner agencies, such as the Department of Mental Health (DMH), Los Angeles County Office of Education (LACOE), and Juvenile Court Health Services (JCHS), staff who regularly work in its facilities complete training related to PREA, commensurate with their roles and degree of

<sup>7</sup> PREA Juvenile Facility Standards § 115.335 Specialized training: Medical and mental health care

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exposure to youth in custody. Training shall require coverage of the same topics identified in the section Probation Department Employee Education and Training.

Medical and Mental Health Care Specialized training curriculums shall include the following training topics:

- How to detect and assess signs of sexual abuse, sexual assault, and sexual harassment
- How to preserve physical evidence of sexual assault and sexual abuse
- How to respond effectively and professionally to juvenile victims of sexual abuse, sexual assault, and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse, sexual assault, and sexual harassment

**1603.4 VOLUNTEERS AND CONTRACTORS' EDUCATION AND TRAINING<sup>8</sup>:**

The Department shall provide volunteers and contractors with education and/or training related to PREA, commensurate with their roles and degree of exposure to youth in custody.

- Volunteers in Service to Others (VISTO) badged personnel shall be provided education materials and training during the VISTO orientation process
- Facility Program Coordinators shall provide the PREA Volunteer and Contractor training at the facilities to all volunteers and/or program contractors that have received clearance via other departmental program clearance processes

Volunteers and contractors' training shall include, at a minimum, the following requirements:

- Notification of the Department's Zero-Tolerance Policy regarding sexual abuse, sexual assault, and sexual harassment
- Educated on the process by which to report such incidents.
- All volunteers and contractors shall be provided with a PREA Compliance Volunteers and Contractors Education pamphlet<sup>9</sup>
- Upon completion of the required training, volunteers and contractors shall be required to complete and sign the PREA Zero Tolerance and Training Acknowledgment form (Prob. 1647)

<sup>8</sup> PREA Juvenile Facility Standards § 115.332 Volunteer and contractor training

<sup>9</sup> PREA Volunteers and Contractors Education pamphlet <https://probation.lacounty.gov/prison-rape-elimination-act/>

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Copies of completed forms shall be submitted to the PREA Compliance Unit via email at [PROB.PREA.Compliance@probation.lacounty.gov](mailto:PROB.PREA.Compliance@probation.lacounty.gov).

**1603.5 PARENT(S) / GUARDIAN(S) EDUCATION:**

The Department shall make available PREA educational materials to parents/legal guardians (i.e., PREA Parents/Guardians Education pamphlets and posters<sup>10</sup>) that contain information on how they can assist in enhancing safeguards regarding the prevention, detection, and reporting of sexual abuse, sexual assault, and sexual harassment.

**1603.6 YOUTH EDUCATION<sup>11</sup>:**

During the admissions process, youth shall receive information explaining the Department's Zero-Tolerance Policy regarding sexual abuse, sexual assault, and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual assault, or sexual harassment with the dissemination of the youth's facility handbook and the PREA Youth Education pamphlet<sup>12</sup>.

- Admissions/intake personnel are required to indicate that the youth received a copy of the PREA Youth Education pamphlet on the youth's Initial Intake Questionnaire form
- Youth shall be provided with education/materials upon permanent transfer to a different facility to the extent that the policies and procedures of the youth's new facility differ from those of the previous facility (i.e., Juvenile Halls vs. Camps)

Juvenile facilities shall ensure that PREA Zero-Tolerance posters for youth are displayed in all common spaces. If additional or replacement posters are needed, PREA Facility Compliance Managers shall contact the PCU at: [PROB.PREA.Compliance@probation.lacounty.gov](mailto:PROB.PREA.Compliance@probation.lacounty.gov).

Within ten (10) days of intake, Department staff shall provide comprehensive PREA education to all youth.

- During the completion of the Initial Multi-Disciplinary Team (MDT), Department staff are required to read the PREA and Grievance Youth Education Script or, if available, play for the youth the Department Orientation video, provide a period for the youth to ask questions, and ensure that the Initial MDT (Prob. 1605) is completed and signed by the youth.
- Department staff are required to generate a new case note in the Probation

<sup>10</sup> PREA Parent/Guardian Education <https://probation.lacounty.gov/prison-rape-elimination-act/>

<sup>11</sup> PREA Juvenile Facility Standards § 115.333 Resident education

<sup>12</sup> PREA Youth Education <https://probation.lacounty.gov/prison-rape-elimination-act/>



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Case Management System (PCMS) that indicates that an MDT was completed and the PREA and Grievance Youth Education Script was read to or, if available, the Department's Orientation video was played for the youth.

**1604 STAFFING PLANS<sup>13</sup>**

Each facility shall develop, implement, and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect youth against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted juvenile detention practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated)
- The composition of the youth population
- The number and placement of supervisory staff
- Facility programs occurring on a particular shift
- Any applicable State or local laws, regulations, or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors, including mandated Title 15 standards

The facility shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. The Duty Supervisor is required to document when the staffing ratio falls below PREA standards of a minimum of 1:8 during youth waking hours and 1:16 during youth sleeping hours, and shall notify the Superintendent. This information shall be forwarded to the Deputy Director and the PREA Compliance Unit.

Whenever necessary, but no less frequently than once each year, each facility, in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to:

- The staffing plan is established pursuant to the sections
- Prevailing staffing patterns

<sup>13</sup> PREA Juvenile Facility Standards § 115.313 (a)(b)(d)

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- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adherence to the staffing plan

**1605 LIMITS TO CROSS-GENDER / OPPOSITE-GENDER VIEWING<sup>14</sup>**

Youth are required to be provided opportunities to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room safety checks.

All restroom areas are required to maintain privacy panels/screens to ensure compliance with the policy. Staff of the opposite gender are required to announce their presence when entering a housing unit.

**1606 ACCOMMODATING YOUTH WITH SPECIAL NEEDS<sup>15</sup>**

Each Facility's Manager or the authorized manager designee shall take appropriate steps to ensure that residents with disabilities (including youth who are deaf or hearing impaired, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Facility staff is not to rely on youth interpreters, youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of the youth's allegations.

**1607 UPGRADES TO FACILITIES AND TECHNOLOGIES<sup>16</sup>**

When planning any substantial expansion or modification of existing facilities, the Superintendent or the authorized manager designee, in collaboration with the Department PREA Coordinator, shall consider the effect of the expansion or modification upon the facility's ability to protect youth from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Superintendent or the authorized manager designee, in collaboration with the Department PREA Coordinator, shall

<sup>14</sup> PREA Juvenile Facility Standards § 115.315 (d)

<sup>15</sup> PREA Juvenile Facility Standards § 115.316

<sup>16</sup> PREA Juvenile Facility Standards § 115.318

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consider how such technology may enhance the facility's ability to protect youth from sexual abuse.

**1608 THIRD PARTY REPORTING<sup>17</sup>**

Each facility, at its entrance, lobby, or area in which the public has access, shall provide instructions and resources on how to report sexual abuse/sexual assault and sexual harassment on behalf of youth. Such information and the ability to report are also accessible on the Department's public website.

**1609 REPORTING INCIDENTS OF SEXUAL ABUSE/ASSAULT AND/OR SEXUAL HARASSMENT**

Staff are required to report all allegations of sexual abuse/assault and sexual harassment to the facility's designated investigators and/or the Internal Affairs Bureau's (IAB) Special Investigations Unit (SIU)<sup>18</sup>. Apart from reporting to designated Supervisors or officials, and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse/assault report to anyone other than to the extent necessary, as specified in departmental reporting policies, to make treatment, investigation, and other security and management decisions<sup>19</sup>. All third-party and anonymous reports shall be forwarded to the facility's designated investigators and/or the Internal Affairs Bureau's (IAB) Special Investigations Unit (SIU)<sup>20</sup>

**Youth:** Youth who have experienced sexual abuse/assault or sexual harassment, or have knowledge, suspicion, or information about sexual abuse/assault or sexual harassment, must be provided with multiple methods for reporting the following:

- An incident of sexual abuse/assault/harassment, in the facility or in another facility
- Retaliation against youth or staff who reported such an incident
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Any information that a youth may be at substantial risk of imminent sexual abuse and/or sexual assault.

Youth may report incidents of sexual abuse/assault or sexual harassment incidents may be reported through the following means:

- Departmental grievance process (Verbally, written, and/or electronically)

<sup>17</sup> PREA Juvenile Facility Standards § 115.354

<sup>18</sup> PREA Juvenile Facility Standards § 115.361(f)

<sup>19</sup> PREA Juvenile Facility Standards § 115.361(c)

<sup>20</sup> PREA Juvenile Facility Standards § 115.361(f)

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- Directly to Probation staff, partner agency (i.e., Department of Mental Health, Juvenile Courts Health Services, and/or Los Angeles County Office of Education) staff, contractors, volunteers, or visitors
- Mental Health referral
- Medical referral
- Contacting the Probation Department Ombudsman<sup>21</sup>
- Contacting the State Office of Youth and Community Restoration Ombudsman<sup>22</sup>

**1609.1 CONTRACT EMPLOYEES/VENDORS, VOLUNTEERS, OR VISITORS:**

Report immediately to the Officer of the Day (OD) / Duty Supervisor or the authorized designee and document via a written statement, email, and/or any other means of written documentation any knowledge, suspicion, or information received and/or witnessed regarding any:

- Incident of sexual abuse, sexual assault, or sexual harassment
- Retaliation against youth or staff who reported such an incident
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation
- Any information that a youth may be at substantial risk of imminent sexual abuse and/or sexual assault<sup>23</sup>

**Note:** If the first responder to a sexual abuse/assault incident is not Probation staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify Probation staff<sup>24</sup>.

Incident(s) that are defined as Sexual Abuse/Assault are required to have a Suspected Child Abuse Report (SCAR) completed by party(ies) that are classified as mandated reporter(s).

**1610 RESPONSE PROTOCOLS FOR INCIDENTS OF SEXUAL ABUSE/ASSAULT**

The following protocols have been established to ensure the most appropriate response for reported and/or witnessed incidents of sexual abuse/ assault. Department staff have an affirmative duty to immediately report, in accordance with Department policies regarding Suspected Child Abuse Reporting and document any knowledge, suspicion, or information received and/or witnessed regarding any:

<sup>21</sup> PREA Juvenile Facility Standards § 115.351(a)

<sup>22</sup> PREA Juvenile Facility Standards § 115.351(b)

<sup>23</sup> PREA Juvenile Facility Standards § 115.161(a)

<sup>24</sup> PREA Juvenile Facility Standards § 115.364(b)

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- Incident of sexual abuse/assault, regardless of where or when it occurred
- Retaliation against youth or staff who reported such an incident.
- Staff neglect or violation of responsibilities that may have contributed to an incident or retaliation
- Information that a youth may be at substantial risk of imminent sexual abuse and/or sexual assault<sup>25</sup>

Staff who are the first to respond to an incident or suspected incident of sexual abuse/assault are responsible for the following actions:

- Separate the victim from the alleged perpetrator
- Assess the victim. If a life-threatening condition exists, initiate a Medical Emergencies Code Blue
- Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence. Physical evidence can be obtained up to 120 hours after an incident of abuse has occurred. If an incident is reported within that time frame
- Request that the alleged **victim** not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating
- Ensure that the alleged **perpetrator** does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating<sup>26</sup>
- Complete a SCAR pursuant to current departmental policies regarding Suspected Child Abuse Reporting<sup>27</sup>
- Document the information in a Special Incident Report or Physical Intervention Report (SIR/PIR) following current departmental policies regarding such reports

Supervisor on Duty or the authorized designee Responsibilities:

- Immediately respond to the scene and review the assessment of the victim
- Ensure the victim is separated from the alleged perpetrator. Separate the alleged perpetrator or place the alleged perpetrator in a dry cell to help preserve evidence pending investigative interview and/or evidence collection process. **Do not interview the alleged perpetrator**

<sup>25</sup> PREA Juvenile Facility Standards § 115.361(a)

<sup>26</sup> PREA Juvenile Facility Standards § 115.364(a)

<sup>27</sup> PREA Juvenile Facility Standards § 115.361(b)

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- Request medical and mental health staff to respond. Ensure the victim receives on-site medical and mental health care, as needed, prior to transporting the victim to the hospital
- Determine if the elements of a sexual abuse/assault incident appear to be present. If so, contact the facility managers and provide a detailed assessment of the situation
- Contact the local law enforcement agency of jurisdiction to initiate a criminal investigation
- Prepare a Preliminary Incident Notification (PIN), and ensure that the required notifications are completed
- Contact the local Rape Crisis Center and request a victim's advocate to respond to the facility or to the hospital for a forensic exam upon the victim's approval.
- Collect SIR/PIR(s) from all staff involved, in accordance with current departmental policies regarding such reports
- Ensure mandated reporters complete SCAR, in accordance with current departmental policies regarding such reports<sup>28</sup>

Facility Manager or the authorized designee Responsibilities:

- Notify the Deputy Director
- Refer the incident to the Special Investigation Unit (SIU)<sup>29</sup>
- Notify the PCU at PROB. [PREA.Compliance@probation.lacounty.gov](mailto:PREA.Compliance@probation.lacounty.gov)
- Ensure the victim's parents or legal guardians are notified within 24 hours of the incident. If the victim's guardianship is with the Department of Children and Family Services (DCFS), ensure the caseworker is notified
- Ensure the victim's attorney of record is notified of the allegation pursuant with Department's PIN policies and within 14 days of receiving the allegation

**Note:** When the Department learns that a youth is subject to a substantial risk of imminent sexual abuse/assault, it shall take immediate action(s) to protect the youth<sup>30</sup>.

## **1611 RESPONSE PROTOCOLS FOR INCIDENTS OF SEXUAL ABUSE/ASSAULT IN ANOTHER FACILITY (NOT A LOS ANGELES COUNTY PROBATION DEPARTMENT FACILITY)**

<sup>28</sup> PREA Juvenile Facility Standards § 115.361(b)

<sup>29</sup> PREA Juvenile Facility Standards § 115.322(b)

<sup>30</sup> PREA Juvenile Facility Standards § 115.362

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Upon receiving an allegation that a youth was sexually abused/assaulted while confined at another facility, the Facility Head<sup>31</sup> that received the allegation shall be responsible for doing the following:

- Ensure that the youth have immediate access to mental health and medical services
- Ensure that a SCAR is completed pursuant to current departmental policies regarding Child Abuse Reporting<sup>32</sup>
- Within 72 hours after receiving the allegation<sup>33</sup> notification must be made to the head of the facility or appropriate office of the agency where the alleged abuse/assault occurred via email<sup>34</sup> utilizing form PB1718: Other Confinement Facility PREA Notification

**\*Note:** In addition to the Facility Head, an “appropriate office” to notify includes the facility’s PREA Compliance Manager, the agency’s PREA Coordinator, and the Office of the Agency Head.

- Notify the Deputy Director via phone and submit a PIN within one (1) hour of the reported allegation
- Notify the PCU at PROB.[PREA.Compliance@probation.lacounty.gov](mailto:PREA.Compliance@probation.lacounty.gov) within one hour of the reported allegation.
- Ensure the victim's parents or legal guardians are notified within 24 hours of the incident. If the victim's guardianship is with the DCFS, ensure the caseworker is notified
- Ensure the victim's attorney of record is notified of the allegation pursuant to the Department’s PIN policies and within 14 days of receiving the allegation

The Facility Head is also required to initiate an investigation or submit an investigative referral for similar notifications received from a Facility Head or agency office regarding sexual abuse/assault<sup>35</sup>.

## **1612 RESPONSE PROTOCOLS FOR INCIDENTS OF SEXUAL HARASSMENT**

Staff have an affirmative duty to report immediately to the Duty Supervisor and document any knowledge, suspicion, or information received and/or witnessed regarding any:

- Incident of sexual harassment

<sup>31</sup> PREA Juvenile Facility Standards § 115.363(a)

<sup>32</sup> PREA Juvenile Facility Standards § 115.361(b)

<sup>33</sup> PREA Juvenile Facility Standards § 115.363(b)

<sup>34</sup> PREA Juvenile Facility Standards § 115.363(c)

<sup>35</sup> PREA Juvenile Facility Standards § 115.363(d)

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- Retaliation against youth or staff who reported such an incident
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation<sup>36</sup>

Department staff who are first to respond are responsible for the following actions:

- Intervene and stop the harassment
- Separate the youth from the harasser
- Document the information in an SIR/PIR, pursuant to current departmental policies regarding such reports

Supervisor on Duty or the authorized designee Responsibilities:

- Ensure staff separated the victim from the harasser
- Ensure that SIR/PIR(s) are completed pursuant to current departmental policies regarding such reports
- Ensure that both youth are referred for DMH services
- Ensure that the alleged victim is provided with Rape Crisis Center contact information for services
- If the incident alleges Department staff, partner agency staff, contractors/contract employees/vendors, and/or volunteers participated in the sexual harassment, prepare a PIN and forward it to the Superintendent.
- Notify the PCU at [PROB.PREA.Compliance@probation.lacounty.gov](mailto:PROB.PREA.Compliance@probation.lacounty.gov)

Facility Manager or the authorized designee Responsibilities:

- Ensure that the administrative investigation is completed and all required documentation is generated and collected
- If the incident(s) alleges Department staff, partner agency staff, contractors/contract employees/vendors, and/or volunteers are involved
  - Notify the Deputy Director
  - Refer the incident to the SIU
- Ensure that the victim's parents or legal guardians are notified within 24 hours of the incident. If the victim's guardianship is with the DCFS, ensure the caseworker is notified.
- Ensure the victim's attorney of record is notified of the allegation<sup>37</sup>.

<sup>36</sup> PREA Juvenile Facility Standards § 115.161(a)

<sup>37</sup> PREA Juvenile Facility Standards § 115.361(e)



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The Facility Head is responsible for ensuring that an administrative investigation is completed or that a criminal investigation is referred to appropriate investigative agencies for all allegations of sexual abuse/assault/harassment<sup>38</sup>. All investigations into allegations of sexual abuse/assault/harassment shall be completed promptly, thoroughly, and objectively, including third-party and anonymous reports<sup>39</sup>. The level of investigation must be commensurate with the severity of the allegations being investigated.

If an administrative investigation leads to a referral to SIU and/or a local law enforcement agency, then the Investigator shall halt any further administrative investigative action pending an outcome from the criminal investigation referral. A criminal investigation always takes priority over an administrative investigation. The administrative investigation shall be postponed to not interfere with the criminal investigation as it may impede a prosecutor's ability to prosecute a criminal case.

**1613.1 ADMINISTRATIVE INVESTIGATIONS**

The administrative investigation process shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse/assault or sexual harassment are substantiated<sup>40</sup>.

Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the sexual abuse/assault and be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings<sup>41</sup>. All investigative reports should:

- Be clear and concise
- State only facts, not opinions
- Be free of assumptions, presumptions, or subjective statements
- Document all steps and findings in chronological order
- Document and describe all evidence
- Clearly specify allegations and possible criminal/policy violations
- Cite specific incidents rather than drawing summary conclusions

If SIU and/or local law enforcement declined to pursue a criminal investigation for any reason, Facility Head shall ensure that an administrative investigation is conducted

<sup>38</sup> PREA Juvenile Facility Standards § 115.322(a)

<sup>39</sup> PREA Juvenile Facility Standards § 115.371(a)

<sup>40</sup> PREA Juvenile Facility Standards § 115.372

<sup>41</sup> PREA Juvenile Facility Standards § 115.371(g)

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or continued. Decline to investigate documentation must be included in the investigative report.

**1613.2 CRIMINAL INVESTIGATIONS**

Where sexual abuse/assault is alleged, the facility shall refer all such cases to SIU and/or the local law enforcement agency who have received special training in sexual abuse/assault investigations in a confinement setting<sup>42</sup>.

Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible<sup>43</sup>.

Substantiated allegations of conduct that appears to be criminal will be referred for prosecution<sup>44</sup> by either the SIU or the local law enforcement.

**1613.3 FACILITY INVESTIGATOR RESPONSIBILITIES**

Facility Investigators who have received specialized training in investigating sexual abuse/harassment in confinement settings are required to investigate each allegation:

- Gather and preserve direct and circumstantial evidence, including any available physical and potential items that may contain DNA evidence and any available electronic monitoring data (i.e., Video footage, phone recordings, etc.)
- Interview alleged victims, suspected perpetrators, and witnesses. Documentation of interviews is required to be produced in the form of a completed written statement by the interviewer
- Gather and review prior complaints and reports of sexual abuse/assault/harassment involving the victim(s) and suspected perpetrator(s), including but not limited to grievances, case notes, SIR/PIR(s), current charge(s), and past offenses<sup>45</sup>.
- Determine and document whether staff actions or failures to act contributed to the abuse/assault/harassment. If so, a referral to the Internal Affairs Bureau must be submitted pursuant to department policies.
- Completion of a Probation Electronic Medical Records System (PEMRS) PREA Risk for Sexual Victimization and Abusiveness Screening Tool (RSVAST) for victim(s) and perpetrator(s).

<sup>42</sup> PREA Juvenile Facility Standards § 115.371(b)

<sup>43</sup> PREA Juvenile Facility Standards § 115.371(h)

<sup>44</sup> PREA Juvenile Facility Standards § 115.371(i)

<sup>45</sup> PREA Juvenile Facility Standards § 115.371(c)

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- Submit the completed Administrative Investigation Packet with all required attachments to the following for review:
  - Superintendent or the authorized designee.
  - PFCM
- Discuss and assist in making a final determination (Substantiated, Unsubstantiated/Inconclusive, or Unfounded) as to the findings of the completed investigation.
- For incidents found to be substantiated, Investigators must complete the Survey of Sexual Victimization Substantiated Incident (Juveniles) form (SSV-IJ).

The Facility Investigator shall not terminate an investigation solely because the source of the allegation recants the allegation<sup>46</sup>. The departure of the alleged abuser or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation<sup>47</sup>.

If an investigation cannot be completed within 30 days, the Facility Investigator must document the reasons in detail, have the delay signed and approved by the Director or an authorized designee, and include it in the administrative investigation report. It is imperative that timeframe extensions be supported with detailed documentation. Examples of reasons that could warrant a timeframe extension are:

- A critical witness is unavailable (e.g., DPO Smith is out of the country and will not return until the 'X' date)
- Evidence delays (e.g., due to vendor delay, audio recording from phone conversations will not be received until the 'X' date)

When the quality of evidence appears to support criminal prosecution, only SIU and/or local law enforcement investigators will conduct compelled interviews, only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution<sup>48</sup>.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a youth or staff. The Department does not require a youth who alleges sexual abuse/assault to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation<sup>49</sup>.

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<sup>46</sup> PREA Juvenile Facility Standards § 115.371(d)

<sup>47</sup> PREA Juvenile Facility Standards § 115.371(k)

<sup>48</sup> PREA Juvenile Facility Standards § 115.371(e)

<sup>49</sup> PREA Juvenile Facility Standards § 115.371(f)

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The Department will retain all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention<sup>50</sup>.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements<sup>51</sup>.

When outside agencies investigate sexual abuse/assault, the facility shall cooperate with outside investigators, and the department shall endeavor to remain informed about the progress of the investigation<sup>52</sup>.

**1613.4 POST INVESTIGATION REQUIREMENTS**

Once an investigation report is completed and reviewed by the Director/ PFCM or, the authorized designees, the completed and signed report must be forwarded to the PCU for compliance accountability. If needed, PCU will return the report for corrections and/or request additional documentation that may be missing. It is the responsibility of the Facility Head to ensure that corrective measures are addressed and returned promptly to the PCU.

**Youth Notification Requirements**

PFCMs or the authorized designees are required to provide the following notifications to youth:

1. Upon completion of an investigation into a youth's allegation of sexual abuse/assault suffered in a juvenile facility, the PFCM or the authorized designee will notify the youth as to whether the allegation has been determined to be substantiated, unsubstantiated/inconclusive, or unfounded<sup>53</sup>
2. Following a youth's allegation that a staff member has committed sexual abuse/assault against the youth, the PFCM or the authorized designee shall subsequently inform the youth (unless the Department has determined that the allegation is unfounded) whenever:
  - a. The staff member is no longer posted within the youth's unit
  - b. The staff member is no longer employed at the facility
  - c. The Department learns that the staff member has been indicted on a charge related to sexual abuse/assault within the facility
  - d. The Department learns that the staff member has been convicted on a

<sup>50</sup> PREA Juvenile Facility Standards § 115.371(j)

<sup>51</sup> PREA Juvenile Facility Standards § 115.371(l)

<sup>52</sup> PREA Juvenile Facility Standards § 115.371(m)

<sup>53</sup> PREA Juvenile Facility Standards § 115.373(a)

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charge related to sexual abuse/assault within the facility<sup>54</sup>

3. Following a youth's allegation that they have been sexually abused/assaulted by another youth, the PFCM shall subsequently inform the alleged victim whenever:
  - a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse/assault within the facility
  - b. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse/assault within the facility<sup>55</sup>
4. If an agency other than the Department conducted the investigation, the SIU will request the relevant information from the investigative agency in order to inform the youth<sup>56</sup>.

Proof of notifications will be provided by completing one of the following forms:

- Determination of Sexual Abuse/Assault Investigation Notification – Youth Incident (PB1720)
- Determination of Sexual Abuse/Assault Investigation Notification Staff Incident (PB1719)

Completed notification forms are required to be included in the investigation file. A copy is required to be forwarded to the PCU at:

[PROB.PREA.Compliance@probation.lacounty.gov](mailto:PROB.PREA.Compliance@probation.lacounty.gov).

The Department's obligation to report under this standard shall terminate if the youth is released from the Department's custody<sup>57</sup>.

## **1614 PREA RETALIATION PROTECTIONS**

In conjunction with the Department's Anti-Retaliation Policy, departmental PREA retaliation protections include all youth and staff who report or cooperate with sexual abuse/assault or sexual harassment investigations from retaliation by other youth or staff. Compliance with these retaliation protections will be monitored by the PCU<sup>58</sup>.

When alerted, the facility Head will employ and document the use of multiple protection measures, such as, but not limited to:

- Housing changes or transfers for youth victims or abusers
- Removal of alleged staff or youth abusers from contact with victims

<sup>54</sup> PREA Juvenile Facility Standards § 115.373(c)

<sup>55</sup> PREA Juvenile Facility Standards § 115.373(d)

<sup>56</sup> PREA Juvenile Facility Standards § 115.373(b)

<sup>57</sup> PREA Juvenile Facility Standards § 115.373(f)

<sup>58</sup> PREA Juvenile Facility Standards § 115.367(a)

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- Emotional support services for youth or staff who fear retaliation for reporting sexual abuse/assault or sexual harassment or for cooperating with investigations<sup>59</sup>

**\*Note:** Any use of separated housing to protect a youth who is alleged to have suffered sexual abuse/assault shall be subject to the Department's current policies and procedures for classification and housing requirements<sup>60</sup>.

For at least 90 days following a report of sexual abuse/assault/harassment, the PCU shall monitor the conduct or treatment of youth or staff who reported sexual abuse/assault/harassment and of youth who were reported to have suffered sexual abuse/assault/harassment. This monitoring will assess if there are changes that may suggest possible retaliation by youth or staff. When required, the Facility Head shall act promptly to remedy any such retaliation. Retaliation monitoring by the PCU shall include:

- Youth disciplinary reports
- Housing or program changes
- Performance reviews or reassignments of staff.

The PCU shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need<sup>61</sup>. In the case of youth, such monitoring shall also include periodic status checks<sup>62</sup>. The PCU's obligation to monitor shall terminate if the agency determines that the allegation is unfounded or the protected youth is released from custody<sup>63</sup>.

**\*Note:** If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation<sup>64</sup>.

If youth or staff indicate retaliatory concerns, the PCU will report directly to the Facility Head or the authorized designee to address concerns. All actions to address the concerns are required to be documented and included with the retaliation monitoring documentation.

**1615 DISCIPLINE**

**Youth:** A youth may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the youth engaged in

<sup>59</sup> PREA Juvenile Facility Standards § 115.367(b)

<sup>60</sup> PREA Juvenile Facility Standards § 115.368

<sup>61</sup> PREA Juvenile Facility Standards § 115.367(c)

<sup>62</sup> PREA Juvenile Facility Standards § 115.367(d)

<sup>63</sup> PREA Juvenile Facility Standards § 115.367(f)

<sup>64</sup> PREA Juvenile Facility Standards § 115.367(e)

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youth-on-youth sexual abuse/assault or following a criminal finding of guilt for youth-on-youth sexual abuse/assault<sup>65</sup>.

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the sexual abuse/assault committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories. In the event a disciplinary sanction results in the isolation of a youth, facilities shall not deny the youth daily large-muscle exercise or access to any legally required educational programming or special education services. Youth in isolation shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible<sup>66</sup>.

The disciplinary process shall consider whether a youth's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed<sup>67</sup>.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse/assault, the facility shall consider whether to offer the offending youth participation in such interventions. Facility Head may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education<sup>68</sup>.

The facility may discipline youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact<sup>69</sup>.

For the purpose of disciplinary action, a report of sexual abuse/assault made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation<sup>70</sup>.

The Department prohibits all sexual activity between youth and may discipline youth for such activity. However, such activity shall not constitute sexual abuse/assault if it is determined that the activity is not coerced<sup>71</sup>.

**Staff:** Staff shall be subject to disciplinary sanctions up to and including termination for violating the Department's sexual abuse/assault or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of Departmental policies relating to sexual abuse/assault or sexual harassment (other than engaging

<sup>65</sup> PREA Juvenile Facility Standards § 115.378(a)

<sup>66</sup> PREA Juvenile Facility Standards § 115.378(b)

<sup>67</sup> PREA Juvenile Facility Standards § 115.378(c)

<sup>68</sup> PREA Juvenile Facility Standards § 115.378(d)

<sup>69</sup> PREA Juvenile Facility Standards § 115.378(e)

<sup>70</sup> PREA Juvenile Facility Standards § 115.378(f)

<sup>71</sup> PREA Juvenile Facility Standards § 115.378(g)

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in sexual abuse/assault) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse/assault or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies<sup>72</sup>.

**Contract employees/vendors, volunteers, and visitors:** Any contract employee/vendor, volunteer, or visitor who engages in sexual abuse/assault shall be prohibited from contact with youth in the department's facilities. They shall be reported to relevant licensing bodies and local law enforcement agencies for investigation.

Corrective action shall be taken for those who engage in sexual harassment of a youth in a Department facility. The Facility managers will determine whether contact with the youth is prohibited.

In case of contract employees and vendors, the department shall report such an incident to the contractor/service provider and demand corrective action. A failure to comply with the Department's satisfaction could result in the termination of the contract agreement<sup>73</sup>.

**1616 SEXUAL ABUSE/ASSAULT INCIDENT REVIEW**

Facility staff shall be required to participate in a Sexual Abuse/Assault Incident Review at the conclusion of every sexual abuse/assault investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded<sup>74</sup>.

Within 30 days of the conclusion of a sexual abuse/assault investigation<sup>75</sup>, the PFCM or the authorized designee shall convene an incident review panel comprised of any necessary facility Director, Supervisor, Department Investigator, and medical/mental health staff<sup>76</sup>. The purpose of the panel is to determine:

- If a change in policy or practice is needed to better prevent, detect, or respond to sexual abuse
- If the incident was motivated by race, ethnicity, gender, identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by a group's dynamics

<sup>72</sup> PREA Juvenile Facility Standards § 115.376

<sup>73</sup> PREA Juvenile Facility Standards § 115.377

<sup>74</sup> PREA Juvenile Facility Standards § 115.386 (a)

<sup>75</sup> PREA Juvenile Facility Standards § 115.386 (b)

<sup>76</sup> PREA Juvenile Facility Standards § 115.386 (c)



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at the facility

- If staffing patterns or physical barriers contributed to the abuse
- If the use of technology and/or physical improvements could have supplemented supervision<sup>77</sup>

The PFCM or the authorized designee shall submit the panel's findings to the Superintendent, Deputy Director, and provide a copy to the PREA Compliance Unit at [PROB.PREA.Compliance@probation.lacounty.gov](mailto:PROB.PREA.Compliance@probation.lacounty.gov). The facility shall be required to implement recommended changes or document reasons for not implementing changes<sup>78</sup>.

**1617 MEDICAL AND MENTAL HEALTH CARE RESPONSIBILITIES REGARDING SEXUAL ABUSE/SEXUAL ASSAULT<sup>79</sup>**

Each facility shall offer medical and mental health evaluations and appropriate treatment to all youth who have been victimized by sexual abuse<sup>80</sup>. The evaluation and treatment shall include follow-up services, treatment plans, and, when necessary, referrals for continued care upon their transfer to or placement in other facilities and or upon their release from care<sup>81</sup>. Medical and mental health services shall be consistent with the level of community care<sup>82</sup>.

A youth who is a victim of vaginal penetration shall be offered pregnancy tests<sup>83</sup>. If the youth tests positive for being pregnant, the youth shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services<sup>84</sup>.

Youth who are victims of sexual abuse/sexual assault while in the Department's facilities shall be offered tests for sexually transmitted diseases<sup>85</sup>. Treatment services shall be provided to the youth without financial cost and regardless of whether the youth names the abuser(s) or cooperates with any investigation arising from the incident.

<sup>77</sup> PREA Juvenile Facility Standards § 115.386 (d)

<sup>78</sup> PREA Juvenile Facility Standards § 115.386 (e)

<sup>79</sup> BSCC Title 15 § 1324 (n)

<sup>80</sup> PREA Juvenile Facility Standards § 115.383 (a)

<sup>81</sup> PREA Juvenile Facility Standards § 115.383 (b)

<sup>82</sup> PREA Juvenile Facility Standards § 115.383 (c)

<sup>83</sup> PREA Juvenile Facility Standards § 115.383 (d)

<sup>84</sup> PREA Juvenile Facility Standards § 115.383 (e)

<sup>85</sup> PREA Juvenile Facility Standards § 115.383 (c)

LOS ANGELES COUNTY PROBATION DEPARTMENT

|                                                                                                                      |                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><br><br><b>PHYSICAL INTERVENTIONS</b> | <b>Section Number:</b><br><b>RTSB - 1700</b>                                                                                                                 |
|                                                                                                                      | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                      | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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**LOS ANGELES COUNTY PROBATION DEPARTMENT**

|                                                                                                           |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject:<br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><br><b>PHYSICAL INTERVENTIONS</b> | Section Number:<br><b>RTSB - 1700</b>                                                                                                                 |
|                                                                                                           | Effective Date:                      April 7, 2026                                                                                                    |
|                                                                                                           | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

**1701 INTRODUCTION – PHYSICAL INTERVENTIONS**

This policy articulates the department's policy for handling of crisis situations that may result in the use of force. In every situation (preceding, during, and following a physical intervention), youth shall be continually treated with dignity and respect regardless of their gender, race, ethnicity, national origin, sexual orientation, or gender identity, education, or disability. Consistent with a dignity-based approach, youth must also be held accountable for their actions while under the department's care to foster an environment of ongoing youth rehabilitation and safety. Officers shall consider the safety of all individuals, including youth, staff, and/or the public when determining whether the use of force, including but not limited to physical intervention, is appropriate given the situation and environment. Use of force, including but not limited to physical intervention, shall only be utilized as a last resort and only at a level that is objectively reasonable. The use of force as a means of punishment, retaliation, or treatment is strictly prohibited. Any officer who is found to have done so is not acting within the scope of employment and shall face disciplinary action.

The authority to use force is a serious responsibility given to Peace Officers. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity, and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance that Officers may face. In all circumstances, Officers are expected to exercise sound judgment and critical decision-making when using force options.

**1701.1 LEGAL MANDATE**

This policy is consistent with the expectations set by California's Board of State and Community Corrections (BSCC) Title 15 § 1357; and is aligned with the United States Supreme Court's decision *Graham vs. Connor*, 490 U.S. 386 (1989) which mandates that when force is used, trained officers shall utilize an objectively reasonable standard to ensure that the level(s) of intervention utilized are both reasonable and necessary to facilitate the restoration of order<sup>1</sup>.

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<sup>1</sup> 15 CCR 1357(c)(4)

**PHYSICAL INTERVENTIONS**

In *Graham v. Connor*, the U.S. Supreme Court held that (1) an officer's use of force must be objectively reasonable, (2) the "reasonableness" of a particular use of force by the officer must be judged from the perspective of a reasonable officer in the same or similar circumstance, and the calculus must embody an allowance for the fact that officers are often forced to make split-second decisions about the amount of force necessary in a particular situation, and (3) a court's review of the reasonableness of the decision to use a particular use of force must be made without regard for the officer's underlying intent or motivation<sup>2</sup>.

**1701.2 OVERVIEW**

The Department is committed to facilitating safe, secure, and healthy environments for youth and staff. Ensuring the safety of the youth while in the department's care is a priority. As such, juvenile facilities are places where youth are provided with trauma-responsive rehabilitative services to learn pro-social behaviors and develop life skills that support their positive behavioral change. This type of environment is best accomplished through well-trained professional staff and rapport-building with youth.

This policy is developed in cooperation with Juvenile Court Health Services (JCHS) and the Department of Mental Health (DMH), which articulates the department's policy for handling crisis situations that may result in the utilization of physical intervention. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed prior to, during, and after the utilization of physical intervention and the application of mechanical or soft restraints.

**1702 TRAINING REQUIREMENTS**

All sworn officers assigned to juvenile custodial or transportation duties who are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved training (initial and regular refresher training) on de-escalation and physical intervention prior to being authorized to utilize force<sup>3</sup>. This includes training for officers related to:

- Permitted use of force techniques and methods
- De-escalation and prevention techniques
- Physical interventions, physical restraints, and defensive tactics
- Instruction on the Constitutional Limitations of Use of Force
- Known medical and behavioral health conditions that would contraindicate certain types of force; Signs or symptoms that should result in immediate

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<sup>3</sup> 15 CCR 1357(c)(1-6)

**PHYSICAL INTERVENTIONS**

referral to medical or mental health staff

- Use of force policy; reporting and writing
- Debriefing

Managers and Supervisors assigned to juvenile facilities and transportation shall ensure that all Sworn Officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy.

**1703 OBJECTIVELY REASONABLE DETERMINATIONS**

When determining the necessary and reasonable level of physical intervention, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision Officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. Use of force is restricted to the minimum level necessary to ensure the safety and security of youth, staff, others, and the facility to control the situation and restore order<sup>4</sup>. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth presents an immediate threat to the safety of themselves or others
- Whether the youth is actively physically resisting. Obstinacy is not a form of resistance that generally requires the use of force if it does not present a threat to self or others
- Likelihood, the capability of a youth to carry out threats made
- Size and physical strength of the youth vs. the officer
- Number of youth involved and the number of officers available or present
- The nature and severity of the situation and the potential for serious injury
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth has a disability
- Proximity of potential weapons

**1703.1 PREGNANT AND POST-PARTUM RECOVERING YOUTH**

Officers shall ensure that every effort is made to avoid applying any type of physical or mechanical restraint on youth who are pregnant, laboring or delivering, or recovering post-partum (in line with the Juvenile Justice Reform Act of 2018). Use of force in

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<sup>4</sup> 15 CCR 1357(a)(1)

**PHYSICAL INTERVENTIONS**

these situations poses serious health and safety concerns due to the increased likelihood of falls and an inability to break falls. Additionally, these pregnancies and post-partum recovery periods are associated with heightened emotions and mental health symptomology. The use of force can intensify emotional vulnerability as the youth may experience re-traumatization. If a situation occurs, as previously described, which requires restrictive alternatives to prevent injury to youth and/or others, the officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body.

Restraining a pregnant youth in the prone or supine position is expressly prohibited.

A pregnant youth in labor, during delivery, or in recovery after delivery shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the youth, the officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body.

In accordance with *Penal Code § 6030(f)*, *Welfare and Institutions Code (WIC) § 222*, *and 15 CCR 1358*, a youth known to be pregnant or in recovery after delivery shall not be restrained using leg irons, waist chains, or handcuffs behind the body.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>5</sup>.

**1704 PREVENTION AND DE-ESCALATION**

Prevention and De-escalation strategies are designed to promote positive behavior, successfully resolve conflicts, and minimize crisis situations that require the use of force. The primary tools for preventing crises are building positive, supportive, professional relationships with youth and utilizing proactive supervision and situational awareness techniques. When supervising youth, Officers shall seek to establish rapport and maintain awareness of changes in an individual's mood or the housing unit's tone. Recognizing these changes will give officers the ability to effect proactive engagement, summon additional officers and/or mental health professionals to assist in resolving the situation without the use of force, or utilize other less aggressive and approved use of force techniques.

**1704.1 DEFINITIONS AND EXPLANATION OF TERMS**

**De-escalation**-The use of non-physical efforts and techniques, including conflict resolution, to minimize or prevent a crisis that may require the need for the use of

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<sup>5</sup> 15 CCR 1357 (a)(8)

**PHYSICAL INTERVENTIONS**

force.

**Disengagement**—Officer steps between youth engaged in a physical altercation, separating the combatants with a gentle, open-handed guiding movement that does not involve confinement of an appendage.

**De-escalation Strategies**—Designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal, para-verbal, or verbal interventions, which reinforce expected behaviors and allow the youth to self-correct and begin to demonstrate acceptable behaviors.

**Positive Reinforcement**—Behavioral management techniques, which involve acknowledging appropriate behavior and employing positive correction techniques to further reinforce and enhance a structured, relationship-based environment; processes which could include utilizing techniques such as humor, re-grouping, re-structuring, and/or problem-solving to assist in the development of positive officer/youth relationships.

**RESOURCE Teams**—Teams composed of Probation and Mental Health staff deployed to address and de-escalate behavioral and mental health crisis situations.

#### 1704.2 PREVENTION STRATEGIES

Prevention strategies are designed to promote positive behavior and maintain proactive engagement. The primary tools for preventing crises are promoting positive and professional relationships with youth and utilizing proactive supervision. When supervising youth, officers shall establish and maintain rapport and engage daily in strength-based strategies to contribute to a positive unit environment. Officers shall use proactive crisis avoidance strategies by providing programming that is properly structured, establishing and regularly reinforcing clear expectations, providing differential reinforcement (i.e., acknowledging appropriate behavior while ignoring inconsequential behavior), and engaging appropriate/positive family to support kinship while maintaining awareness and sensitivity to family history/dynamics to help address youth concerns and behavioral issues.

#### 1704.3 DE-ESCALATION STRATEGIES

De-escalation strategies are designed to successfully resolve conflicts when they arise and minimize crisis situations that may require the use of force. Officers are required to employ de-escalation strategies prior to the use of force unless the use of force is necessary to respond to an imminent threat to facility security or the safety of persons.

The primary tool for de-escalating crises is utilizing proactive supervision. Officers engage in proactive measures to avert crises using situational awareness techniques

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(i.e., recognizing early signs of behavior-related concerns or the housing unit's tone to provide early intervention techniques). Officers shall closely supervise the youth to prevent youth-on-youth conflict. When a situation is likely to escalate, staff may utilize positive correction techniques (e.g., appropriate approval and disapproval), use positive behavior management techniques (e.g., appropriate humor, regrouping, restructuring, and problem - solving), summon additional officers, and seek support from clinical and/or mental health professionals to assist in resolving the situation without the use of force, or to utilize other less aggressive and approved use of force techniques.

De-escalation strategies are non-physical options that include the use and application of efforts and techniques, including conflict resolution, disengagement, to discourage, decrease, or intervene in threatening, disruptive, or violent behavior. These strategies are most effective when officers maintain appropriate relationships with youth, consistently and fairly apply universal intervention strategies, and acknowledge and utilize positive reinforcement. Officers trained to utilize intervention strategies while considering gender dynamics and the impact of trauma on adolescent brain development are likely to experience greater success at de-escalating crises<sup>6</sup>.

Officers shall strive to de-escalate crises by maintaining effective awareness and communication skills, providing warnings, and/or asking other officers to assist in minimizing the need to use force. When deciding how to address crises, Officers shall consider what influences: narcotic use, a history of trauma, and/or mental illness may have on youth behavior, and how youth may be affected by the utilization of physical intervention<sup>7</sup>.

**Note:** Disengagement (Step Between) is a non-physical techniques and, therefore, will not be considered a use of force. When a "disengagement step between" is utilized, the individual should complete a Special Incident Report (SIR).

**Request for Compliance with Instructions:** Requests of the youth for compliance with instructions in a fair, firm, and respectful manner. It may be best for one Officer (preferably one who has built a positive rapport with the youth) to take the lead in speaking with the youth one-on-one.

**Discussion/Counseling:** Attempt to counsel or engage the youth through dialogue to de-escalate the situation. Speak directly to the youth (away from the group or audience) in a firm but calm and non-threatening manner, using the youth's name. Continue dialoguing, clearly instructing the youth to cease the activity and comply.

**Mental Health Assistance:** As part of the RESOURCE team, Mental Health staff shall serve a more direct role in engaging youth in crisis to assist with de-escalation. Mental

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<sup>6</sup> 15 CCR 1357(a)(2)

<sup>7</sup> 15 CCR 1357(c)(1)



**PHYSICAL INTERVENTIONS**

Health staff shall be summoned immediately or as soon as “reasonably possible” to support the youth in regaining self-control and help encourage compliance with instructions through Mental Health’s professional/practiced crisis de-escalation expertise, including their unique knowledge of the youth’s casework and treatment.

**Officer Presence:** One or more Officers converge on the incident or potential incident, approaching in a non-threatening manner. One Officer assists by providing continuous instructions/orders to the youth in a calm but firm voice to cease the negative activity. Additional Officers shall assist in isolating the situation, providing back-up for the Officer engaging the youth, and/or securing the rest of the group. Officers should be aware that the youth may be experiencing a mental health crisis and may react to being surrounded. If it is safe to do so, give the youth space.

**Switching Officers (Tapping Out):** If the youth is extremely angry or upset with a particular Officer, an uninvolved Officer shall attempt to take over counseling the youth, continuing the de-escalation process. Officers must be aware of their own emotions and take great care not to personalize any comments or actions from the youth.

**Secluding the Situation/Youth:** If the youth does not comply with verbal instructions and additional Officers have been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where the youth voluntarily move to their room and are supervised during a cool-down period. Officers shall provide continued direct visual observation in conjunction with dialogue, counseling, and mental health assistance. Officers shall communicate and document said communications with youth on a Safety Check Sheet and in the Probation Case Management System (PCMS).

It is not always possible to convince youth to return to or enter their room. When this occurs, secluding the youth in a vacant dayroom, hallway, or another area that can be safeguarded is permissible. It is acceptable to reduce or halt program activities for the time necessary to handle the situation. The program shall resume after the incident has been resolved and the location is safe and secure.

**Request Supervisory Assistance:** Request that a Supervisor report to the location where the youth is experiencing the crisis.

**Behavior Chart Consultation:** When experiencing continued non-compliance, circumstances permitting, request that an Officer consult the youth’s Behavior Chart or the PCMS to assist in determining an appropriate course of action. It is vital to note any medical, mental health, or developmental disability problems in the youth’s history.

**Other Officers/Volunteers:** Officers may request and/or utilize other staff, including teachers, religious volunteers, or others, provided they have an established rapport with the youth and can be safely involved in the de-escalation efforts.

**PHYSICAL INTERVENTIONS**

**Temporary Halt to Program Activities:** If a youth's actions constitute a potential safety risk to the Officer or other youth in the unit, Officers may reduce or halt program activities for the time necessary to handle the situation with Supervisor approval. The program shall resume for the entire unit after the incident has been resolved and the location is rendered safe and secure.

**Separation of Youth:** If a youth presents a potential safety risk to the unit (e.g., medical and mental health conditions, assaultive behavior, disciplinary consequences, protective custody, etc.), Officers may temporarily separate those youth when conducting unit-wide activities until the behaviors of concern are resolved. Upon resolution, the youth shall be reincorporated into programming.

**RESOURCE Teams:** Probation and Mental Health will use RESOURCE Teams whenever emergency or crisis situations arise. RESOURCE Teams will respond when their assistance is requested for the behavioral management of youth in juvenile facilities. In all cases, a RESOURCE team will consist of a mental health Clinician paired with a Department staff who will jointly respond to situations and intervene when their assistance is requested. A health services nurse will also be part of the RESOURCE team as additional assistance for de-escalation and to be available to assess any possible injuries. RESOURCE Teams will work with unit staff collaboratively in order to defuse and de-escalate crisis situations and maintain safety. It may become necessary at times for Probation to initiate restraint and seclusion. RESOURCE Teams will initially provide 16-hour, 7-day coverage throughout the juvenile halls. However, it is intended to extend this to 24 - hours 7 - days coverage in due course of time.

**1705 PHYSICAL INTERVENTIONS**

The authority to use force is a serious responsibility given to Peace Officers. It is restricted to what is deemed reasonable and necessary only to ensure the safety and security of youth, staff, others, and the facility. All officers are expected to exercise that authority judiciously and with respect for human rights, dignity, and life. Officers shall make every attempt to de-escalate situations and exhaust all other means of response before resorting to force. No policy can anticipate every conceivable situation or exceptional circumstance that officers may face. In all circumstances, officers are expected to exercise sound judgment and critical decision-making when using force options.

**1705.1 DEFINITIONS AND EXPLANATION OF TERMS**

- **Use of Force:** Use of direct physical contact applied to youth to restrict movement or to disengage from harmful behavior.

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**Note:** The gentle or slight touch of the arm, elbow, shoulder, or back to direct youth from one location to another is not considered a use of force.

- **Objectively Reasonable and Necessary Use of Force:** Restricts the amount and type 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, staff, others, and the facility as defined in Title 15 §1302 *Definitions – Reasonable and Necessary Force*<sup>8</sup>
- **Excessive/Inappropriate Force:** Force that exceeds the minimum amount reasonable and necessary to establish control of an incident or protect oneself and others from harm
- **Immediate Use of Force:** Force used as an immediate means to respond to a situation or circumstance that constitutes an imminent threat to facility security and/or the safety of persons, which does not permit an opportunity for alternative measures such as de-escalation techniques
- **Directed Use of Force:** Planned use of force in cases where there is no immediate physical threat, such as prolonged passive resistance or involuntary removals. There shall be a tactical plan developed with the Shift Leader or Supervisor to prevent the use of force whenever possible. De-escalation must be attempted prior to any directed use of force
- **Force Options:** Department-approved tools and techniques to use when responding to resistance or violent encounters. Each Officer is expected to use only those techniques that are reasonable under the circumstances to gain control of the youth; protect the safety of youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security (e.g., physical control hold, take-downs, physical restraint devices, and oleoresin capicum (OC) spray)<sup>9</sup>

### 1705.2 PHYSICAL INTERVENTION DETERMINATIONS AND STRATEGIES

Officers may utilize reasonable and necessary force predicated upon the factors presented by each specific incident. In some instances, the use of immediate physical intervention may be required. The level of physical intervention that can be used is governed by the objectively reasonable standard<sup>10</sup>. De-escalation shall be attempted before force is used, and force shall only be used when de-escalation efforts have been unsuccessful or are not reasonably possible due to an imminent threat to the facility's

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<sup>8</sup> 15 CCR 1357(a)(1)

<sup>9</sup> 15 CCR 1357(a)(2)

<sup>10</sup> 15 CCR 1357 (a)(1)

**PHYSICAL INTERVENTIONS**

security or the safety of persons. Officers shall use objectively reasonable force techniques required to gain control of the situation, limit the use of force on youth with known disabilities, as well as use the minimum amount of force necessary and reasonable to prevent self-harming behavior. Officers are expected to be aware of those youth with disabilities, medical, mental health, or other issues, and any youth that is medically fragile (Refer to Alert log policy).

**1705.3 OBJECTIVELY REASONABLE STANDARD FOR USE OF FORCE**

When determining the necessary and reasonable level of physical intervention, "objectively reasonable" means the amount and type of force that an objective, similarly trained, experienced, and competent youth supervision officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility. The use of force is restricted to the minimum level necessary and objectively reasonable to control the situation and restore order. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth presents an immediate threat to their safety or to the safety of others
- Whether the youth is actively physically resisting. Obstinacy is not a form of resistance that generally requires the use of force if it does not present a threat to self or others
- Likelihood and capability of a youth to carry out threats made
- Size and physical strength of the youth vs. the officer
- Number of youth involved and the number of officers available or present
- The youth's medical and/or mental health condition(s), whether the youth is pregnant, and whether the youth has a disability
- The nature and severity of the situation, and the potential for serious injury
- Proximity of potential weapons

Officers maintain the right to self-defense and have a duty to protect the safety of others. However, the amount of force used shall only be the minimum necessary to mitigate an incident and protect the youth or others from harm. The level of force must be objectively reasonable under the circumstances.

**Note:** *This policy is not intended to require that physical intervention options be used in a particular order; however, the physical intervention option(s) shall be objectively reasonable.*

Force options include, but are not limited to:

**PHYSICAL INTERVENTIONS**

- Physical Control Holds
- Take-downs
- Restraint Devices

**1705.4 PREGNANT AND POST-PARTUM RECOVERING YOUTH**

Officers shall ensure that every effort is made to avoid applying any type of physical intervention on youth who are pregnant, laboring or delivering, or recovering postpartum (in line with the Juvenile Justice Reform Act of 2018). If a situation occurs that requires restrictive alternatives to prevent injury to youth and/or others, the Officer shall take special precautions to avoid any pressure on the youth's abdominal region or impact upon any area of the body. Prone restraints are prohibited, and the use of supine restraints should be limited.

**1705.5 ESCALATION PREVENTION**

Officers shall strive to prevent escalating crises through effective communications, warnings asking other officers to assist, and other non-physical methods to minimize the need to utilize physical intervention in so far as practical. When deciding how to address crises, officers shall consider what influences: narcotic use, history of trauma, and/or mental illness may have on youth behavior and how youth may be affected by the utilization of physical intervention. Officers shall make every effort to avoid physical interventions with youth whose known medical or mental health conditions involve the following:

- Psychotropic drugs or stimulant medications
- Asthma or respiratory problems
- Documented history of heart disease
- Documented history of seizures
- Pregnancy or postpartum recovery
- Developmental disability
- Medically obese
- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.)

**1705.6 PHYSICAL INTERVENTION TRAINING**

All sworn officers assigned to juvenile custodial or transportation duties who are authorized to utilize physical intervention techniques in the performance of their duties

**PHYSICAL INTERVENTIONS**

shall receive department-approved initial and regular refresher trainings on de-escalation and physical intervention techniques prior to being authorized to utilize force<sup>11</sup>. This includes:

- Physical Intervention
- Prevention and De-escalation
- Restraints
- Post Physical Incident / Post Use of Force
- Physical Intervention Process Quality Assurance
- Physical Intervention Notifications

Managers and Supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy<sup>12</sup>.

**1705.7 APPLICATION OF PHYSICAL INTERVENTIONS IMMEDIATE USE OF FORCE (EMERGENT SITUATIONS)**

The department provides tools and training on techniques to use when responding to resistance or violent encounters. While various degrees of use of force exist, each Officer is expected to use only those techniques that are reasonable and necessary under the circumstances to gain control of the youth; protect the safety of the youth, staff, and others; prevent serious property damage; prevent escape; or ensure the facility's security. Whenever possible, de-escalation techniques, including verbal techniques, shall be used throughout the force incident to redirect behavior, diffuse difficult situations, and generate voluntary compliance.

Officers must be mindful of Officer/youth size differentials, a youth's mental health, medical conditions, including pregnancy and/or developmental disabilities, when utilizing physical strengths and holds. Whenever possible, officers must calmly and clearly articulate directions and expectations while applying physical techniques to reduce resistance and gain the youth's compliance.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the expansion of the lungs by compressing the torso, hence interfering with breathing. Whenever a youth complains that they cannot breathe, shows signs of difficulty breathing, or vomits, officers must immediately remove pressure from the back, chest, and abdomen while maintaining control of the youth's limbs. Officers must continually observe the youth to determine if the youth is breathing. Throughout the use of

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<sup>11</sup> 15 CCR 1357 (C)(6)

<sup>12</sup> 15 CCR 1357 (c)(5)

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physical intervention, officers shall ensure the youth is responsive and can speak.

Health emergencies override the use of force (e.g., physical restraint and take-downs). Officers shall continually assess the youth for potential pain or medical distress as they seek to gain compliance. If a youth appears to have lost consciousness or shows signs of a health emergency, officers shall reassess the youth for breathing and signs of circulation. Officers shall initiate CPR and emergency medical response procedures whenever needed and shall remain mindful of ensuring the health and well-being of the youth.

When officers reasonably determine that de-escalation techniques are ineffective or cannot be utilized due to imminent danger, immediate use of force techniques shall be employed. Officers shall be aware that a history of trauma may intensify natural defensive/protective responses during a use of force incident.

Self-defense can be utilized in situations such as a physical assault on an officer or staff by a youth or a group of youth. However, the amount of force used shall only be the minimum necessary and objectively reasonable to mitigate an incident and protect the youth, staff, or others from harm.

**1705.8 DIRECTED USE OF FORCE (DIRECTED, PLANNED & SUPERVISED FOR NON-EMERGENT SITUATIONS)**

In cases where there is not an immediate physical threat, such as prolonged passive resistance or involuntary removals, there shall be a tactical plan developed to circumvent the use of force whenever possible; this includes the use of the RESOURCE Team to help de-escalate the situation and gain compliance of the youth to avoid any use of force. Directed use of force requires organizing and staffing to control confrontations in a calm and professional manner. The Shift Leader, Supervisor, or Manager shall supervise attempts to diffuse the situation and authorize the directed force, remaining at the location until the incident is resolved. As with all use of force incidents, the objectively reasonable standard shall drive the level and type of force used to resolve the incident.

The authorizing Shift Leader, Supervisor, or Manager shall ensure Officers are briefed regarding the youth's medical (i.e., pregnant, or postpartum recovering, medically obese, respiratory problems, etc.), mental health, and/or developmental disabilities prior to the execution of any use of force techniques. The decision to proceed with the directed use of force shall be fully documented by all involved (including the Shift Leader, Supervisor, or Manager who guided the officers), along with the details of the underlying reasons to proceed and the outcome. Justification for the use of force in these circumstances must demonstrate the utilization of de-escalation techniques outlined in this policy.

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The following are examples, however, not inclusive, of what may be considered directed physical intervention scenarios:

- Youth's refusal to follow directions, which is likely to result in a disturbance
- Refusing to exit an area
- Verbally threatening officers, staff, volunteers, or other youth with physical harm
- Refusing to be searched for contraband or refusal to surrender contraband
- Engaging in self-harming behavior that is not immediately life-threatening

Note: All directed use of force shall be preceded by a cool-down period to allow the youth an opportunity to comply with the officer's instructions. The cool-down period shall include de-escalation efforts. If deemed necessary, the officer shall request assistance from mental health staff, teachers, medical staff, or other facility partners (subject to circumstances and safety permitting).

**1705.9 INAPPROPRIATE/PROHIBITED USES OF FORCE AND CONDUCT**

Inappropriate or excessive use of force is prohibited. Officers shall use the minimum amount of force necessary, given the totality of the circumstances. All staff shall observe the Daily Alert Log at the beginning of their shift to ensure that they are aware of any medical or behavioral conditions that would contraindicate the use of force.

The following examples are prohibited uses of force and conduct:

- "Carotid," "arm-bar," chokehold, or any other deliberate chokehold restraint utilized to or having the impact of restricting the airway or blood flow
- Applying pressure to and/or torquing of the head and neck
- Deliberate strikes or kicks to the head, torso, or other body parts (except in situations of self-defense)
- 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.)
- "Hog-tying" procedure wherein restraints are applied to both the hands and feet, which are then drawn together and secured behind the back
- Any form of excessive physical intervention, deliberate physical injury, or physical intervention used as coercion, punishment, retaliation, discipline, or treatment
- Any other force used maliciously, sadistically, and/or for the purpose of causing



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harm<sup>13</sup>

- Use of OC spray on youth
- Officer actions leading to the use of force, such as taunting, verbally insulting, or challenging a youth.
- The use of force as a response to a youth who is solely expressing suicidal ideations
- The use of prone and supine restraints on pregnant youth
- Officer actions that serve to encourage, instigate, or permit youth to engage in physical fights or assaults

Officers who violate this Policy and its related procedures shall be subject to the performance management process, which may result in discharge, criminal prosecution, and/or civil sanctions<sup>14</sup>.

**Note:** All Officers have an affirmative duty to timely, accurately, and comprehensively report incidents of abuse, inappropriate force, or prohibited conduct in accordance with state law and consistent with the Child Abuse Reporting Policy for Juvenile Facilities. All officers also have an affirmative duty to immediately take action to stop incidents of abuse and/or department policy violations. Officers who violate this policy and its related procedures shall be subject to the performance management process, which may result in discharge, criminal prosecution, and/or civil *sanctions*<sup>15</sup>.

**1705.10 NON-ENGAGEMENT**

Non-engagement or failure to act is defined as “deliberate indifference” to a crisis, in which an officer intentionally fails to physically intervene to aid another officer, youth, or civilian, or to stop incidents of excessive, inappropriate, or unnecessary force or abuse, and/or to address departmental policy violations. The law imposes a duty on peace officers to take adequate action to protect youth, staff, and civilians in the course of their official duties. Deliberate indifference or failure to act is prohibited. Examples of non-engagement include, but are not limited to:

- Failure to respond to an immediate threat to the safety and security of youth, officers, and the facility
- Failure to assist a fellow Officer in response to an immediate threat and/or indifference to a youth who is destroying property or failing to follow instructions

<sup>13</sup> Hudson v. McMillian, 503 U.S. 1 (1992)

<sup>14</sup> 15 CCR 15 1357(a)(3)

<sup>15</sup> 15 CCR 1357(a)(3-4)

**PHYSICAL INTERVENTIONS****1705.11 TRANSPORTING YOUTH FOLLOWING PHYSICAL INTERVENTION**

If a youth is to be transported following a physical intervention, an uninvolved officer shall escort the youth away from the location of the incident to the medical unit, the HOPE Center, to a Supervisor for assessment, or another safe/secure location. They shall not be transported by the officers directly involved in that youth's physical intervention. If unavoidable and an involved officer must escort the youth, the officer shall document in their Physical Intervention Report (PIR) the justification for escorting the youth. Under no circumstances shall a youth who has alleged unnecessary or excessive force by an officer during the intervention be escorted by said officer following the incident.

**1705.12 ROOM CONFINEMENT FOLLOWING USE OF PHYSICAL INTERVENTIONS**

Room confinement may be necessary following the use of force when all less restrictive options have been attempted and exhausted, and the youth continues to pose a threat to the safety or security of officers or other youth (Refer to the Room Confinement Policy).

**1705.13 MANDATORY REPORTING REQUIREMENTS**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using force shall, at the conclusion of the incident, immediately notify the Duty Supervisor and complete either a PIR or SUP-PIR via PCMS. Officers shall clearly document all de-escalation/intervention efforts initiated prior to and during the use of force. Officers shall clearly document in their PIR or SUP- PIR:

- Date, time, and location of use
- Staff involved (including witnesses)
- The youth involved
- The justification for physical intervention/ use of force
- A clear description of what precipitated the use of force, including both youth and staff behavior
- Whether the officer had knowledge at the time the use of force was initiated that the youth had conditions that contraindicated the use of physical intervention
- Efforts to de-escalate prior to the use of force
- Identification of any injuries sustained as a result of the use of force
- Date and time of immediate medical referral, contact, and response after the incident

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- Documentation of immediate mental health referral, contact, and response after the incident

**Note:** Officers shall be aware, in so far as possible, and document their pre-incident knowledge of the medical and mental health of youth and justify why it was necessary and unavoidable to utilize physical intervention.

**1705.14 ANTI-RETALIATION**

The department has zero tolerance for retaliation against anyone who reports alleged policy violations, including inappropriate or excessive force. Officers, youth, partner agency personnel, visitors, or other staff assigned to the facility shall not be retaliated against (including shunning) for reporting and/or intervening in any alleged policy violation. Any activity or knowledge involving verbal, physical, or written threats to youth, staff, partner personnel, or visitors shall be immediately reported. This includes incidents of suspected abuse, use of force, or retaliation against whistleblowing (whistle-blowers report alleged wrongdoing or acts of fraud). Every person reporting an incident and acting in good faith shall be able to report an incident and be free from influence, threats, or restraint. No one shall prevent any other person from reporting or otherwise bringing to the attention of inappropriate and/or prohibited behavior. Staff shall be trained on the prohibitions, consequences, and measures to ensure the reliability of the complaint/grievance process related to retaliation, including the assignment of a Deputy Director to address the need for interim protections for those who report. Those who violate this provision are subject to discipline up to and including termination.

Any person who believes they are subject to any action prohibited by County Code § 5.02.060 may file a complaint with a supervisorial staff, contact the Ombudsman Hotline (877-822-3222), and submit written documentation pursuant with current department policies regarding Workplace Violence/Threat Management.

Supervisors and Managers must ensure that staff, youth, partners, and visitors understand their responsibility to report acts of violence, threats, and suspicious activity.

**1706 RESTRAINTS**

This policy is developed in cooperation with JCHS and the DMH, which articulates the department's policy for the application of restraint devices.

Physical Restraints may be used on youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or

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reveals the intent to cause self-inflicted physical harm<sup>16</sup>. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior. Youth in medical and/or mental health crises shall be placed in restraints only with the approval of the Facility Director or the authorized designee.

Restraints shall only be utilized for the period of time necessary to enable the youth to regain control to the point in which they no longer present a threat to themselves, others, and/or the continued destruction of property. The circumstances leading to the application of restraints and any use of restraint must be documented.

**Note:** The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain youth for movement or transportation within the facility.

**1706.1 DEFINITIONS AND EXPLANATION OF TERMS**

**Physical (Hard) Restraints** – Mechanical devices (metal handcuffs and plastic flex-cuffs) used to immobilize an individual's extremities.

**Soft Restraints** – Padded leather restraining device and helmet used to immobilize an individual's extremities and prevent them from harming themselves or others.

**1706.2 TRAINING**

All sworn officers assigned to juvenile custodial or transportation duties who are authorized to utilize physical restraint in the performance of their duties shall receive department-approved initial and regular refresher training on de-escalation and physical intervention techniques prior to being authorized to use physical restraints<sup>17</sup>.

Managers and Supervisors assigned to juvenile facilities and the transportation unit shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy.

**1706.3 RESTRAINTS**

Restraint devices refer to any device that immobilizes a youth's extremity and/or prevents the youth from being ambulatory. Authorized restraint devices for use by the department consist of hard mechanical restraints (i.e., handcuffs, leg irons, waist-chains, plastic flex-cuffs) and soft mechanical restraints (i.e., padded leather wrist and ankle restraints and safety helmets)<sup>18</sup>. Department-issued restraints are authorized

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<sup>16</sup> 15 CCR 1358

<sup>17</sup> 15 CCR 1357(c)(6)

<sup>18</sup> 15 CCR 1358(C)

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for use in a manner consistent with the manufacturer's application instructions. The department policy requires that at least two (2) officers be present when restraints are applied, except in emergency situations. Protective measures shall be taken for all youth who are placed in restraints. Youth placed in physical restraints shall be isolated from other youth in the facility for their safety, in so far as possible. If escorting and/or housing a restrained youth next to other youth, officers shall make provisions to protect the youth from harm<sup>19</sup>.

Restraint devices shall not be applied as a form of punishment, discipline, retaliation, or as a substitute for treatment. The use of restraint devices to attach a youth to a wall, floor, or fixture, including a restraint chair, the inside of a transporting vehicle, or any other "fixed" immovable object, is prohibited. Affixing youth hands and feet together behind the back (hogtying) is not permitted. Gurneys or mobile hospital beds that can be rolled out of the medical facility in an emergency are not considered "fixed" immovable objects. It is, therefore, permissible to secure a youth to a mobile medical gurney to facilitate medical treatment. However, should it be deemed necessary to remove and adjust the restraints of youth to facilitate treatment at a medical facility, the officer must, in all instances, contact the Duty Supervisor to obtain authorization and a plan of how and when to remove or adjust the restraints.

Upon the containment of the use of force incident and following the application of mechanical/soft restraints, officers shall move the youth to a safe location in preparation for release from the restraints. Officers shall always apply continual de-escalation methods and reassess whether it is safe to remove the restraints as soon as possible. If the youth fails to comply and the severity of the immediate threat justifies continued mechanical/soft restraint use (objectively reasonable standard applied), the officer shall provide ongoing assessment and documentation of their efforts in the PIR<sup>20</sup>.

Officers must remain aware of positional asphyxia. Positional asphyxia limits the expansion of the lungs by compressing the torso, hence interfering with breathing. Positional asphyxia can occur when the chest or abdomen is compressed backward toward the spine. Officers must be aware of their own size and strength during the application of restraints.

The use of restraints on pregnant youth or post-partum recovering youth is limited in accordance with Penal Code § 6030(f) and WIC § 222<sup>21</sup>. Restraining a pregnant youth in the prone or supine position is expressly prohibited.

In accordance with Penal Code § 6030(f) and WIC § 222, a youth known to be pregnant or in recovery after delivery shall not be restrained using leg irons, waist

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<sup>19</sup> 15 CCR 1358(f)

<sup>20</sup> 15 CCR 1358

<sup>21</sup> 15 CCR 1358

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chains, or handcuffs behind the body.

- A pregnant youth in labor, during delivery, or in recovery after delivery shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the youth, the officers, or the public. If necessary, when applying restraints to a pregnant youth, restraints shall be applied to the front of the body. The use of leg restraints, waist chains, or the application of handcuffs behind the body is prohibited<sup>22</sup>.

Restraints shall be removed when a professional who is currently responsible for the medical care of pregnant youth during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraint is medically necessary<sup>23</sup>.

**1706.4 APPLICATION OF PHYSICAL RESTRAINTS**

The application of physical restraints is authorized when a youth presents an immediate danger to themselves or others, exhibits behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Youth shall be placed in restraints only when all de-escalation techniques and less intrusive physical interventions have been exhausted. The use of restraints for mental health crises or destruction of property must be authorized by the Facility Director or the authorized designee. The Facility Director may delegate authority to place a youth in restraints to a Physician or Clinician. In emergent circumstances requiring immediate application of physical restraint, officers may do so to protect the safety of the youth and others and the destruction of property. In such cases, the restraint will be immediately reported to the Facility Director or the authorized designee for authorization to continue or discontinue the use of restraints.

Reasons for continued retention, if applicable, shall be reviewed and documented at a minimum of every hour<sup>24</sup>.

When youth are placed in restraints, continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and ensure the youth's safety and well-being. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with the actual time of the documentation recorded. A medical opinion on the safety of placement and retention shall be secured as soon as possible<sup>25</sup>.

Officers shall obtain information regarding known medical conditions that would

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<sup>22</sup> 15 CCR 1358

<sup>23</sup> 15 CCR 1357(a)(8)

<sup>24</sup> 15 CCR 1358

<sup>25</sup> 15 CCR 1358

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contraindicate certain restraint devices and/or techniques (i.e., known asthma, pregnancy, seizures, etc.). Officers shall ensure youth receive hydration and sanitation needs when youth requests; ensure youth are able to exercise extremities as recommended by JCHS; and officers shall access cardiopulmonary resuscitation equipment if needed. Officers shall monitor youth for signs or symptoms, which should result in the immediate summoning of medical and mental health staff<sup>26</sup>.

The Supervisor or any on-site officer shall continually monitor for signs or symptoms of youth displaying distress while in restraints. If in distress, medical/mental health staff shall be immediately summoned. If necessary, emergency medical services shall be called. The Supervisor or any on-site officer shall continually monitor for signs or symptoms of distress that include but are not limited to statements by the youth that they are in pain or having difficulty with basic bodily functions, such as breathing, or cannot feel their extremities, labored breathing, change in skin color, severe chest pain, or loss of consciousness, which should result in the immediate summons of medical/mental health staff. If necessary, emergency medical services shall be called<sup>27</sup>. Officers shall take action to move, reduce the tightness of any restraint, or remove the restraint, if needed, to address the concerns identified while medical staff are on the way.

**Handcuffs:** Departmentally issued handcuffs shall be worn by all youth supervision officers while on duty and shall be maintained, cleaned, and inspected in accordance with the uniform policy. Handcuffs may be used when there is no less restrictive method of restraining youth who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm.

Handcuffs shall be applied to one hand at a time, with the second (free) cuff being held in the officer's hand until it is applied and secured to the youth's other wrist. This is to prevent the youth from pulling free and using the dangling cuff as a weapon. Handcuffs shall be double-locked, with the keyhole facing upward, to prevent them from becoming too tight on the youth's wrist, resulting in injury.

When handcuffs are applied to youth to control aggressive behavior, they shall be removed when the youth is in a secure setting and otherwise able to exercise self-control and no longer a threat to themselves or others. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour<sup>28</sup>.

**Flex-cuffs:** Flex-cuffs are "hard restraint" devices that are intended to be utilized only in emergent situations within the facility to restrain youth who present an immediate

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<sup>26</sup> 15 CCR 1358(b)(e)(g)(h)

<sup>27</sup> 15 CCR 1358(d)

<sup>28</sup> 15 CCR 1358

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danger to themselves or others, who exhibit behavior that results in the destruction of property, reveal the intent to cause self-inflicted physical harm, or during major disturbances when handcuffs are not immediately available. Flex cuffs are appropriate for one-time emergency use and as a supplement to the standard complement of metal handcuffs. Flex-cuffs are only to be used for short periods of time and shall be removed when the youth is in a secure setting and otherwise able to exercise self-control, or alternative restraints, such as handcuffs or soft restraints, can be safely applied. Officers may carry flex-cuffs on their person on a county-issued utility belt when so authorized.

When utilizing flex-cuffs, a youth's hands shall generally be cuffed behind the back. Flex-cuffs do not have a safety locking mechanism, and as such, care shall be taken to ensure that the flex-cuffs are not applied too tightly on the youth, as it may inhibit circulation. When flex-cuffs are removed, the youth shall be presented to medical staff for an assessment. Medical staff shall examine the youth(s) and assess whether any injury was sustained as a result of the application of restraints. Care in the removal of flex-cuffs must be exercised so as not to injure the youth.

**1706.5 SOFT RESTRAINTS**

Soft restraints (padded leather restraining devices and helmets) are used primarily to control youth experiencing medical or psychiatric problems, such as youth under the influence of drugs, who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property or reveals the intent to cause self-inflicted physical harm. Soft restraints should only be utilized when less restrictive alternatives would be ineffective in controlling the youth's behavior.

Youth shall only be placed in soft restraints when approved by a Facility Director or the authorized designee as defined in *BSCC 15, CCR § 1358*. The Facility Director or the authorized designee may delegate authority to place a youth in restraints to a physician. Only Officers trained and certified in the application of soft restraints shall apply them. The application of soft restraints is considered a reportable physical intervention technique and shall be documented on the PIR and SUP-PIR forms by all officers present when the incident occurs.

**Note:** *It is permissible to place the youth in a prone position for applying soft restraints; however, once placed into soft restraints, the youth is not to remain in a prone position. As soon as the restraints are applied, the youth shall be placed on their side or in an upright sitting position, as deemed appropriate and safe for the situation.*

When authorized for use, soft restraints may be applied for a maximum of two (2) hours if not used in conjunction with mechanical ("hard") restraints. If mechanical ("hard") restraints are initially applied, the time the youth was in mechanical ("hard") restraints shall be included in the maximum time of two (2) hours. For example, if



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mechanical (“hard”) restraints were utilized for 15 minutes, and the youth is transitioned into soft restraints, they can only remain in soft restraints for a maximum of one (1) hour forty-five (45) minutes. Before reaching the maximum time, if it appears the youth may remain in crisis, the officer shall plan an alternate strategy that must be developed in partnership with mental health and the Facility Director or the authorized designee to seek additional support for the youth, including outside mental health evaluation. All efforts shall be made to develop the plan as early as possible.

Continued use of soft restraints beyond two (2) hours shall not be authorized unless the youth is pending psychiatric hospitalization and continued soft restraint is necessary to prevent serious injury or to preserve life. Reasons for continued retention in restraints shall be reviewed and documented in the *Enhanced Supervision Observation* form at a minimum of every 15 minutes per the Department’s current Enhanced Supervision policies and procedures.

**Note:** If, upon release from the soft restraints, the youth resumes the behaviors of concern, and it is deemed objectively reasonable to re-engage the youth, justification for reapplication of mechanical/soft restraints shall be clearly documented in the PIR and SUP-PIR.

Upon being placed into soft restraints, the youth shall immediately be placed on Level 3 Enhanced Supervision (Pursuant with Departments current Enhanced and Specialized Supervision policies and procedures) status and shall remain on that status until at least the soft restraints are removed, or another condition requires the youth to remain on the Level 3 Enhanced Supervision. While on Level 3 Enhanced Supervision status, the youth shall be supervised by one (1) assigned officer, whose *only responsibility* is to supervise the youth in soft restraints. Continuous, direct visual supervision shall be conducted to ensure the soft restraints are correctly employed and ensure the youth's safety and well-being. Observations of the youth’s behavior and any officer interventions shall be documented on the *Enhanced Supervision Observation* form at least every 15 minutes, with the actual time of the documentation recorded. The Supervisor who authorized the youth's placement into soft restraints shall check on the youth’s condition every 15 minutes and assess the need for continued restraint until the restraints are removed<sup>29</sup>.

**1706.6 MEDICAL ASSESSMENT FOR YOUTH IN RESTRAINTS**

Medical assessment for youth placed in physical restraints following the use of force shall occur as soon as possible, but no later than two (2) hours from the time of placement. If adjustments in the restraints are made at any time after medical staff has checked the youth, medical staff must be summoned once again to ensure that the

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<sup>29</sup> 15 CCR 1358

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application of restraints is proper and safe. Upon removal of restraints, medical staff must again be summoned to examine the youth. The medical staff shall record their findings in the youth's medical record and in the medical assessment for inclusion in the officer's PIR. The youth must be medically cleared for continued retention at least every three (3) hours after that (15 CCR §1358).

#### **1706.7 MENTAL HEALTH SUPPORT FOR YOUTH EXPERIENCING A MENTAL HEALTH CRISIS**

When mechanical or flex-cuff restraints are applied for purposes other than to escort a youth, a Request for Mental Health Consultation form shall be submitted as soon as possible, but in no case longer than four hours from the time of the placement, to assess the need for mental health treatment<sup>30</sup>. When a youth experiences a serious mental health crisis, which requires placement in restraints during DMH duty hours, the DMH Clinician shall be summoned as soon as possible, but in no case longer than four hours from the time of the incident to assess the need for mental health treatment. These services may include, but not be limited to, providing strategies for officers to follow in addressing the youth; recommendations for alternative interventions, including medication; and/or referral to a higher level of care either within or outside the facility. A copy of the *Request for Mental Health Consultation* form shall be attached to the PIR submitted for the incident.

Should an incident occur after-hours and no DMH Clinician is on duty in the facility, a DMH Clinician or a Psychiatrist's assistance shall be obtained. The Duty Supervisor shall follow the protocols for each facility to directly contact the DMH "On-Call" Psychiatrist or contact the Supervising Nurse or the authorized designee, who shall contact the DMH on-call Psychiatrist. The Psychiatrist shall provide telephonic consultation to medical staff and/or staff, encompassing recommendations as to how to best handle the situation as presented. If the Duty Supervisor is unable to contact the on-call Psychiatrist, the Duty Supervisor shall contact the mental health program head for the facility. Should the mental health program head not be available, the Supervising Nurse shall consult with the on-call Physician to determine if a youth needs to be transported to the local emergency room for a psychiatric evaluation.

#### **1706.8 REPORTING FORMS**

##### **Enhanced Supervision Form**

An *Enhanced Supervision Form* shall be initiated while the youth is placed on a Level 3 Enhanced Supervision Status. While on Level 3 supervision status, the youth shall be supervised by one (1) officer, whose only responsibility is to supervise the youth in

<sup>30</sup> 15 CCR 1358

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restraints. Continuous, direct visual supervision shall be conducted to ensure that the restraints are properly employed and to ensure the youth's safety and well-being. Observation of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with the actual time of the documentation recorded on the *Enhanced Supervision Form*. This officer shall also document any visits by Supervisors, mental health, or medical staff on the form during the requisite time periods. This form shall be maintained throughout the youth's placement in restraints, with each 15 minute timeframe clearly articulated with attendant time frames noted.

The form shall be maintained by and in immediate proximity to the officer providing supervision of the youth. The backside of the *Enhanced Supervision Observation Form* may be utilized by the Officer to provide additional summary information related to the youth's behaviors if needed. The *Enhanced Supervision Observation Form* shall be maintained in addition to any other required documentation, such as logbooks, Behavioral File, PCMS, or Record of Supervision<sup>31</sup>.

In addition to the *Enhanced Supervision Form*, staff supervising youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal. The Shift Leader/ Supervisor is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is properly completed.

**1706.9 JUVENILE INSTITUTIONS MECHANICAL/SOFT RESTRAINT LOG**

When a youth is placed in mechanical or soft restraints, the staff supervising the youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. The Shift Leader/ Supervisor is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is appropriately completed. This log documents each of the activities that occurred prior to the application of restraints, those activities that occurred while the restraints were in use on the youth, and immediately following their removal.

The completed *Juvenile Institutions Mechanical/Soft Restraint Log* and *Enhanced Supervision Observation form* shall be reviewed, approved, and signed by the Shift Leader/ Supervisor at the conclusion of the youth's removal from restraints. Additionally, the Director or the authorized designee authorizing the placement of soft restraints shall sign the *Juvenile Institutions Mechanical/Soft Restraint Log* at the conclusion of the youth's removal from restraints. The original copies of the *Juvenile Institutions Mechanical/Soft Restraint Log* and the *Enhanced Supervision Observation Form* are to be attached to the Shift Leader's PIR. Copies are to be placed in the

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<sup>31</sup> 15 CCR 1358

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youth's *Behavior File*. The Facility Director shall maintain copies of all *Juvenile Institutions Mechanical/Soft Restraint Logs* and *Enhanced Supervision Observation forms* in a file for 24 months from the time of the occurrence. This file shall be subject to audit review<sup>32</sup>.

**1706.10 PHYSICAL INTERVENTION REPORT**

All staff involved in, witness to, or on duty during a shift wherein restraints were used in crisis situations shall complete a PIR or SUP-PIR. Documentation of the circumstances leading to the application of restraints shall be recorded on the PIR<sup>33</sup>.

A PIR shall be prepared by all participating officers, indicating why the restraints were applied and the date and times at which the restraints were applied and removed. Further, officers shall also notate on their respective PIRs who authorized the restraints to be utilized and all de-escalation/intervention efforts initiated prior to and during the use of force. Other information documented shall include, but is not limited to:

- Staff involved (including witnesses)
- The youth involved
- The justification for physical intervention/use of force
- Whether Officer had knowledge at the time use of force was initiated that the youth had conditions which contraindicated the use of physical intervention
- Efforts to de-escalate prior to the use of force
- Date and time of medical referral, contact, and response after the incident
- Documentation of mental health referral/contact and response after the incident

**1707 POST-INCIDENT PHYSICAL INTERVENTION**

All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using physical intervention or to which physical restraint was used shall, at the conclusion of the incident, immediately notify the Duty Supervisor and complete a PIR via PCMS. A SUP- PIR is also submitted via PCMS by all staff members who are witnesses to or on shift in a unit where the crisis was resolved using physical intervention. A SUP-PIR is also utilized by staff who have completed a PIR and have supplemental information to be included with their initial PIR. The completion and submission of these reports shall adhere to the requirements outlined in the

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<sup>32</sup> 15 CCR 1358

<sup>33</sup> 15 CCR 1358 (a-h)

**PHYSICAL INTERVENTIONS**

Instructions for completing the PIR/SUP-PIR.

**1707.1 PHYSICAL INTERVENTION REPORT/ SUPPLEMENTAL PHYSICAL INTERVENTION REPORT**

All PIR and SUP-PIRs shall be completed in their entirety and submitted to, reviewed, and provided a signed approval by both the Shift Leader and the Duty Supervisor, immediately after the incident, but no later than the end of the shift following the conclusion of the incident. During emergent situations, when resources cannot be diverted from supervision responsibilities to complete PIRs/SUP-PIRs without compromising the youth's health and safety, the end of shift deadline may be extended by the Duty Supervisor, provided justification is documented.

Officers must accurately and thoroughly provide detailed facts of their own personal observations of the incident, including what they visually witnessed, heard, and/or smelled. A helpful guideline is providing who, what, when, where, why, and how. It is recognized that post-incident, there is a possibility that officers may make non-material omissions or errors on their written reports. If the reviewing Supervisor recognizes these types of mistakes, either through an overall review of the incident or through video recordings, the report may be sent back to the staff for clarification via a Supplemental Physical Intervention Report.

PIR and SUP-PIR shall contain a clear and comprehensive account of the entire incident, including the following: who was involved; when, where, how and why did it occurred; staff positioning; what specifically occurred; actions taken by youth and staff; attempts made to de-escalate the situation for a safe conclusion (i.e., warnings of pending physical intervention); and a description of precipitating factors that led to the use of physical interventions, or physical restraints. Care should be taken to describe the exact positioning of staff and the actions taken by staff, youth, and Supervisors during the intervention incident.

Officers shall prepare these documents utilizing the appropriate Caseload Management System screens pursuant to the current Department policies and procedures regarding PCMS PIR, SUP-PIR, SIR, SUP-SIR, and Behavior Management Program (BMP).

**1707.2 MANDATORY REPORTING REQUIREMENTS**

All officers who are involved in, witness to, and/or on duty during a shift wherein a crisis situation occurs and is resolved through the use of physical intervention or physical restraint shall complete a PIR or SUP-PIR (as appropriate) immediately following the incident, but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM;

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2:00 PM to 10:00 PM; or 10:00 PM to 6:00 AM) in which the incident occurs, or, as otherwise directed by the Duty Supervisor. Staff shall be sensitive to the fact that a degree of urgency exists in completing the PIR as soon as possible.

Within 15 minutes of containing or as soon as possible without compromising the health and safety of the youth, the Shift Leader/ Supervisor or the authorized diesngeee shall contact the Duty Supervisor and advise them that a physical intervention and/or use of physical restraint incident occurred. Each incident shall receive an incident number, which shall be noted on all PIR and SUP-PIR documents as generated by PCMS. This incident number shall be noted on PIR/ SUP-PIR or any other supplemental document (e.g., Mental Health Consultation Forms, Soft Restraint Logs, etc.) generated by officers as a result of this incident. Each facility shall also receive a facility-generated incident number, which the Duty Supervisor shall provide upon the incident being reported.

The written report section of the PIR must be a clear and comprehensive account of the entire incident, including the precipitating factors that led to the use of physical interventions and the de-escalation efforts utilized to bring the incident to a safe conclusion. The PIR shall contain, but not be limited to, the following elements at a minimum:

- Clear description of what precipitated the use of physical intervention, and/or use of physical restraint
- Clear description of all de-escalation techniques employed
- Clear description as to why the incident occurred, including youth and staff behavior that precipitated the event
- Notation of the request for and the presence of a Supervisor, as appropriate
- Clear justification (explanation) as to why that particular use of force was utilized, instead of utilizing another level of force
- Clear description as to how the intervention(s) was/were performed and by whom
- Clear notation of where officers were positioned just prior to and during the incident

**1707.3 PROHIBITED REPORTING CONDUCT**

Information contained in a SIR, PIR, and SUP-PIR constitutes lawful and truthful statements made by sworn peace officers to objectively portray the facts of the incident in the most honest and transparent manner possible. Officers who are not honest in their reporting shall be subjected to the performance management process,

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which may result in discharge, and/or criminal prosecution, and/or civil sanctions.

Examples of prohibited conduct in reporting include, but are not limited to:

- **Purposeful material omissions:** Officers intentionally leave out details to disguise or diminish the actions of themselves or others, such as their actions precipitating the use of force or whether they used de-escalation techniques as required.
- **Code of Silence:** Also known as a blue wall of silence, the blue code of silence, and blue shield of silence, are terms used to denote the informal rule that purportedly exists among law enforcement/corrections personnel, not to report on a colleague's errors, misconducts, or crimes, including excessive use of force. Such a practice is strictly prohibited, and any personnel determined to have participated in said practice shall be subject to disciplinary action according to departmental guidelines, which may include up to termination of employment
- **Collusion:** Officers shall not collaborate (ensuring accounts of the incident contain the same/similar details) with each other during the preparation of details in reports
- **Coaching:** Officers instructing co-workers to report details and facts in their reports that they did not actually experience or write reports on behalf of another officer

#### 1707.4 POST-INCIDENT REVIEW PROCESS

**Child Safety Assessments:** Upon being notified that a physical intervention incident has occurred, the Duty Supervisor shall immediately conduct a Child Safety Assessment (CSA) involved in the incident. The designated Duty Supervisor shall respond to the location/building where the incident occurred. The CSA shall be completed within one hour of being notified. Questionnaires shall additionally be obtained from each youth involved in the incident, and affidavits obtained from each youth witnessing the incident as outlined in the *Physical Intervention Incident Review Policy*.

#### 1707.5 POST-INCIDENT DEBRIEFING FOR INVOLVED YOUTH, STAFF, AND WITNESSES:

All use of force incidents must include a post-incident debriefing with any staff or youth who were involved or witnessed the use of force to mitigate the effects of trauma and training<sup>34</sup>. These debriefings must be conducted by a Supervisor or higher within four

<sup>34</sup> 15 CCR 1357(a)(5)

**PHYSICAL INTERVENTIONS**

(4) hours after completing the CSA. Documentation of the post-incident debriefing must be completed on a SUP-PIR using PCMS and submitted to the Force Review Coordinator for review. If trauma has occurred, the following is required:

- All youth who have experienced trauma as a result of the use of force shall be referred to DMH using the Mental Health Consultation Form. Any youth who experiences trauma will be allowed access to the Healing Opportunities and Positive Engagement (HOPE) Center and given an opportunity to decompress. Youth who continue to express trauma will be immediately placed on Probationary XX2 or higher until evaluated by DMH.
- Any staff who experiences trauma as a result of the use of force shall be referred to Probation Support Services or Peer Support, offered an Industrial Injury Packet, and allowed relief from duty for a period of time to decompress.

**Force Review Coordinator:** Each physical intervention shall be formally reviewed by the facility's Force Review Coordinator as soon as practical after its occurrence. The Force Review Coordinator shall thoroughly review the completed PIR packet generated by the Duty Supervisor and shall interview the involved youth, other youth present (possible witnesses), and civilian witnesses, support staff, school faculty, and/or administrative staff present who may have witnessed the events, as applicable. After reviewing the PIRs, Child Safety Assessments, affidavits, and interviewing percipient witnesses, the Force Review Coordinator shall determine if the physical intervention was objectively reasonable. Incidents involving an intervention (i.e., physical or the use of restraints) that does not appear to have been necessary or that was inappropriately performed (using unnecessary or excessive force) or otherwise fails to fall within established department policies and procedures shall be referred to the Facility Director, Superintendent, or the department's Special Investigations Unit for further administrative review and/or formal investigation.

#### 1707.6 MEDICAL ASSESSMENT OF YOUTH

Any youth involved in a physical intervention incident within the juvenile facilities shall be referred to medical staff for assessment no later than 30-minutes following containment of the occurrence. Uninvolved officers shall escort the youth to the medical unit. If officers who are involved in the use of force escort the youth, it must be clearly explained in the PIR why uninvolved officers were not able to assist. It is expected that medical staff shall assess the youth immediately upon presentation.

In situations where there is no nurse on duty, and upon containment of the incident, the youth shall be immediately referred to the Duty Supervisor to assess any injuries no later than 30 minutes following containment of the occurrence. The Duty Supervisor shall ascertain from the youth whether the youth has sustained any injury. If the youth does not appear to have sustained a serious injury, the duty supervisor shall log the



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incident into the Duty Supervisor's logbook and ensure that the youth is referred to the nurse as soon as practicable upon the nurse's return to the facility. If the Supervisor suspects or knows of an injury that cannot be treated at the location, the youth shall be transported from the facility for a higher level of care.

At the time of assessment, the Duty Supervisor shall ascertain whether the youth appears to have sustained an injury to the head, neck, or spine. If a head, neck, or spinal injury appears to have occurred, the Duty Supervisor shall treat this type of injury as a potentially serious injury and shall follow the "serious injury" treatment guidelines as noted below.

A "serious injury" requires that the youth be sent out to a local hospital to treat the injury, which typically involves treatment such as sutures, the setting or realigning of fractured or displaced bones, and assessment for internal injuries or hospitalization. In the absence of medical staff on-site, a Supervisor that assesses the youth and determines that the youth appears to have sustained a serious injury that appears to be potentially life-threatening or life-altering, 9-1-1 shall be called for immediate paramedic assistance. In other instances, where there is a serious injury that does not appear to be life-threatening, if male youth are involved in an incident, the Supervisor shall contact on-duty medical staff at the nearest juvenile hall for direction as to whether to send the youth to a local hospital or to send the youth to the nearest juvenile hall for assessment and treatment. If the incident occurs at a facility with female youth, the Supervisor shall arrange for the youth to be transferred to a hospital for assessment and treatment.

A "less serious injury" is generally one that requires assessment and treatment by medical staff at the facility and allows the youth to return to their regularly assigned unit or the HOPE Center or be housed in the Medical Observation Unit for observation purposes only. Determination of the seriousness of injuries shall be made by medical staff.

**Probation Referral of Youth to Medical Staff for Assessment** – At the conclusion of a physical intervention incident, staff shall document in the narrative section of the PIR the exact time that the youth was presented for a medical examination to be performed. A youth is considered to have been made available for assessment upon their arrival at the medical unit/nurse's office at any facility, or any other area designated for the performance of medical examinations, or upon the nurse's arrival at the incident location.

**1707.7 MENTAL HEALTH INVOLVEMENT AND ASSESSMENT OF YOUTH**

All youth who are involved in a use of force incident shall be referred for mental health assessment. Officers shall document the referral to DMH on the PIR and attach a copy of the submitted Request for Mental Health Consultation form to the PIR. During

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the post-incident review period, Supervisor conducting the Physical Intervention Incident Review shall verify that the youth was referred to DMH.

Mental health shall be consulted immediately or as soon as “reasonably possible” to provide greater opportunity for DMH to assess the youth’s mental state at the time and to prevent further behavioral decompensation, in addition to helping avoid situations where the use of force strategies may be necessary.

When DMH staff are unavailable, a referral shall be submitted to DMH for assessment as outlined under the Mental Health Support for Youth Experiencing a Mental Health Crisis. Pursuant to the current Department policies regarding *Enhanced and Specialized Supervision*, a Specialized Supervision Plan (SSP) may be necessary.

**1708 QUALITY ASSURANCE**

Debriefing is not intended to be a substitute for the post-physical incident review, post-use of force review process, or the investigative process. However, debriefing plays an important role in allowing the officer and youth to reflect on what happened as a learning opportunity. The debriefing process allows officers to ask questions and voice concerns to Supervisors and Shift Leaders regarding the actions taken during a use of force incident. This is an opportunity for Supervisors to provide training and impart situational expertise in relation to the policies and procedures established by the department. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community. Video of the incident may be reviewed during the debriefing, if available, and if the incident does not involve excessive or unnecessary force and/or any subsequent investigation has been concluded. Video will not be reviewed when a referral has been made to the Special Investigation Unit (SIU). Debriefings are not a legal process to disseminate discipline but an opportunity for unit/camp officers to discuss and analyze incidents in an educational and informative setting. Debriefing can be a valuable tool in determining what factors may have caused the event(s), helping to evaluate the effectiveness of interventions utilized, and proactively mitigating future events. Debriefings shall be utilized as a continuous quality improvement technique to maximize the department’s efforts in ensuring the safety and security of the youth, staff, and community.

**Note:** *If a Supervisor was a party to the physical intervention, a Director or the authorized designee must conduct the review.*

**1708.1 USE OF FORCE ADMINISTRATIVE REVIEW**

Each use of force incident shall be evaluated at both supervisory and management levels to determine if the use of force complied with the policy, procedure, training, and

**PHYSICAL INTERVENTIONS**

applicable law to determine if follow-up action or investigation is necessary. The following factors shall be evaluated:

- Reasonable de-escalation, force prevention, intervention, and management techniques used, if applicable.
- The need for the appropriate application of force.
- The level of the threat perceived by the officers involved.
- The relationship between the need and the level of force used.
- Whether any injury was suffered and the extent of those injuries.

The Shift Leader or Duty Supervisor shall review the initial use of force review packet and ensure that all necessary documents are included. The documents collected include, but are not limited to, the following:

- PIRs
- SUP-PIR
- Medical Assessments (Probation Electronic Medical Records System (PEMRS) printout)
- CSA
- Questionnaire(s) from youth
- Mental Health Request for Consultation form(s) (PEMRS printout)
- Mental Health Crisis Support and Assistance Log (if soft restraints are involved)
- Suspected Child Abuse Report(s) (SCAR), if applicable
- Preliminary Incident Notification (PIN) Report, if applicable
- Photographs clearly depicting the location, evidence, injuries, or alleged injuries
- Referrals to health services, mental health, and/or internal affairs

The completed packet shall be reviewed by the Force Review Coordinator or Facility Director, and forwarded to the departmental Force Review Committee<sup>35</sup>.

**1708.2 FORCE INTERVENTION RESPONSE SUPPORT TEAM (FIRST)**

When a use of force incident occurs, an initial review is conducted by the Independent Force Review Team (IFRT). The IFRT is an independent unit that reports through a chain of command outside of the Juvenile facilities in which the use of force occurs.

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<sup>35</sup> 15 CCR 1357 (a)(6)

**PHYSICAL INTERVENTIONS**

As a secondary level of review, the Force Intervention Response Support Team (FIRST) was established as a critical component of the Department's Compliance Review Process for use-of-force incidents. Designed to provide independent oversight, FIRST enhances accountability within the Department by offering objective analysis and recommendations. Additionally, FIRST will assist Director by providing insights from historical use of force data, helping with daily operational decisions. The team plays a vital role in maintaining transparency and integrity throughout the review of use-of-force situations. This proactive support not only streamlines operations but also promotes the well-being of both youth and staff.

FIRST's secondary independent reviews and expert guidance will help support culture change to assist in reforming the Department by enhancing accountability through oversight. This will also help prevent erroneous allegations and address the potential causes of force incidents. All physical intervention reviews will be conducted utilizing an objectively reasonable standard as defined in the Physical Intervention Policy.

The FIRST Unit operates independently and is not directly affiliated with the Department's Internal Affairs Bureau. However, it may be subjected to the same executive management as the Internal Affairs Bureau and the IFRT. The Force The FIRST Unit operates independently and is not directly affiliated with the Department's Internal Affairs Bureau. However, it may be subjected to the same executive management as the Internal Affairs Bureau and the IFRT.

All use of force incidents must be documented through the preparation of a Physical Intervention Packet (PIP). All PIPs are reviewed by the involved staff's chain of command and submitted to the IFRT, which is responsible for the initial use of force reviews within Juvenile facilities. Once the IFRT completes its review by ensuring that the review is signed by the reviewer, approved by the Program Director, and closed in the PCMS, it is evaluated for the FIRST criteria. If it meets the FIRST criteria, it shall be forwarded to the FIRST for a secondary independent review and analysis.

The FIRST shall provide an impartial evaluation of identified PIP's following the review conducted by the IFRT. The PIP shall be emailed/submitted by the IFRT to "EDL-PROB FIRST TEAM" within 21 days from the date of the incident.

All PIPs meeting the review criteria shall be comprehensively reviewed and objectively analyzed by the FIRST to determine the quality of the initial review, justification for force, compliance with applicable laws, adherence to policies and procedures, and corrective actions recommended.

The FIRST will review PIPs based on the following criteria:

- Twenty percent of use of force incidents required a PIN
- All use of force incidents referred to Internal Affairs that are not accepted for investigation.

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- Use of force incidents in which a Superintendent or above disagrees with the IFRT's initial independent review findings.
- Use of force incidents that are of high notoriety in nature as determined by the Chief Probation Officer, Deputy Director of IFRT, or other Executive Staff member.

**1708.3 COMPREHENSIVE REVIEW OF PHYSICAL INTERVENTION PACKETS**

As an independent review branch of the Department, the FIRST shall provide an impartial evaluation of PIP's meeting FIRST review criteria following the initial assessment and review of events by the IFRT and in accordance with the Physical Intervention Policy-Post Incident Review Process. The IFRT shall provide FIRST with the complete PIP, including all corresponding video footage, photographs, and other related materials, within 21-days from the date of the incident.

The FIRST shall review the PIP for the following:

- All related video footage, whenever video footage is available, to ensure an understanding of the context and sequence of events.
- The PIP documentation and/or IFRT analysis to assess the thoroughness and accuracy of the initial findings and identify any gaps and/or discrepancies.
- To ensure that all relevant witness statements and reports for the involved youth and staff were obtained.
- To ensure proper measures were taken to collect, secure, and preserve evidence documented in witness statements from both youth and staff, including photographs and/or video footage.
- To ensure that photographs and/or video footage align with observations/experiences documented in Physical Intervention Review's (PIR)/SUP-PIR's, youth statements, and CSA
- To ensure the appropriate paperwork was completed if staff injuries occurred.
- To ensure timely contacts, referrals, and/or PINs were completed for incidents, actions, and events beyond the normal scope of routine operations.
- To ensure that appropriate and thorough recommendations were made for incidents, actions, and events, beyond routine operations, highlighting potential policy violations, excessive or unjustifiable force, or the need for training.
- Recommend corrective actions to the respective facility, and that the applicable proof of practice was submitted by the facility.

**PHYSICAL INTERVENTIONS****1708.4 COMMUNICATION WITH JUVENILE INSTITUTIONS**

Juvenile Institution shall be provided the FIRST Physical Intervention Review Summary Form and receive email confirmation that the PIP either had:

- No Significant Findings/Deficiencies – the PIP meets the criteria identified in the respective policies and applicable state laws.
- Deficiencies/Non-Compliance Issues Noted – the independent review discovered areas in the PIP that the operation needs to address/follow up.

The FIRST Physical Intervention Review Summary Form will detail findings for all PIP's accepted by FIRST. In addition, FIRST shall make recommendations for corrective action to juvenile institutions to be completed in accordance with Departmental policies and procedures. The FIRST will discuss their findings with the IFRT. The juvenile institutions will be required to address all corrective actions identified and submit proof of practice to the FIRST team to ensure compliance.

**1708.5 TECHNICAL CONSULTATIONS FOLLOWING CRITICAL INCIDENTS**

The FIRST is intended to be a body of subject matter experts in the analysis of de-escalation, physical intervention, and use of force processes. Following critical incidents and other incidents, or anytime during the business process, the FIRST may be contacted by a Supervisor and Director for technical consultation, guidance, and coaching when needed to help strengthen the juvenile institutions' plan for corrective action, preparation of PIPs, and other related processes or training.

FIRST's technical consultation and coaching help strengthen the facility's ability to prepare and complete the PIP and positively impact the process's efficiency. This process does not provide Juvenile Institutions grounds for late submissions of the PIP to the IFRT or FIRST. Additionally, FIRST consultations do not replace the facilities' duties and responsibilities for submitting the package to the IFRT for an initial review.

To maintain objective post-incident reviews, FIRST shall not complete the PIP on behalf of the facility. This will ensure FIRST's independent judgment is not jeopardized by competing interests which make it difficult to fulfil their professional duties without bias and may undermine the credibility of FIRST and/or Department; particularly due to the controversial nature of force/physical intervention incidents.

Thus, FIRST's function is to consult, guide, and coach the operation and recommend targeted training in facilitating a robust after-incident risk analysis to determine whether de-escalation and risk management techniques were used effectively and/or areas defined in existing policies and procedures may require enhancement to address the root causes of an event and prevent the incident from reoccurring.

To summarize, the technical consultation provided by the FIRST will not replace

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and/or impact the post-incident independent review conducted by the IFRT or FIRST, and it is not intended for FIRST to complete PIPs on behalf of the facility, nor will it justify the untimely submission of the PIP to the IFRT or FIRST.

**1708.6 JUVENILE INSTITUTIONS' RESPONSIBILITIES FOR SUBMITTING PIP**

Each facility operation shall be responsible for monitoring its daily incidents and ensuring the timely preparation and submission of the PIP to the IFRT for initial review. Upon completion of the initial review, the IFRT will forward cases meeting FIRST criteria to the FIRST team for a secondary review.

**1708.7 TRACKING AND MONITORING TRENDS**

Quantitative data will be collected from use-of-force incidents to track and monitor trends and inform ongoing improvement efforts. The FIRST will engage in the following activities to encourage the use of techniques and mitigate/prevent/reduce reliance on force/physical intervention to resolve behavioral issues:

- Produce a monthly data-driven report detailing use-of-force incidents, highlighting key trends, and areas of concern.
- Produce and distribute a monthly report identifying the number of cases received and reviewed by FIRST.
- Identify resource gaps that contribute to use of force incidents and recommend the revision and/or development of policies and procedures.
- Recommend changes to training programs based on trend analysis and incident review findings.

**1708.8 PARTICIPATION IN REVIEW COMMITTEES AND MEETINGS**

The FIRST may recommend that a critical incident be reviewed by the Critical Incident Review Committee (CIRC) and may participate in the following committees upon request:

- Critical Incident Review Committee (CIRC)
- Juvenile Institutions Review Committees/Facility-Level Critical Incident Review Committee (F-CIRC)

**1708.9 DEPARTMENTAL FORCE REVIEW COMMITTEE/CRITICAL INCIDENT REVIEW COORDINATOR**

The Critical Incident Review Committee (CIRC) will also serve as the Departmental

**PHYSICAL INTERVENTIONS**

Force Review Committee (DFRC), which is the departmental level review of physical intervention incidents that involve actual or potential liability, serious injury, major conflict occurring within the department's scope of responsibility, or as otherwise deemed significant. The DFRC is a retrospective evaluation of a physical intervention incident to ensure staff actions are in accordance with departmental policy, procedures, and training; and to determine the effectiveness of existing policies and procedures before and after an event in addressing the root causes of an event, and to prevent the incident from reoccurring. The DFRC meeting shall include a Superintendent, Director, and other Executive Leadership Team members. Use of force incidents that rise to the level of a DFRC review shall be reviewed within 30 days of occurrence<sup>36</sup>.

**1709 NOTIFICATIONS****1709.1 PARENT/GUARDIAN/CAREGIVER NOTIFICATIONS**

When force is used on a youth, the Supervisor or the authorized designee shall contact the parent/legal guardian/caregiver, attorney, and caseworker. A minimum of three (3) telephonic contacts to the parent/legal guardian/caregiver need to be attempted within 24 hours of the incident. This information shall be clearly documented in the Physical Intervention Report, including the number of attempts made, dates, times, names of parent/legal guardian/caregiver contacted, and any other information regarding the subsequent conversation, as appropriate. If the youth has alleged that the use of force was excessive or inappropriate, this information shall also be shared with the parent/legal guardian/caregiver, along with information about the grievance process and the rights of the youth in the process<sup>37</sup>.

**1709.2 YOUTH SERIOUSLY INJURED OR ALLEGATION OF EXCESSIVE OR INAPPROPRIATE FORCE.**

The Superintendent, Director or the authorized designee shall be immediately notified if a youth or staff member is seriously injured or an allegation of excessive or inappropriate force or of actions related to the use of force incident that is inconsistent with policy and law (e.g., intentional failure to decontaminate) is made during the application of force. The Superintendent shall make appropriate notifications to the chain of command.

If the youth has made an allegation of excessive or inappropriate force, violations of policy/law by staff during the use of force incident, the Superintendent will immediately report this to the Deputy Director responsible for assessing and addressing any interim

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<sup>36</sup> 15 CCR 1357(a)(5)

<sup>37</sup> 15 CCR 1357 (a)(7)



**PHYSICAL INTERVENTIONS**

protections for youth who report, such as unit changes, safety plan updates, and protection orders.

**1709.3 ASSAULTS AGAINST OFFICERS**

The Supervisor assigned to the incident shall immediately contact the Director, the victim's Supervisor, the Superintendent, and the Deputy Director in any instances where it is alleged that the youth has physically assaulted an officer. As appropriate, the Department will facilitate the filing of criminal charges against the youth with the applicable juvenile or adult court.

The Supervisor shall ensure that the affected officer is provided with an Industrial Accident packet or that the packet is completed on behalf of the staff per department protocol. It is also the Supervisor's responsibility to ensure staff involved in or affected by a serious or traumatic experience are offered services which include: Peer Support Coalition and Employee Assistance Program (<http://employee.hr.lacounty.gov/employee-assistance-program/>).

## LOS ANGELES COUNTY PROBATION DEPARTMENT

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|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><br><b>TRANSPORTATION OF YOUTH</b> | <b>Section Number:</b><br><b>RTSB-1800</b>                                                                                                                   |
|                                                                                                                   | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                   | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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## LOS ANGELES COUNTY PROBATION DEPARTMENT

|                                                                                                                   |                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>RESIDENTIAL TREATMENT<br/>SERVICES BUREAU</b><br><br><br><b>TRANSPORTATION OF YOUTH</b> | <b>Section Number:</b><br><b>RTSB-1800</b>                                                                                                                   |
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|                                                                                                                   | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

### 1801 INTRODUCTION

From time to time, youth must be transported to and from a facility in order to attend court or receive medical care . The transportation of youth to and from the facility must be handled in such a manner as to ensure the safety and security of youth and staff, as well as to reduce the risk of youth escaping from custody. To this end, staff are expected to adhere to the procedures outlined in this section.

### 1802 PRIVATE APPOINTMENTS

Youth shall not be transported for private appointments unless one of the following exceptions exists:

- Transported for emergency care
- Scheduled by Juvenile Court Health Services (JCHS) for County hospital or County clinic care
- Referred by the Department of Mental Health (DMH) for emergency care or admission to a locked psychiatric facility
- Ordered by the court

The Department does not offer furlough to any of the youth detained within the RTSB. However, the Department will provide transportation for exigent circumstances, such as funerals or hospital visits, when ordered by the court (15 CCR 1351).

#### 1802.1 YOUTH MOVEMENT CAMPUS VERNON KILPATRICK (CVK)

The Transportation Division shall transport youth for all Court hearings and medical appointments.

- The Movement Coordinator shall coordinate daily transportation for appointments outside the secured facility. The OD shall follow up with transportation for any add-ons, emergencies, or discrepancies for off-site appointments
- Facility staff shall ensure the youth are changed into the transport uniform

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| LOS ANGELES COUNTY PROBATION DEPARTMENT | RTSB-1800 |
| TRANSPORTATION OF YOUTH                 |           |

- Youth scheduled for transport shall be moved to the Intake Holding area. When the number of youth has exceeded the capacity of the Holding area, the OD shall move the youth to other designated areas. Staff shall supervise youth and provide them with structure for the transport.
- Youth who are scheduled for court may need to have an early breakfast and a sack lunch prepared for them. Food Services should be notified in advance to ensure the meals are prepared.
- Youth with medical appointments may need food arrangements depending on their medical status. The OD shall be responsible for ensuring compliance.

If the movement of the youth is within the facility, the facility is strictly controlled, and all internal access to secured areas is conducted by officers to ensure the safety and security of the youth, staff, and others.

### **1803 NOTICE TO YOUTH**

Staff shall never inform youth in advance of the date and location of their appointment. If there is a reason to believe a youth is aware of an appointment, it may be canceled and rescheduled.

### **1804 VISITORS AND TELEPHONE CALLS**

Staff shall neither allow the youth to use the telephone nor have visitors when the youth has had prior knowledge of an appointment. If a youth having prior knowledge of an appointment is found using the phone, the appointment may be rescheduled. Staff shall dial the youth's outgoing calls from county telephones, and staff shall not leave the youth unaccompanied while the youth is talking on the phone. Youth should not have an expectation of privacy while they are on the telephone, except when speaking with their attorney or clergy.

### **1805 ORANGE UNIFORMS-YOUTH EXITING THE FACILITY**

All youth leaving the facility shall be routed through a designated receiving unit or controlled area away from the general population. Staff in the designated area shall ensure that all youth to be transported are changed into the orange transportation uniform before they leave the facility.

Staff shall be mindful of the daily movement schedules, which are not flexible, and shall allow sufficient time for the clothing change. Therefore, staff shall ensure that youth arrive at the designated area at least 30 minutes before their scheduled departure time. Depending upon the needs of the facility, staff escorting the youth to the designated area may need to remain with the youth in order to assist with the clothing exchange.

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Staff shall ensure that department-issued pants are placed in the soiled laundry area, and staff shall then provide each youth with a clean orange uniform. Youth shall keep their sweatshirt, T-shirt, underwear, socks, and shoes while being transported out of the facility. Once the clothing exchange has been completed, the staff member escorting the youth to the designated area may return to their assignment.

Staff shall inspect the youth's shoes before the youth exits the facility.

#### **1806 ORANGE UNIFORMS – YOUTH RETURNING TO THE FACILITY**

Transportation deputies returning youth to the facility from outside appointments shall escort the youth to the designated receiving area and shall remain until the youth are thoroughly searched and the clothing exchange is completed.

Staff shall ensure that the youth place their orange transportation uniform, sweatshirt, underwear, T-shirt, and socks in the designated bag, and provide each youth with a clean set of facility clothing. Staff shall inspect and search the youth's shoes before returning the youth to the general population. Staff conducting the clothing exchange shall search all orange uniforms for contraband before sending them to the laundry.

#### **1807 INVENTORY OF ORANGE UNIFORMS**

The Director or the authorized designee shall work collaboratively with the Management Services Bureau (MSB) to ensure that the facility has an ample supply of orange uniforms.

The supply of orange uniforms shall be maintained at an established level commensurate with the average number of youth attending outside appointments on a daily basis, plus a 10% overage. In the event that the average daily number of youth attending outside appointments drastically changes, the designated staff shall notify the Supervisor immediately so additional orange uniforms can be obtained.

The authorized use of the orange uniform is limited to transportation outside the facility. Youth shall not wear the orange uniform at any other time.

#### **1808 SEARCHES**

When a youth is preparing to leave the facility, staff shall conduct a pat-down search prior to the youth's departure. Youth shall not be permitted to take personal property to other facilities. Staff shall collect, bag, and label the youth's personal property, ensuring that it is safely stored until the youth returns to the facility. In order to minimize the risk of overlooking contraband, staff shall complete the searches before transportation deputies take over supervision.

When the youth returns to the facility, designated staff shall conduct a pat-down search. Staff shall also search the youth's personal property, when applicable.

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## **1809 TRANSPORTING OF PERSONAL PROPERTY BETWEEN JUVENILE FACILITIES**

This section addresses the process of allowing the transportation of a youth's personal property between facilities. Staff shall ensure this policy is adhered to when dealing with transporting a youth's personal property from one facility to another facility.

### **1809.1 APPROVED ITEMS**

Youth shall be allowed the following approved items to be transported with them between facilities:

- Personal pictures
- A combination of softcover reading/composition materials (paperback books, composition books, and appropriate magazines)
- Soft-covered religious text
- Letters/papers
- Graduation packet, which includes instructions of the reporting area office, listing of service providers in the community, immunization records, Medi-Cal letter, and education transcripts
- Medical devices, such as eyeglasses, hearing aids, or dental appliances

### **1809.2 THE SENDING FACILITY**

The sending facility staff shall ensure that only the approved items listed in this policy are being transported in a sealed and labeled envelope or sealed paper bag with the Transmittal – Transport of Youth's Property.

### **1809.3 TRANSPORTING DEPUTY**

The receiving facility staff shall ensure the youth's name is clearly printed on their belongings.

The Transporting Deputy (TD) shall ensure that the personal property envelopes are given to the receiving facility staff. The receiving facility shall ensure that the property is sent to the youth's assigned living unit/dormitory as soon as possible.

### **1809.4 RECEIVING FACILITY**

The receiving facility staff shall ensure that excess personal items are placed in a paper bag and placed in the property room with the other personal items belonging to the youth. A property slip is to be completed and attached to the paper bag.

This policy does not apply to youth going to court or medical appointments unless they

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are being moved to another facility.

## **1810 DOCUMENTATION**

Designated staff shall document in the appropriate logbook and in Probation Case Management System (PCMS) the names of the youth leaving the facility, together with their Probation Department Juvenile (PDJ) number, date of departure, and destination. Staff shall also prepare a transfer submittal and entrance forms, providing them to the transportation deputies, along with the youth's behavior chart and medical file.

When youth return to the facility, receiving staff shall review the youth's behavior chart for behavioral issues or other concerns occurring while out of the facility. Significant concerns shall be reported to the Duty Supervisor immediately. Staff shall document in the appropriate logbook the youth's name, PDJ number, and time of return. Staff shall check the file and the youth's behavior chart in the designated location and return the medical file to the nurse.

The youth's Caseworker shall document information regarding the youth's departure and return in PCMS.

## **1811 TRANSPORTATION OF YOUTH BY FACILITY STAFF**

Periodically, staff may transport youth for a variety of reasons, including merit-based outings, community events, medical or mental health removals, disciplinary removals, and so forth.

With the exception of disciplinary, medical, or mental health removals, youth must meet minimum standards before staff can transport them from the facility. These standards are tied to the Behavior Management Program (BMP), and include the following, unless otherwise authorized through regulations pertaining to specialized programs (such as sports, forestry, etc.):

- Stage 3 or higher
- No history of escape or attempted escape from camp, juvenile hall, or other locked facility
- Minimum grade point average of 2.0
- No behavioral reports/write-ups in the past 10 days
- Caseworker approval

In all of the aforementioned circumstances, a minimum of two (2) staff are required for transportation purposes. At least one (1) staff member must be of the same gender as the youth being transported. For disciplinary, medical, and mental health removals, two (2) staff may not transport more than five (5) youth. At the direction of the Director

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and/or the Assistant Director (AD), additional staff may be assigned.

Youth removed for disciplinary, medical, and/or mental health reasons shall be transported in a secure manner that will include, at a minimum, the use of handcuffs and leg irons (shackles). Absent medical reasons to do otherwise, the youth shall be handcuffed behind their back.

When transporting youth for special events or merit-based activities, a minimum of two (2) staff must accompany every 10 youth. At least one (1) of the staff members must be of the same gender as the youth being transported.

Staff shall search vehicles used for transporting youth prior to loading the youth into the vehicle and upon return to the facility. Staff shall also ensure that all trash has been removed from the transport vehicle upon return to the facility.

It is the staff's responsibility to maintain direct supervision of the youth. At no time are youth allowed to be out of the staff's line of sight.

Staff shall maintain supervision of the youth throughout the duration of the off-site activity, beginning from the first point of contact (such as picking up the youth from the dorm or other designated area) until completion of the activity and subsequent return of the youth to the general population. Staff shall provide a written list of youth to the Supervisor responsible for the facility population counts. The list shall include the names of each youth, as well as the total count.

At no time shall youth be in contact with members of the community without authorization from supervising staff.

Staff shall obtain all needed supplies (including food and water) from the facility prior to departure. Staff shall not stop unnecessarily at any location within the community.

Youth transported individually shall be in shackles and belly chains. Youth transported in groups of two (2) or more shall be daisy-chained together. When transporting a youth who is not daisy-chained to another youth, staff shall be at no more than arm's length of the youth at all times except when riding in a vehicle. Staff shall position themselves between the youth and the closest escape route. The daisy chains are not to be removed unless there is a medical necessity. Staff shall be standing at all times when the youth is standing.

#### 1811.1 SUPERVISION DURING EXAMINATIONS

To the extent possible, staff shall accompany the youth into the examination room. Potential examination room escape routes are to be observed by the transporting staff before the exam begins.

If the examination room has more than one (1) door, all doors not covered by the transporting staff are to be locked. Staff shall consult the Officer of the Day (OD)/Facility Supervisor if they believe the layout of the examination room compromises their ability



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to ensure the secure transport of the youth.

If the examination requires the need for modesty, same-gender staff shall be in the examination room. Separation by privacy curtains is acceptable if security is not compromised. Transgender and intersex youth shall have the option of specifying the gender of the staff that remains during the examination.

If the examination requires doctor-patient confidentiality, staff shall position themselves where they can adequately supervise the youth without compromising doctor-patient confidentiality.

## 1811.2 FUNERALS

Upon issuance of a court order, the Department shall arrange transportation and supervision of youth to attend the funeral services of a family member. A family member is defined as a parent, legal guardian, spouse, child, sibling (including step or half), or grandparent.

Youth may be considered ineligible if they meet any of the following criteria:

- Is a former or current gang member, and attendance by youth would create an unsafe condition
- Has a history of violence or is a danger to themselves or others
- Represents an escape risk
- Has an administrative, psychiatric, or medical hold on their person
- Is charged with PC § 187 (murder)
- Is pending a fitness hearing
- Has been declared unfit, and attendance by the youth would create an unsafe situation
- Is a state parolee
- Is being held for the federal authorities

Prior to leaving the facility, TDs shall discuss with the youth their attitude and feelings toward the deceased. At this time, the youth will be advised of any clothing and movement requirements.

Transporting staff shall wear suitable business attire when assigned to funeral duty.

Officer safety and security shall be the primary focus during a funeral assignment. The escorting staff shall remain in close proximity to the youth at all times, thereby maintaining visual contact. Transporting staff are responsible for the youth's safety and security until such time as they relinquish custody to the facility authorities.

Transporting staff at funerals shall adhere to the following procedures:

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- Maintain possession of portable two-way radios to allow contact with the juvenile facility or Transportation Headquarters
- Use leg chains on all youth attending funerals.
- Handcuff all youth until arrival at the funeral location (handcuffs may be removed prior to exiting the vehicle if this action is determined to be safe and appropriate)
- Return immediately to the custodial institution if proper security measures cannot be maintained throughout the assignment

Caseworkers are authorized to seek approval from the Court to release a “low-risk” detained youth on an In-and-Out Order so that parents/legal guardians can transport the youth to funeral services.

## **1812 METAL HANDCUFF SANITIZING PROCEDURE**

The Board of State and Community Corrections (BSCC) Title 15 requires that specific procedures be established when the use of metal handcuffs has been authorized and are required to be sanitized upon removal. Therefore, it is the policy of the Department that metal handcuffs that have been used shall be sanitized and cleaned.

### **1812.1 PROCEDURE**

Any authorized staff that places and/or removes metal handcuffs from a youth must adhere to the following sanitizing and cleansing protocol:

1. Wear disposable gloves
2. Clean or spray the handcuffs with Department-approved disinfectant that is effective against Methicillin-resistant Staphylococcus aureus (MRSA).
3. Allow to remain wet for 10 minutes prior to wiping dry
4. Allow the handcuffs to air dry before using or storing
5. Discard the gloves and paper towel used to wipe the equipment

It is the responsibility of the Supervisor or the authorized designee to ensure that the above steps are followed. The sanitizing and cleansing process should be recorded in the appropriate logbook.

### **1812.2 METAL HANDCUFFS EXPOSED TO BODILY FLUIDS**

When metal handcuffs are contaminated with bodily fluids, the following procedures must be adhered to (15 CCR 1510):

1. Use disposable gloves and scrub each implement with a clean brush in a solution of soap and water to remove all organic matter

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2. Rinse implements thoroughly in clean water
3. Pat the implements dry with a clean paper towel or cloth
4. Clean or spray the handcuffs using Department-approved disinfectant that is effective against Methicillin-resistant *Staphylococcus aureus* (MRSA)
5. Allow to remain wet for 10 minutes prior to wiping dry
6. Allow the handcuffs to air dry before using or storing
7. The wipes and gloves used for sanitizing the handcuffs shall be disposed of in bio-hazard containers

### 1813 USE OF MECHANICAL RESTRAINTS DURING TRANSPORT

The purpose of this policy is to address the use of mechanical restraints while transporting youth between secured juvenile facilities and during court proceedings, as mandated by Welfare and Institutions Code (WIC) § 210.6. It shall be the policy of the Department to use the least restrictive form of restraints necessary when transporting youth outside of juvenile facilities. Additionally, the youth shall not be subjected to mechanical restraints during court proceedings, unless requested and authorized by the court.

The Department shall define mechanical restraints as any department-approved devices that immobilize a youth's extremities and/or prevent the youth from being ambulatory, which include devices such as, but are not limited to, handcuffs, Daisy chains, Leg irons, cloth or leather restraints, or other similar items.

#### 1813.1 MECHANICAL RESTRAINTS DURING TRANSPORT

The use of mechanical restraints on a youth during transportation outside of a secure juvenile facility shall require the completion of the *Mechanical Restraint Worksheet for Transportation* (Prob. 1676). This requisite documentation shall be completed by the facility movement staff and authorized by a Supervisor. The final decision to use or not use restraints shall be made in consultation with the sending facility and the Transportation Deputy.

Ultimately, mechanical restraints shall be used only when the absence of restraints jeopardizes the youth, staff, or the public.

**Note:** Female youth who are known to be pregnant or in recovery from delivery may not be restrained unless deemed necessary for the safety and security of the youth, the staff, or the public.

When transporting youth from one secured location to another, staff must adhere to the following protocol(s):

- a) Once the *Mechanical Restraint Worksheet for Transportation* is completed, the

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score shall determine, if necessary, what least restrictive types of mechanical restraints, if any, would be appropriate for that youth during the specific transportation event

- b) The *Transfer Transmittal* form (Prob. 1675) shall be provided by the sending camp or hall to the receiving TD
- c) The *Transfer Transmittal* form shall be completed and signed by both the sending facility and receiving TD.

### 1813.2 THE USE OF MECHANICAL RESTRAINTS DURING COURT PROCEEDINGS

Unless an official request is provided by the court, the use of mechanical restraints during a Delinquency or Dependency court proceeding is prohibited. Mechanical restraints may only be used during a court proceeding if the court determines that the youth's behavior in custody or in court establishes a need to use mechanical restraints to prevent physical harm to the youth or another person or due to a substantial risk of flight.

If the court determines that the use of mechanical restraints is necessary during court proceedings, the receiving court shall be required to document the reasons for the need of mechanical restraints in the court record. If mechanical restraints are required by the court, the least restrictive form of restraint(s) shall be utilized as warranted by the individual's circumstances.

**Note:** The above does not apply to mechanical restraints used by medical care providers in the course of medical care or transportation.

### **1814 THE USE OF MECHANICAL RESTRAINTS FOR MOVEMENT AND TRANSPORT WITHIN THE FACILITY**

The Department, in cooperation with the medical and mental health, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility. Mechanical Restraints refer to any device that immobilizes an individual's extremities. Only departmentally approved handcuffs (Smith and Wesson or Peerless brands) may be used for this purpose. Flex-cuffs are "hard restraint" devices that are intended to be utilized only in emergent situations within the facility to restrain youth who are in imminent danger of injuring themselves, others, the facility, or who present a serious threat to damage property when handcuffs are not immediately available. Staff may carry flex-cuffs on their person on a county-issued utility belt when so authorized by the Duty Supervisor.

It is the policy of the Department that consideration of the safety and security of the facility, with a clearly defined expectation that restraint devices shall not be applied for the purpose of discipline, retaliation, or punishment.

An individual assessment of the need to apply restraints for movement or

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transportation must be completed. The assessment shall include the circumstances leading to the application of restraints. If a determination is made that mechanical restraints are necessary, the least restrictive form of restraint shall be used consistent with the legitimate security needs of the youth, in conjunction with any known medical or mental health conditions and trauma-informed approaches, under the following circumstances (15 CCR 1358.5):

- A safety risk to youth, staff, others, or the facility
- A substantial risk of flight

Youth may be handcuffed for the purposes of transport and/or movement within the facility. At the conclusion of transport, staff shall document the circumstances that led to the application of the restraints via a Special Incident Report (SIR), Physical Intervention Report (PIR), or Supplemental (SUP)-PIR. The SIR, PIR, or SUP-PIR must clearly indicate the reason(s) for the application of mechanical restraints.

Restraints shall be correctly and securely applied and double-locked to prevent the equipment from inadvertent tightening and potential injury to the youth; and shall remain in place only for the period of time necessary to facilitate the transportation of the youth from one secure location to another within the facility.

Note: A youth known to be pregnant and in accordance with WIC § 601 shall not be placed in mechanical restraints unless deemed necessary for the safety and security of the youth and staff in accordance with Penal Code (PC) § 6030 (f) and WIC § 222. If necessary, the restraints shall be applied in the front (15 CCR 1358.5).

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|                                                                                                                 | Effective Date: April 7, 2026                                                                                                                         |
|                                                                                                                 | Approved By:<br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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### 1901 INTRODUCTION

In order to ensure the safety and security of youth and staff during emergency and disaster situations, the policy, procedures, and guidelines outlined in this section have been established. All staff are required to be thoroughly familiar with the information contained within this section.

Each juvenile facility shall have facility-specific policy and procedures that shall include, but not limited to (15 CCR 1327 (f)):

- Fire and natural disasters
- Escapes, disturbances, and the taking of hostages
- Active shooters, terrorist attacks, and civil disturbances
- Periodic testing of emergency equipment
- Emergency evacuation of the facility
- Annual review of emergency policy and procedures for all staff

### 1902 STAFF ROLES AND RESPONSIBILITIES

The Director, Assistant Director (AD), or the authorized designee is the Chief Safety and Security Officer of the facility and is in charge during emergency situations. The Director, AD, or the authorized designee shall ensure that all sworn and non-sworn staff working in the facility are aware of the evacuation and emergency procedures for each facility's Building Emergency Plan.

In case of a major emergency in which additional staff are needed, the Director is authorized to contact off-duty staff and require them to report for duty. Additionally, during an emergency, staff may be held over at the discretion of the AD or Director. No staff shall be permitted to end their shift and leave the facility during an emergency situation unless the AD or Director gives permission to do so.

Under no circumstances shall non-designated staff take it upon themselves to contact a law enforcement agency for assistance without first following the chain of command, starting with the AD, Director, or the authorized designee.

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#### 1902.1 MANAGEMENT RESPONSIBILITIES:

The Director, AD, or the authorized designee shall ensure (15 CCR 1327):

- All partner agency staff shall be required to review Building Emergency Plans and sign the Acknowledgment and Understanding form; a copy to be retained in a binder in the Director's office
- All non-sworn staff, including contract workers and clerical staff, shall be required to review Building Emergency Plans and sign the Acknowledgment Form upon their initial visit. A copy shall be retained in a binder in the Director's office
- Volunteers shall be required to review Building Emergency Plans through the facility orientation process and sign the Acknowledgment form. A copy shall be retained in a binder in the Director's office

### **1903 REPORTING EMERGENCIES**

It shall be the responsibility of all staff to immediately notify the Supervisor when an emergency situation arises, either via phone, radio, or by using an emergency push button. In reporting emergencies, staff must convey the essential facts in a concise and logical manner, such as indicated below:

- As soon as the Supervisor responds, state: This is an emergency or Code Blue
- Give the location of the emergency. Explain the nature of the emergency in a few words. Example: A/B is trying to escape

In extreme circumstances where it is impossible to remain on the telephone to speak with the Supervisor, unit staff will maintain communication by radio.

### **1904 FACILITY LOCKDOWN PROCEDURES**

It is the responsibility of the Facility Supervisor or the authorized designee to notify all facility staff and all ancillary agencies (i.e., Facility Security, Department of Mental Health (DMH), Los Angeles County Office of Education (LACOE), Juvenile Court Health Services (JCHS), Internal Services Department (ISD), etc.) that a facility-wide lockdown is in effect. No movement is allowed within the facility until the facility lockdown is lifted.

#### 1904.1 STAFF RESPONSIBILITIES

Supervisor or the authorized designee:

Once initial facility lockdown notifications have been made to the facility, the following



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staff and agencies should be contacted and notified:

- Director or the authorized designee
- Superintendent
- Assistant Superintendent
- Special Enforcement Operation (SEO)
- Local law enforcement agencies
- Local emergency services

In all emergency situations, the Supervisor or the authorized designee needs to maintain a detailed, continuous, and chronological summary of all pertinent information. The Director or the authorized designee must also generate a Preliminary Incident Notification (PIN) and follow procedures outlined in the Preliminary and Follow-up Incident Notification (PIN and FPIN) policy and procedures.

Once the emergent situation(s) have been resolved, an official All Clear Notification should be given to all notified staff. Facility Supervisor shall submit a Special Incident Report (SIR)/Physical Incident Report (PIR) by the conclusion of the shift relating to emergent situations and or facility lockdown.

#### Facility Director

Once notified of a facility lockdown, the Facility Director is responsible for the following:

- Ensure that all youth are secured and accounted for. If youth are participating in an outside activity, immediately return the youth to the unit/dorm
- Dorm/Unit Supervisor shall report the physical count of youth to the Movement Control/Facility Supervisor immediately
- If in an emergency situation, deploy additional staff to pre-designated locations based on the facility emergency plan procedures
- Ensure that Safety Checks are completed

Once an all-clear notification has been made, the Facility Director must submit SIR/PIR by the conclusion of the shift relating to the emergent situation and/or facility lockdown.

#### Officers

Once notified of a facility lockdown, officers are responsible for the following:

- Secure all youth. If youth are participating in an outside activity, immediately

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return the youth to the unit/dorm

- Obtain a physical count of youth
- Confirm locations of youth outside of the unit
- Report confirmed counts to the Supervisor
- Ensure that Safety Checks are completed

During the facility lockdown, no movement is allowed. This includes, but is not limited to, movements between units, shift exchanges, and/or anyone entering/leaving the facility. Normal facility operations can resume only once an official All Clear Notification is issued by the Supervisor or the authorized designee.

## **1905 MEDICAL EMERGENCIES (CODE BLUE)**

When staff encounter a medical emergency, each second of elapsed time required to obtain professional assistance becomes critical in saving a life. In addition to detained youth, staff interact daily with a variety of people in the facility, any one of whom may require emergency lifesaving care.

If a person appears to be in immediate danger of death or need of medical attention, staff shall immediately shout, Code Blue, as loudly as possible to alert other staff. The following actions will then be set in motion:

- Staff hearing the warning shall also shout the warning to alert other staff
- Staff nearest to a telephone or radio shall immediately contact the Supervisor and state Code Blue as well as the location
- Staff initiating the Code Blue warning shall immediately administer any first aid required
- Staff nearest the place of storage of resuscitation equipment and Cardiopulmonary Resuscitation (CPR) devices shall take them to the site of the incident and assist in administering first aid.
- The Supervisor shall ensure that paramedic assistance has been summoned by calling 911. Additionally, the Supervisor shall arrange for the immediate dispatch of an available on-duty nurse.
- If a medical emergency arises while the youth or staff member is in a transportation vehicle, emergency services shall be coordinated by calling 911.

Medical emergencies include, but are not limited to, the following situations:

- Unconsciousness
- Suicide attempt

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- Drowning
- Heart attack
- Respiratory arrest or extreme respiratory distress
- Electrical shock
- Seizures

## **1906 ESCAPES (CODE GREEN)**

When staff observe a youth attempting to escape or escaping from the facility, they shall immediately notify the Supervisor. If this staff member does not have primary responsibility for supervising a group, they shall try to apprehend the youth and maintain visual contact with the youth.

The Supervisor shall order the escape Code Green plan to be implemented immediately. The Supervisor shall order a thorough search of the grounds if it has not been established that the youth has actually escaped.

In response to a successful escape, the Supervisor shall take the following actions:

- Identify each escapee by name, AKAs, offenses, gender, age, race, height, weight, clothing, identifying marks, parents'/legal guardians' home address, and telephone
- Use the booking photos available on Probation Case Management System (PCMS), Crime Web, and Criminal History Reporting System (CCHRS) to print out a picture and identifying information for the escapee(s). Copies of the photos shall be distributed to those involved in the search
- Determine the number of escapees, the approximate time of escape, and the direction in which the escapees were headed, if possible
- Once authorized, call local law enforcement and provide the information detailed above. Additionally, contact law enforcement in the area of each escapee's residence, as well as the law enforcement agency making the arrest on which detention is based
- Contact the Director of SEO and provide the pertinent information requested to assist in the apprehension of the youth.
- Contact each youth's parent or legal guardian by telephone. If the parent does not answer, continue efforts to make contact with them if necessary
- Immediately remove any personal items (particularly letters and phone numbers) from the youth's locker or bed area. Bag and label the personal items

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- Notify the Director
- Complete the Preliminary Incident Notification (PIN) within four (4) hours

The Director shall notify the Superintendent as appropriate and submit a detailed written report prepared by the Supervisor.

The Director or the authorized designee shall ensure that the following additional steps are taken:

- Record the escape in the facility logbook and document the incident in PCMS
- Immediately notify the court and request the issuance of a bench warrant. Arrange for the bench warrant minute order to be sent to the facility
- Contact the court bailiff and verify that the bench warrant has been entered into the automated system within 24 hours of issuance. If it is not in the system, contact the court for assistance
- Establish direct radio interoperability with local law enforcement
- Refer to the Escape Response Protocol stored at each control center
- Assign trained staff to serve as on-scene liaison with first responders.
- If multiple youth escape, activate containment protocols using perimeter posts
- Treat the escape point as a crime scene for the investigation and document the scene with photographs, video if available, and detailed notes
- Secure all remaining youth to restrict movement within the facility
- Assign additional staff to oversee facility security and monitor youth behaviors

## **1907 OUTSIDE INTRUDERS (CODE YELLOW)**

To prevent unauthorized persons or intruders from entering the grounds through the front entrance, the Supervisor is to ensure the front entrance is locked at all times.

Staff shall either immediately escort any unauthorized person to the Supervisor or request the Supervisor to report to the scene.

The Supervisor shall investigate the identity of the person and why they are on the grounds.

If an unauthorized person is creating a disturbance, the highest-ranking staff member on duty may call local law enforcement for assistance.

Supervisor shall be notified if it is determined that the intruder is armed and dangerous, staff shall keep a safe distance, and the Supervisor shall immediately call local law enforcement for assistance.

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Bi-annual Code Yellow drills are to be conducted simulating intruder breaches and external law enforcement arrival.

## **1908 MAJOR DISTURBANCES (CODE RED)**

A major disturbance is defined as an incident in which 10 or more youth engage in behavior that jeopardizes the safety and security of staff, youth, and the facility. Staff shall adhere to the following procedures in the event of a major disturbance.

### **1908.1 PREVENTING MAJOR DISTURBANCES**

Staff members will exercise caution, vigilance, foresight, and good judgment to avoid and mitigate an emergency situation whenever possible. Staff members will counsel youth as necessary to assist them with personal problems and individual needs and will refer youth for medical and mental health treatment as required to prevent crisis situations.

### **1908.2 GENERAL GUIDELINES FOR HANDLING MAJOR DISTURBANCES**

When responding to emergencies within the facility, staff members will make certain their assigned areas are secured and properly supervised before leaving the area to assist.

- Create a pre-designated 'incident command room' for managing extended Code Red incidents
- Assign SEO to deploy to support containment and restoration
- Notify the Department's Public Information Officer (PIO) to prepare a community notification in cooperation with the impacted law enforcement agencies
- Staff shall regularly observe, record, and report youth behaviors and communications, noting any intel or signs of agitation, withdrawal, or increased aggression
- Maintain open communication among staff to ensure early warning signs are shared and addressed proactively

The Facility Director, Supervisor, or the authorized designee will be notified as soon as safely possible of all emergency situations involving youth or staff.

The Supervisor or the authorized designee is the Incident Commander for any emergency incident occurring under their watch. The Incident Commander will coordinate all resources and personnel in order to ensure the safety and security of youth, staff, and the community. The Incident Commander may confer with superiors

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for guidance and shall not relinquish command until relieved as the Incident Commander. Relief of command shall be made verbally by a superior only and necessitates that there is an acknowledgment by both parties of the command exchange. The on-site presence of a superior does not relieve an Incident Commander of their charge duties as the Incident Commander.

The chain of command will be followed when providing notification for emergency disturbances. The Supervisor or the authorized designee is responsible for providing a single point of contact notification. When an emergency occurs and notification is required, the Supervisor or the authorized designee is responsible for providing immediate notification to the Director, Consultant, or Superintendent. Should immediate notification of the aforementioned fail, notification will be attempted to another Superintendent until contact is made. Once a single point of contact is made, the administrator receiving the notification assumes responsibility for disseminating the information as required.

Single point of contact notification requires that a person-to-person conversation occur, and there is a clear exchange of information. A message left on voicemail, or a message left with a person other than an administrator in the chain of command, shall require that the Supervisor or the authorized designee continue to attempt to make the single point of contact notification required.

Staff members will follow policy and procedures while exercising caution, vigilance, foresight, and good judgment to prevent emergency situations and, whenever possible, mitigate major disturbances.

### 1908.3 RESPONDING TO MAJOR DISTURBANCES

If youth in the facility engage in a fight or in behavior that could be described as a major disturbance (a disturbance created by more than one youth), or perform any similar actions, and the youth do not respond to verbal commands to stop the behavior/disturbance, and/or a request for assistance is sounded by any staff member, school personnel or program provider, the following procedures will apply:

- The first staff member to observe or be notified of the incident shall announce on the radio (P.A. system, telephone, bullhorn, etc.) the location and type of emergency. The staff assigned as the office person will serve as the communication center to ensure all staff are aware of the situation and, if required, announce the location of the alarm over the radios (P.A. system, telephone, bullhorn, etc.). The office person will ensure that the Supervisor or the authorized designee has been notified of the emergency.
- All staff members designated as first responders and not engaged in immediate supervision of youth or other critical activities will proceed as quickly as

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possible to the location of the incident. Staff members who are engaged in supervision or other critical activities will not leave their posts until it is safe to do so, and the youth being supervised has been secured.

- Following the chain of command protocol, the Facility Director, Consultant, and Superintendent are to be notified through the completion of a person-to-person telephone conversation.
- Those youth who are most active in the disturbance should be separated and isolated by the safest available means.
- Staff members in unaffected areas of the facility (such as THE HOPE Center, classroom, gym, dining hall, etc.) will immediately begin securing the area. If multiple staff are present, coordination must be made with the lead staff member to determine if staff members assigned may proceed immediately to the emergency. Once the area of non-emergency is secure, additional staff members may respond if needed. A different response protocol may be ordered by the Supervisor or the authorized designee based on strategy.
- Staff will secure any youth in a safe area by ensuring there is adequate supervision before responding to the emergency. The number of staff who remain in an area is to be determined by the situation and the number of youth present. The primary objective is to demonstrate staff presence at the emergency area to ensure safety and security.
- Staff shall make every effort to move youth not involved in the disturbance a safe distance from the incident. If outside, have youth not involved drop to the ground on one (1) knee.
- All visitors, program providers, and school personnel will be directed to leave the affected area.
- As much as possible, staff assigned to the affected area will direct the activity until relieved by the supervisor or a person of higher authority. All responding staff members will assist in controlling the incident as ordered by the Supervisor or the authorized designee. Staff members will actively work to bring the situation under control using de-escalation and physical intervention techniques. Staff members will separate the perpetrators, if possible, from the youth not involved and house them in separate housing areas (such as the HOPE Center, gym, classroom, dining hall, identified area, etc.). Staff members will attempt to counsel the youth to calm their behavior.
- The Supervisor or the authorized designee will continue to assess/evaluate the situation and deploy available staff where needed. Staff will continue to use physical intervention techniques when and wherever possible to ensure the safety and security of staff, youth, and the facility. Under the leadership of the

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Supervisor or the authorized designee, staff will work in a safe, coordinated, and tactical manner to impede and ultimately restrain and/or gain control of those youth who refuse to cease and desist their defiant and volatile behavior.

- If the situation cannot be brought under control by facility staff members, the Supervisor or the authorized designee will call for emergency assistance from the local law enforcement agencies. Once on scene, the Supervisor or the authorized designee is to meet law enforcement at the facility entrance and explain the nature of the assistance needed. The Supervisor or the authorized designee will coordinate further actions with the Incident Commander from the local law enforcement. This will include directing/escorting law enforcement or fire safety resources into impacted areas of the facility.
- When it is determined that local law enforcement assistance is required, following the chain of command protocol, the Facility Director, Consultant, or Superintendent is to be notified via a person-to-person telephone conversation.
- Staff shall continue working on the mitigation of the disturbance until the local law enforcement is permitted to enter and take control. Staff members will actively work to bring the situation under control using the physical intervention techniques.
- The Supervisor or the authorized designee is to remain in constant contact with the local law enforcement Incident Commander.
- Staff shall continue working on mitigation of the disturbance.
- Alert the youth that the local law enforcement agency is entering the grounds and to cease and desist immediately. If youth do, in fact, cease and desist, the law enforcement personnel should not enter.
- If the local law enforcement is allowed entry to assist in quelling the disturbance, the Supervisor or the authorized designee shall monitor all law enforcement activity and work collaboratively to determine when the emergency is under control. Once the Supervisor or the authorized designee decides that the disturbance/melee is quelled, the local law enforcement shall be dismissed. (Probation staff shall ensure that youth requiring immediate medical attention are aided, youth cuffs are appropriately applied, etc.)
- Once the incident is under control, staff members assigned to the facility will continue to assist all youth requiring assistance and will remain on post in order to resume normal operations and ensure safety and security. Staff members responding from other facilities will remain in the affected area to provide ancillary assistance as directed by the Supervisor or the authorized designee. The Supervisor or the authorized designee shall coordinate all activities to ensure all special needs have been handled (such as cleaning up after the



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disturbance, counseling disturbed youth, providing first aid, ensuring Oleoresin Capsicum (OC) decontamination, etc.).

- If it is determined that the situation is under control before all staff members have arrived in the affected area, the Supervisor or the authorized designee will advise the remaining staff members to either return to their posts or stand by.
- Staff members will secure the area if a criminal investigation is anticipated (e.g., assault, destruction of property, attempted escape).
- Each staff member who observed the incident or rendered assistance will complete a SIR/PIR regarding the details of the incident, paying particular attention to the identities of the perpetrators and their involvement in the incident.
- Staff shall record and report youth behaviors and communications, noting precursors to the incident, youth involved, staff intervention efforts, to inform the investigation and after actions.
- Maintain open communication among staff and incident command to ensure a coordinated response.

## **1909 BLOOD-BORNE PATHOGENS**

The Department has established safeguards and procedures to protect staff and youth who come in contact with blood-borne pathogens (including Human Immunodeficiency Virus (HIV) and Hepatitis B) as well as other communicable diseases. These procedures are meant not only to protect youth and staff from exposure but also to delineate the actions to take when exposure has occurred.

### **1909.1 DECONTAMINATION KIT**

To protect youth and staff from potential infection, Management Services Bureau (MSB) shall ensure that each building has a decontamination kit for cleaning up blood or other body fluids.

### **1909.2 IMMEDIATE ACTION UPON EXPOSURE**

Staff shall adhere to the following cleanup procedures whenever there is an incident in which blood or other body fluids are exposed:

- Using soap and water, immediately clean all skin surfaces coming in contact with the blood/bodily fluids
- Flush eyes repeatedly with water if they are affected

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- If the mouth is affected, rinse it copiously with plain water, any available mouthwash, or hydrogen peroxide
- Remove all contaminated clothing, including personal clothing worn by staff. Place it in a red plastic bag and label it "Infectious Waste." (Staff shall be provided with clean clothing) Place the red plastic bag in the Infectious Waste containers for disposal
- To prevent exposure when cleaning up blood/bodily fluids, staff shall wear protective gloves and use hydrogen peroxide. Clean up materials contaminated with blood/bodily fluids shall be disposed of in the same fashion as contaminated clothing
- Following the cleanup, staff shall disinfect themselves with hydrogen peroxide and wash their hands thoroughly with soap and water
- Staff shall immediately report all incidents involving the possibility of blood/bodily fluid contamination to the Supervisor.
- Staff shall complete a SIR that includes the following information:
  - Names of the persons involved
  - Names of all witnesses
  - Type of Injury
  - How the injury occurred
  - Request by staff for the Chief Medical Officer (CMO)
  - CMO to test the youth

Staff shall complete an Industrial Accident Report, as well as a Departmental Health Services Form (DHS) 8459. The SIR, Industrial Accident Report, and DHS 8459 shall be submitted to the Supervisor as soon as possible. The DHS 8459 may be obtained from the nurse.

Additionally, copies of the DHS 8459 and the SIR shall be submitted to the CMO no later than two (2) days after the incident. An exception can be made if staff requested a petition and if it was rejected by the District Attorney's (DA) Office or dismissed by the court. The CMO officer shall be contacted to determine if the request will be accepted.

### 1909.3 EMPLOYEE TESTING AND COUNSELING

It is highly recommended that any staff who may have been exposed to blood/body fluids be tested and seek medical advice for Hepatitis B and HIV as soon as possible after the incident. In the case of HIV, the test will establish a baseline for further

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testing, which should be completed in the sixth week and the third, sixth, and twelfth months following the incident.

In the event that staff experience occupational exposure and request testing, pre- and post-test counseling is available through the Los Angeles County Department of Public Health Services and/or the individual's private physician. It is highly recommended that the staff seek such counseling as soon as possible.

#### 1909.4 LAWS GOVERNING TESTING OF YOUTH

Laws specifically prohibit involuntary HIV testing. In the event that staff wishes a youth to be tested and the youth refuses, it may be necessary to petition the Court for an order to test the youth.

Authority for petitioning the Court for involuntary testing resides in Health and Safety Code § 199.7, which states that if there is interference with a Peace Officer acting in the line of duty by the accused and body fluids are exchanged, the Peace Officer has the right to petition the Court for an order to have the accused individual's blood tested for the AIDS virus and other communicable diseases.

The authority for requesting an HIV test through the CMO shall be in accordance with Penal Code (PC) § 7510.

In either event, no one may disclose the results of an HIV antibody test except a physician authorized in writing by the person tested, and those specifically authorized by law to transmit such results.

Anyone who deliberately discloses the identity or health status of the person who was tested for HIV antibodies or other communicable diseases beyond the disclosures required by specific laws is guilty of a misdemeanor, punishable by imprisonment in County Jail for up to six months, a fine of up to \$10,000, or both.

#### 1909.5 VOLUNTARY TESTING

In the event of suspected exposure, staff shall complete the Report of Possible Communicable Disease Exposure form, and the youth shall be asked to sign the Consent for the HIV Antibody Test form. Youth aged 12 and older may sign the consent form. Parents or legal guardians need to sign for all youth under the age of 12.

#### 1909.6 INVOLUNTARY TESTING THROUGH THE JUVENILE COURT

If a youth refuses to consent to testing, staff can petition the Juvenile Court, requesting that the youth be tested for HIV antibodies. Requests to the court are submitted via the Application for Juvenile Court Petition, WIC § 653. Staff will complete the Juvenile

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Investigation Report (JIR) section. The narrative portion must include the following:

- A description of the incident that resulted in the obstruction of a Peace Officer in the performance of their duties
- A description of the contact made with the youth that could have resulted in an exchange of bodily fluids, such as biting, scratching, or being spat upon
- Identification of the bodily fluid that may have been exchanged, such as blood, saliva, semen, or other bodily fluids

The Supervisor shall review the JIR and witness list and submit an original and three (3) copies of the JIR packet to the Deputy District Attorney (DDA) serving the facility. A copy of the JIR packet shall be forwarded to the Director and maintained in a confidential file. The Supervisor shall track the petition and inform the staff if a decision is made not to file the petition or to deny the request for testing.

#### 1909.7 INVOLUNTARY TESTING BY CHIEF MEDICAL OFFICER

Should the DDA refuse to file the petition request for testing, or should the Court reject the request, staff may request that the CMO conduct a test. The incident is reported to the CMO via a completed DHS 8459, a request for testing, and a copy of the SIR within two (2) days of the incident.

Pursuant to PC § 7514, the youth shall receive pre- and post-testing counseling regarding HIV at a location determined by the CMO. The CMO shall review the request and make a determination within five (5) calendar days of the receipt of the reports as to whether or not to initiate testing pursuant to PC § 7511.

#### 1909.8 YOUTH REQUEST TO HAVE ANOTHER YOUTH TESTED

A youth may request HIV testing of another youth if it is felt that body fluids were exchanged. A youth 15 years or older may file the request through a staff member, or a staff member of their own volition may file a request on behalf of the youth if they believe that the criteria of PC § 7512(A) PC have been met.

When a request is filed on behalf of the youth, the Supervisor shall notify the parents or legal guardians of the youth to be tested and request permission for the test to be completed if the youth is under the age of 12. If the parent or guardian cannot be located, the Director shall approve or deny the request for the test and submit it to the CMO. If the youth's parents or legal guardians refuse permission, the Director may request the Court to rule on whether the test shall be given. The Juvenile Court shall make a ruling within five (5) days of receipt of the request.

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#### 1909.9 APPEAL PROCESS

Either the person requesting the test, the youth to be tested, or that youth's parents or legal guardians may appeal the decision of the CMO. The appeal must be filed within three (3) working days of receipt of the decision, or the decision becomes final.

The appeal panel consists of three (3) members. The hearing is closed to all except the CMO, the staff, the youth, and their parents or legal guardians. A unanimous vote of the panel is necessary to require the subject of the hearing to be tested. The panel shall render a written decision within 10 days of receipt of the filing. The decision of the panel may, in turn, be appealed to the Superior Court pursuant to PC § 7516.5.

#### 1909.10 DISSEMINATION OF TEST RESULTS

The CMO shall inform the Director of the test results. The Director or the authorized designee shall, in turn, inform the person tested, the person requesting the test, and the parent or legal guardian of the youth tested of the results.

The CMO or the authorized designee shall generate a list of youth within the facility who test positive for HIV antibodies or other communicable diseases. However, the nature of the youth's disease will not appear on the Communicable Disease List. The list shall be given to the Director and shall be maintained in a confidential file.

It shall be the responsibility of the Director or the authorized designee to inform those persons who have a right to know of the names of the youth appearing on the Communicable Disease List and to identify, upon request, the specific disease if the person making the request has come into contact with any of the youth's bodily fluids.

The "right to know" describes all employees of the facility, Transportation Deputy (TD)'s, medical and contract personnel, and volunteers providing services at the facility.

### **1910 FIRE SAFETY PLAN**

It is the policy of the Department that fire prevention and fire response strategies are a high priority. All staff members at each facility are responsible for reducing the risk of fires and for responding appropriately in the event of fire.

The Facility Director or the authorized designee shall, in consultation with the State Fire Marshal or the local Fire Department that has jurisdiction over the facility, develop a fire safety plan. The fire safety plan shall include, but is not limited to (15 CCR 1325):

- A fire prevention plan is to be included as part of the juvenile institution manual policy and related procedures
- Documented monthly fire and life-safety inspections by the designated facility staff member, with a two-year retention of the inspection record

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- Fire prevention inspections as required by Health and Safety Code § 13146.1 (a) and (b)
- An Evacuation Plan (Refer to the Emergency Evacuation Policy)
- Documented fire drills at least quarterly (15 CCR 1325(e))
- A written plan for emergency housing for youth in the case of fire
- Development of a fire suppression pre-plan in cooperation with the local fire department
- A plan for the cross-training of responders and facility staff members via drills, which should occur at least quarterly, if practicable

### 1910.1 FIRE DRILLS

Fire drills shall be coordinated by the Assistant Superintendent's office or the Assistant Director's office. Fire Drills shall be conducted facility-wide at least quarterly. The Officer of the Day (OD)/Supervisor shall coordinate and document the drill and document any deficiencies or problems. The documentation shall be retained in the Assistant Superintendent's office and the Facility Director's office.

The Services Director or the authorized designee shall ensure that the facility has the necessary firefighting equipment (e.g., fire hoses, extinguishers) in quantities and locations as recommended by the local fire authority or other qualified entity. The location of firefighting equipment will be shown on the facility fire plan (schematic).

All staff shall be well versed in the facility's fire procedures and equipment. Fire drills shall be:

- Held at unexpected times and under varying conditions to simulate the unusual conditions that occur in the case of fire
- Stakeholder participation (e.g., DMH, JCHS, LACOE, etc.)
- Youth participation in drills shall only be conducted with the approval of the Director or person assigned to conduct the drill and should not compromise the safety and security of the facility. For example, drills that occur during sleeping hours should not include youth participation, where they are required to evacuate to the field/recreation area
- The use/actuation of portable fire extinguishers and other manual fire suppression equipment
- Debrief (to include all campus stakeholders)
- Debrief documentation:
  - Identity of the person conducting the drill

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- Date and time of the drill
- Notification method used
- Staff on duty and participating
- Number of occupants evacuated
- Special conditions simulated
- Problems encountered
- Weather conditions when occupants were evacuated
- Time required to accomplish complete evacuation

The debrief final report and drills shall be retained in the Director's office. A semi-annual fire drill shall be held for all support staff (partner agencies, volunteers, and Contractors).

All buildings shall be equipped with fire hoses, fire extinguishers, and/or automatic fire sprinkler systems. All staff shall know the location of the fire equipment and how to operate it.

Fire alarms, smoke detectors, and suppression systems, as required by law, are installed, maintained, and operating properly and periodically tested.

The Services Director or the authorized designee shall ensure that the facility has the necessary firefighting equipment (e.g., fire hoses, extinguishers) in quantities and locations as recommended by the local fire authority or other qualified entity. The location of firefighting equipment will be shown on the facility fire plan (schematic).

All staff members shall know the location of fire equipment and how to operate it (15 CCR 1325 (a)(b)).

## 1910.2 FIRE EQUIPMENT INSPECTION

The facilities shall be inspected monthly by the MSB to ensure that fire safety standards are maintained. These documented inspections will be focused on, but not limited to, fire prevention, staff member training and proficiency, firefighting equipment availability and functionality, alarms, fire detectors, fire safety equipment, and staff member familiarity with fire prevention and suppression techniques, suppression pre-planning, emergency response, fire safety equipment use, and the evacuation plan. Records from these monthly inspections shall be maintained for at least two (2) years (15 CCR 1325 (b)).

MSB shall ensure that the staff members conduct and document fire safety inspections of the facility and that all fire safety equipment is tested at least quarterly.

The monthly fire inspection conducted by MSB at each facility shall include inspecting:

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- Fire loading (Storage of combustible material) is minimized
- Building egress (exit) routes are free of hazards and obstacles
- Building egress (exit) routes are clearly marked and adequately lit
- Emergency evacuation maps are posted in the staff offices in the units
- Emergency evacuation maps are posted in the classrooms of the school
- Electrical hazards (loose wires, missing cover plates, multiple plugs in outlets, etc.) are eliminated
- Broken floor tiles and uneven floor trip-hazards are clearly marked and/or repaired inside living units; portable fire extinguishers are checked to ensure they are charged and not out of date; fixed fire extinguisher systems are in operable condition and free of obstruction; there is no visual damage to any fire suppression and alarm system
- All multiple occupancy areas are free of obstruction and in compliance with egress (exit) clearance requirements of 42 inches (hallways and aisles) and 48 inches (corners of hallways and aisles)
- Fire alarms, smoke detectors, and suppression systems are installed, maintained, and operating properly and periodically tested, as required by law
- Any variance, exception, or equivalency issues must be approved by the fire jurisdiction authorities and must not constitute a serious life-safety threat to facility occupants (Refer to the Fire and Life-Safety Policy)
- The Internal Services Department (ISD) shall conduct a monthly test of the fire alarm systems and emergency equipment. More frequent inspections may be requested by the Services Director. The Services Director or the authorized designee shall submit a work order for inspection of any related security devices as required by the manufacturer or as needed.
- Fire dampers and the ventilation system shall be tested annually and repaired as necessary
- Written reports concerning smoke detector tests and fire alarm system tests must be on file in the MSB Director's office.
- A copy of the report shall be attached to the Services Director's monthly report that is sent to the MSB Division Manager

MSB is required to examine fire equipment monthly to determine readiness for use by checking the following:

- Fire Extinguishers:



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- Plastic seal is in place
- The needle on the gauge is in the green zone
- Hose (if applicable) is in good condition
- The annual maintenance check date (on the extinguisher tag) has not expired
- Fire Hoses (Standpipes):
  - Hose is in good condition
  - Nozzle is in place
  - The hose is properly hung on the rack
  - Glass or plastic window (if applicable) is intact

MSB shall sign and date the back side of the extinguisher tag after each inspection and note the date of examination of the Fire Equipment Operability form. MSB shall retain this Fire Equipment Operability form for two (2) years (15 CCR 1325 (b)).

MSB shall ensure that the fire alarm boxes connect to a master fire alarm system that alerts appropriate staff when activated and provides the coded location of the activated alarm box.

Should devices become inoperative, the Service Director or the authorized designee shall be responsible for ensuring that emergency repairs are undertaken as soon as practicable and that staff members are provided with an alternative emergency fire safety and evacuation plan.

Any time any fire prevention system is inoperative and poses a serious life-safety risk, that portion of the facility shall not be inhabited.

The Director or the authorized designee shall ensure that the facility has the necessary firefighting equipment (e.g., fire hoses, extinguishers) in quantities and locations as recommended by the local fire authority or other qualified entity. The locations of firefighting equipment will be shown on the facility fire plan (schematic).

MSB shall be responsible for conducting the monthly inspection and shall submit a written report to the Director within 48 hours of completing the inspection.

Services Director shall conduct a follow-up review of the monthly report, taking note of the deficiencies contained therein, and initiate corrective measures to alleviate the deficiency as appropriate.

The follow-up review shall be completed within seven (7) calendar days after the inspection report is submitted to the Services Director, including the Services Director's corrective action plan and forwarding copies to the Superintendent and the MSB Division Manager.

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### 1910.3 FIRE TRAINING

The Facility Director or the authorized designee is responsible for ensuring that, within the first six (6) months of assignment to the facility, all staff members receive training. While staff members are not trained as fully qualified firefighters, the Director or the authorized designee shall ensure that staff members receive training regarding the initial response to a fire with the purpose of facilitating the safety of the occupants, including evacuation if necessary.

### 1910.4 FIRE SUPPRESSION PROCEDURES

In case of fire, staff shall take the following actions:

- Activate the alarm system immediately
- Make telephone or radio contact with the Supervisor
- If unable to put out the fire, immediately evacuate all youth from the building, evacuating first that portion of the building threatened by smoke or flames
- Staff shall exercise sound judgment, keeping in mind that the safety and welfare of the youth and staff are of primary concern
- The building or Unit Supervisor or the authorized designee shall ensure all youth and staff are out of the building.

The Facility Supervisor shall determine the severity of the fire and take the following action:

- Telephone the Fire Department, providing the exact location of the fire and the exterior access gate
- Ensure that all youth and staff have been evacuated from all endangered buildings
- Dispatch staff to the gate with the appropriate key to allow the fire department access and to direct emergency personnel. The Facility Supervisor shall also ensure that the staff assigned to the gate post shall have a flashlight after dark.

The Facility Supervisor shall provide a detailed written report to the Director.

### 1910.5 FIRE SUPPRESSION PRE-PLAN

In conjunction with the Services Manager, each Director shall ensure that a Fire Suppression Pre-Plan for the facility is completed and kept on file for annual review. This plan shall be developed in conjunction with the local fire department and shall include, at a minimum, the following elements:

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- A facility plot plan, in which entrances are clearly marked for fire equipment use
- A process for annual inspection of fire equipment located at the facility
- Periodic drills to familiarize staff and youth with evacuation procedures
- Yearly fire inspection conducted by the local jurisdiction and review of the Fire Suppression Pre-Plan

## **1911 POWER FAILURE**

In the event of a power failure, the emergency power system shall be activated if available at the facility. Each building is equipped with a switch that will activate the system if it is not automatically activated.

Youth are to remain in their rooms, dormitories, or dayrooms until power is restored. If youth are elsewhere at the time of a power failure, such as the school auditorium, they shall remain in the area, and staff shall immediately conduct a youth count.

All living areas and the Movement Control/Facility Supervisor's office shall maintain a supply of lanterns/flashlights.

Restroom usage may be conducted during a power failure as needed. Only one youth at a time, and it shall be documented in the restroom log.

## **1912 BOMB THREATS**

If someone contacts staff by phone and makes a bomb threat, staff shall take the following actions:

- Attempt to keep the caller on the line
- Write down the caller's exact words
- Note the tone of voice
- Listen for background noises

Staff shall ask the following questions and write down the caller's responses:

- When will the bomb go off?
- What does the bomb look like?
- Where is the bomb?
- What part of the building (or grounds) is it in?
- Why was it put there?
- What is your name?

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The staff member receiving the call shall notify the AD, who shall notify law enforcement and the Director. The Department's Office of Security Management shall also be notified as soon as possible.

The Supervisor shall ensure that a thorough search is made of all areas where the public has access. If a package or foreign parcel is found, it must not be touched or moved.

Upon arrival, local law enforcement shall search the facility as deemed necessary. The Supervisor shall decide whether to evacuate any part of the facility at any point in this process.

## **1913 EARTHQUAKE**

In the event of an earthquake, staff shall take the following steps:

- If youth are outside at the time of an earthquake, they are to be moved to a clear area away from walls, utility poles, and downed utility wires in order to avoid falling debris or electrical shock.
- If indoors, staff shall instruct youth to shelter in place and seek cover by getting under beds or tables or standing in door frames in order to avoid falling debris, plaster, and glass.
- Maintain a calm atmosphere during and after the earthquake. Staff shall render immediate assistance to the injured.
- Avoid using the telephone except for emergency purposes.
- When it is safe, the Supervisor shall assign a staff member to conduct a thorough facility check, looking for holes, water leaks, fires, loose objects, and property damage (including breaches to the perimeter fence/wall).
- When the earthquake is over, conduct a youth count and await further instructions before moving the group. The buildings and grounds must be checked for safety by a supervisor or the authorized designee. Youth should put on shoes, if possible. No more than one (1) door should be opened at any one time to avoid panic.
- Contact Movement Control/Facility Supervisor to report the condition of the group and building and to obtain further instructions.
- Complete the Earthquake Building Damage-Initial Assessment form.
- Email the completed form within one hour of incident occurrence to [EmergencyManagement@probation.lacounty.gov](mailto:EmergencyManagement@probation.lacounty.gov)
- The forms are located on ProbNet under the Facility Level Emergency

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Response Forms tab.

## **1914 HOSTAGES**

In the event that hostages are taken, the primary objective is the safety of all youth and staff. The next objective is the safety of the hostages.

Time is on the side of the negotiating staff. The passage of time increases the likelihood that hostages will be released without injury. Therefore, staff should attempt to keep open lines of communication with hostage takers for as long as possible. Staff must use sound judgment based on the particular elements of the situation. Additionally, staff shall follow the following procedures.

- Isolate all youth involved as much as possible with the goal of containing the incident.
- Notify the Supervisor and the Facility Director as soon as possible.
- Staff shall maintain control of the situation until, in the judgment of the Facility Director or the authorized designee, there is no alternative but to seek assistance from outside law enforcement in order to ensure the safety of the hostages, staff, and youth.
- Obtain as much information as possible about the hostage taker(s). Identify anyone who may be able to favorably influence the hostage taker(s).
- Upon instructions from the Facility Director, the Supervisor shall identify a negotiator. In the event that outside law enforcement responds, its negotiator will lead the negotiation process.
- The Supervisor shall deploy staff as necessary.
- The Deputy Director and Chief Probation Officer shall be notified as soon as possible. Lines of communication shall be kept open with top administration.
- Upon arrival, the Superintendent or the authorized designee shall assess the situation and decide whether or not to call in the local law enforcement. The OD/Supervisor shall provide a location for law enforcement staff to stand by in readiness, which is out of sight of those involved in the incident. Law enforcement should remain on standby until assistance is requested by the Facility Director or the authorized designee.
- When parents, legal guardians, friends, relatives, or others are brought in to talk with the hostage taker(s), arrangements shall be made so that communication can be done only by telephone. This shall prevent the possibility that others would be taken hostage or would join in holding hostages
- No information shall be given to the press unless first cleared with the Chief

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Probation Officer or the authorized designee.

If necessary, the Supervisor shall assign staff to stay beyond their assigned shift or call additional staff in early. There should be enough people on site to do everything necessary to resolve the emergency.

## **1915 ACTIVE SHOOTER**

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s), and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

### How to respond when an active shooter is in your vicinity

Quickly determine the most reasonable way to protect the lives of the youth under your supervision, as well as your own life. Remember that youth are likely to follow the lead of staff and the management team during an active shooter situation.

- Evacuate:
  - Have an escape route and plan in mind
  - Prevent individuals from entering an area where the active shooter may be by using furniture barricade doors and/or windows
  - Keep your When appropriate, evacuate as quickly as possible
  - Leave your belongings behind
  - Help others escape, if possible
  - Keep hands visible.
  - Follow the instructions of any law enforcement.
  - When safe, immediately attend to wounded youth and staff
  - Call 911 when you are safe
- Hideout:
  - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. The hiding place should:
    - Be out of the active shooter's view

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- Provide protection if shots are fired (i.e., an office with a closed and locked door)
- Not trap or restrict the options for movement
- To prevent an active shooter from entering the hiding place:
  - Lock the door
  - Blockade the door with heavy furniture
- If the active shooter is nearby:
  - Lock the door(s)
  - Turn off any source of noise (i.e., radios, televisions)
  - Hide behind large items (i.e., cabinets, desks)
  - Remain quiet
- If evacuation and hiding out are not possible:
  - Remain calm
  - Dial 911, if possible, to alert law enforcement to the active shooter's location
  - If unable to speak, leave the line open and allow the dispatcher to listen

## **1916 TERRORIST ATTACK**

Terrorism may involve devastating acts using weapons of mass destruction. These weapons range from chemical agents, biological hazards, radiological or nuclear devices, and other explosives. The primary objective of a terrorist is to create widespread fear.

If there is a terrorist Attack:

- Stay calm
- Be vigilant. Look out for secondary hazards such as falling debris or additional attacks
- Follow the instructions of emergency service personnel

## **1917 MAJOR EMERGENCY, INCLUDING CIVIL DISTURBANCES**

In the event of a major emergency and/or civil disturbance, the Probation Department Operation Center (PDOC) is activated; it is primarily staged at the Administrative Headquarters. If the primary PDOC is inoperable, the Probation Training Center (PTC)

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serves as a secondary location.

PDOC provides centralized direction and coordination of the Department's resources during a major emergency. Decisions to close offices and/or redeploy staff to meet legal responsibilities for the care and control of youth in custody are made at this level. The Department's Emergency Communication Center (ECC), a component of the PDOC, is designed to provide the Chief Probation Officer, the Disaster Services Deputy/Coordinator, and the Deputy Director with continuous information and response capabilities. Individuals have been pre-designated as coordinators representing each Bureau at the Department's Emergency Communication Center, which is manned 24 hours when activated (15 CCR 1327).

## **1918 EMERGENCY EVACUATION**

The Department maintains an evacuation plan to be implemented in the event of a fire, natural disaster, or other emergency. At a minimum, the evacuation plan shall address:

- Location of facility building and floor plans
- Population list of youth and their location in the facility
- Procedures for releasing youth from locked areas.
- Relocation areas to be used for housing in the event of a full or partial evacuation
- Notifications and communications with local law enforcement, local and state emergency management agencies, and parents/legal guardians
- Training and drill requirements for staff members
- Reporting requirements
- Continuity of Operations, including chain of command, food service alternatives, medical service provision, and alternative staffing plan

The Facility Director or the authorized designee should ensure that the evacuation plan is maintained and updated as needed and is reviewed for accuracy at least annually by a qualified independent inspector and in coordination with the local fire authority.

A current copy of the evacuation plan shall be maintained by the Superintendent/Director at each facility.

In the event of a major emergency, such as a fire or bomb threat, it may be necessary to evacuate one (1) or all of the buildings in the facility. It is essential that those in charge of the movement remain calm and ensure that all occupants have been



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removed from the affected areas.

Plans for evacuation routes shall be posted in all public areas of the facility. All staff members shall be familiar with evacuation routes for youth.

Staff shall alert the youth and instruct them to leave through a designated exit as indicated in the Building Emergency Plan. All facility exits should be marked with signs that clearly indicate the direction of traffic. Except for temporary reasons, such as maintenance or repairs, all exits to the facility shall remain free from obstacles at all times, regardless of the frequency of use. It is the duty of all staff members to remove any obstructions that block, either partially or completely, staff members' ability to observe or use any exit.

Staff shall assemble the youth in a pre-determined evacuation area and conduct a youth count to ensure that everyone has been evacuated.

Staff shall check all rooms, areas, and buildings for occupants while the main group of youth is being evacuated. The Unit Supervisor/Lead or the authorized designee shall verify a youth count and immediately report any missing youth to the Supervisor.

Each facility shall designate primary assembly areas in the event that evacuation of buildings becomes necessary, and shall be used in all practice drills. In the event that the normal escape route is blocked or unsafe in an actual emergency, staff are to use the safest alternate route and assemble at a point consistent with safety concerns. Staff responsible for direct supervision of youth will report to the center field compound to assist with the orderly evacuation of youth.

Movement Control/Facility Supervisor is the central communication for the facility; therefore, it should be kept in operation as long as safely feasible. This post is not to be abandoned until safe operation is not possible.

## **1919 TRAINING**

The Facility Director or the authorized designee shall ensure:

- All staff are trained and provided with a copy of the facility's Building Emergency Plan (BEP)
- All county vehicles assigned to the facility are in good working order and fueled at all times
- The facility has an adequate number of mechanical restraints (handcuffs or flexicuffs)
- Encourage all staff to develop a Family Plan in the event of a mandatory evacuation, facility relocation, and holdovers

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## **1920 DRILLS**

Semi-annual emergency drill and practice exercises shall be conducted in all facilities.

All staff shall participate in a staged drill twice a year on each shift. The requirements of each drill are:

- Youth participation (where appropriate)
- All stakeholders and staff (partner agencies, volunteers, and Contractors) participation
- Local Fire Department
- Local Law Enforcement (if applicable)
- Incident Review Debrief Meeting
- Debrief documentation:
  - Agenda
  - Sign-in
  - Minutes

## **1921 OPERATION FIRST LEAVE EMERGENCY EVACUATION (FLEE)**

In the event of a catastrophic event, such as an earthquake, out-of-control fire, or toxic spill, requiring the evacuation of an entire facility, the following individual(s) and/or entities may issue a mandatory facility evacuation order:

- State or Local Fire Agency
- The Superintendent/Facility Director or the authorized designee
- PDOC
- CEOC

The order should result in the dispatch of all transportation vehicles maintained at the facility. On-duty staff will begin an immediate evacuation of the facility rather than awaiting a response from transportation or backup transportation services. The immediate notification must be relayed to all staff. The youth's behavior charts and medical files must accompany the youth to the receiving facility. The youth will be evacuated to other facilities, with the evacuation sites communicated to the Superintendent and Downey Headquarters. An accurate accounting of all youth and proper parent/legal guardian notifications shall take place. The Department's Office of Security Management shall be notified as soon as possible.

Upon arrival at the receiving facility, the youth should be provided with:

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- Restroom
- Food and water
- Telephone call to parent/legal guardian
- Mental health and medical services.

Staff should also be given the same opportunity as indicated above. The Facility Director or the authorized designee is responsible for the PIN, FPINs, and all applicable SIRs.

Voluntary Evacuations may be initiated by local law enforcement and Fire Departments, and in rare cases, federal agencies. When Voluntary Evacuation orders are issued, the Facility Director or the authorized designee should begin preparing for a potential mandatory evacuation order to be issued. The Facility Director or the authorized designee must notify the Superintendent and wait for further instructions.

Due to the potential for rapidly changing conditions to develop into a serious threat, the Facility Director or the authorized designee is advised to prepare for the issuance of an evacuation order. All staff and youth should prepare personal belongings for evacuation and a Family Plan. Advanced measures should be taken to prevent harm to individuals with mobility issues or other types of access and functional needs (15 CCR 1325 (d) (f)).

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|                                                                                                                                                | <b>Effective Date:</b> April 7, 2026                                                                                                                         |
|                                                                                                                                                | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

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|                                                                                                                                                                  | <b>Approved By:</b><br><br>Guillermo Viera Rosa<br>Chief Probation Officer |

### **2001 INTRODUCTION**

The Facility Director or the authorized designee shall ensure that annual documented inspections and evaluations are obtained (15 CCR 1313).

### **2002 TYPES OF INSPECTIONS AND EVALUATIONS**

Required inspections and evaluations are as follows:

- County building inspection, relative to building safety
- Fire inspection from local jurisdiction, including a fire clearance as required by Health and Safety Code § 13146.1 (a) (b).
- Health inspection in accordance with Health and Safety Code § 101045
- County academic certification regarding the adequacy of education services and facilities (15 CCR 1370), Juvenile court inspection as required by the Welfare and Institutions Code (WIC) § 209
- The Probation Oversight Commission, as required by WIC § 240

### **2003 DOCUMENTATION OF INSPECTIONS AND EVALUATIONS**

The Facility Director or the authorized designee shall retain a copy of the inspections and evaluations at the facility, making them available to the Bureau of State and Community Corrections upon request.

### **2004 SPACE AND ENVIRONMENTAL REQUIREMENTS**

It is the policy of this department to comply with federal and state laws, codes, and correctional standards in matters relating to juvenile institution space and environmental requirements. Any designs for renovations, modifications, additions, or new construction within the facility should comply with federal and state laws, codes, and applicable standards (24 CCR 1230 et seq.).

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#### 2004.1 LIGHTING LEVELS

Lighting levels shall be adequate for staff members and youth to perform daily activities. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the youth's ability to sleep (24 CCR 1230.2.6).

All youth living areas should provide exposure to natural light from an opening or window that has a view to the outside (24 CCR 1230.1.3).

#### 2004.2 LOCKED SLEEPING ROOM FURNISHINGS

Each youth housed in the facility should be provided with:

- A sleeping surface and mattress in accordance with federal and state laws, codes, and applicable standards
- A writing surface and a seat
- A storage area for clothing and personal belongings
- A toilet, washbasin, and drinking fountain, as individual fixtures or as a combination unit (24 CCR 1230.1.6)
- A door that swings outward or slides laterally, with an observation window that allows Staff members to see the youth

#### 2004.3 DAYROOMS

Dayrooms should be situated adjacent to sleeping rooms and should be able to accommodate a variety of activities. There should be access to toilets, washbasins, drinking fountains, and showers. Dayrooms shall be equipped pursuant to the requirements of 24 CCR 1230.1.10. Dormitories shall be equipped pursuant to the requirements of 24 CCR 1230.1.9.

#### 2004.4 RECEPTION/INTAKE AREA

Each facility should have space designed for the reception of youth pending admission to the facility. This space should provide access to showers, a secure vault or storage space for youth valuables, a telephone for youth use, and hot and cold running water for staff member use (24 CCR 1230.1.1).

#### 2004.5 AVAILABILITY OF PLUMBING FIXTURES IN THE JUVENILE INSTITUTION

Youth confined to rooms or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature-controlled. Access shall be available at all hours of the day and night.

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The minimum number of plumbing fixtures provided for youth in housing units is:

- One sink/washbasin for every six (6) youth (24 CCR 1230.2.2)
- One toilet to every six (6) youth (one toilet and one urinal may be substituted for every 15 males) (24 CCR 1230.2.1)

Toilet areas should provide privacy for youth without interfering with the youth supervision staff member's ability to supervise the youth.

#### 2004.6 AVAILABILITY OF PLUMBING FIXTURES IN CAMPS

The minimum number of plumbing fixtures provided for youth in camps is:

- One sink/washbasin for every ten (10) youth (24 CCR 1230.2.2)
- One toilet to every ten (10) youth (one toilet and one urinal may be substituted for every 15 males) (24 CCR 1230.2.1)

Washbasins must be provided with hot and cold or tempered water. Toilet areas should provide privacy for youth without interfering with a youth supervision staff member's ability to supervise the youth.

#### 2004.7 YOUTH SHOWERS

There should be one shower for every six (6) youth (24 CCR 1230.2.4). Showering/bathing facilities for youth housed at the facility shall be clean and properly maintained. Water temperature shall be periodically measured, recorded, and maintained to ensure a range of 100 to 120 degrees for the safety of youth and staff members.

Shower areas shall provide privacy for youth without mitigating a youth supervision staff member's ability to supervise youth (24 CCR 1230.2.4).

#### 2004.8 ADDITIONAL PRIVACY REQUIREMENTS

Youth shall be permitted to shower/bathe and go to the bathroom without staff members of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Staff members of the opposite sex shall announce their presence when entering a youth housing unit (28 CFR 115.315).

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|                                                                                                                      | Effective Date:    April 7, 2026                                                                                                                          |
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### 2101 INTRODUCTION

This section contains policies and procedures that impact the day-to-day routine of staff. This section is by no means all-inclusive of policies and procedures pertaining to all Probation employees. Staff members are urged to review directives and other departmental manuals to keep abreast of the most current policies and procedures in place.

### 2102 SIGN-IN PROCEDURE

Staff are required to sign in and out of the facility using the staff logbook each time they enter or leave the facility. On-duty staff shall not leave the facility without the Supervisor's permission. Staff shall legibly enter the following information in the logbook:

- Printed name
- Signature
- Time in/out
- Destination

Staff shall not sign in or out in advance, and they shall use the next available line (skipping no lines between entries).

It is the policy of the Department that all on-duty officers entering and exiting their assigned facility, or visiting another facility for business-related purposes, shall utilize only the main entrance as designated by the facility, and shall sign in and sign out in the *Peace Officer Sign-In Log* each time they arrive at or depart from the facility.

If the *Peace Officer Sign-In Log* is not immediately available, the Facility Supervisor or Assistant Director (AD) shall be immediately contacted for assistance, as officers are not authorized to utilize any other signature log.

Staff shall not utilize any other point of entry into or out of the facility except in exigent circumstances as directed by the Facility Supervisor or the authorized designee.

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If an alternate entrance is utilized, as soon as practical, staff shall report to the main entrance of the facility and sign in.

The procedures outlined below are to be followed when signing in and out of the *Peace Officer Sign-In Log*:

- A separate Peace Officer Sign-In Log sheet shall be generated by the facility for each day of the month:
  - Entries in the log shall be sequential
  - No lines in the log shall be skipped
  - Staff shall sign in and sign out on separate lines
- Staff signing in shall utilize the first available blank line on the sheet and shall provide the following information in a clearly legible format:
  - Printed Name as noted on the Probation Department Identification (ID) Card
  - Actual time of arrival
  - Signature
- Staff signing out shall utilize the first available blank line on the sheet and shall provide the following information in a clearly legible format (no lines shall be skipped):
  - Printed Name as noted on the Probation Department ID Card
  - Actual time of departure
  - Signature

#### 2102.1 POST-POSITION COVERAGE

Officers shall not leave the facility during their assigned shift, including sleep time for staff working 56-hour shifts, without the authorization of the Facility Supervisor or the authorized designee. Staff shall sign in the *Peace Officer Sign-in Log* when departing the facility for any reason, whether personal or to conduct County business at another location, and shall sign in upon their return.

All officers shall be cognizant of the expectation that they shall remain at their assigned facilities, which may include specifically assigned supervision posts, while on duty (including sleep time for staff on 56-hour shifts). Staff who leave the facility and/or a specifically assigned post position without authorization will be subject to corrective action.

### **2103 KEY PROCEDURES**

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The Services Manager (SM) /General Services Manager (GSM) or the authorized designee shall issue each staff member a set of keys. Staff shall be responsible for exercising proper control over the keys needed to perform required duties.

Keys must be appropriately attached to a lanyard or chain, using material strong enough to prevent theft or accidental loss. They are to be used only by the employee to whom they were issued. Staff shall never lend or give their keys to youth, visitors, or other employees.

## **2104 PROFESSIONAL DEVELOPMENT AND TRAINING**

It is the Department's policy that staff shall provide a safe and secure environment for youth in custody. In order to ensure this, staff working with youth shall receive appropriate training relative to the supervision and management of youth pursuant to standards set by the Board of State and Community Corrections (BSCC) and the Department. Interagency training shall be used to enhance the skills needed to effectively manage youth.

All staff shall attend training in all areas related to the supervision and management of youth as part of the ongoing training and staff development process. This training may include suicide prevention training, mental health-related training topics, health services training, use of force training, and other training related to the care of youth.

The Department provides both initial and ongoing training for all officers and supervisory staff. Training may be provided under the auspices of the Staff Training Office (STO) or conducted in-house by the facility. In either case, training is considered a work assignment, and staff shall be required to meet the standards cited below.

Personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, forestry, kitchen, or maintenance shall not be classified as youth supervision staff positions.

### **2104.1 NEW EMPLOYEES/YOUTH SUPERVISION STAFF ORIENTATION AND TRAINING**

All new officers shall receive 40 hours of state-mandated entry-level training (pursuant to Penal Code (PC) § 832) before they are allowed to supervise youth. Included in the training is an orientation as to their duties and responsibilities. Prior to assuming any responsibilities, each youth supervision staff member shall be properly oriented to their duties, including but not limited to the following (15 CCR 1322):

- Youth supervision duties
- Scope of decisions they shall make
- The identity of their Supervisor

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- The identity of persons who are responsible for them
- Persons to contact for decisions that are beyond their responsibility
- Ethical responsibilities

#### 2104.2 STANDARDS AND TRAINING FOR CORRECTIONS (STC) CORE TRAINING

It is the policy of the Department that all newly hired or promoted peace officers must successfully complete the standard BSCC Core Training for the position. It is mandatory that this training be completed within 12 months of the employee's appointment. The attendance of scheduled CORE classes takes precedence over all previously scheduled or last-minute requests for time off. Absences, whether full or partial days, will be deemed a failure to complete the training requirement. Managers shall ensure that staff are released to attend.

Each supervision staff member, before exercising peace officer powers, shall successfully complete training pursuant to PC § S830 et seq.

#### 2104.3 FIRE AND LIFE SAFETY

Whenever there is a youth in a juvenile facility, there shall be at least one wide awake (1) person on duty at all times who meets the training standards established by the BSCC for general fire and life safety, which relate specifically to the facility.

There must be at least one (1) staff member on every shift who is trained in fire and life safety. Fire and Life Training should include, but not be limited to (15 CCR 1323):

- Use of self-contained breathing apparatus if this equipment is required by the local fire authority, or if this equipment is available to staff learning the location of fire doors, barriers, and evacuation procedures
- Use of fire hoses and fire extinguishers so that staff can effectively use them during an emergency
- The training listed in this section should be part of the 40-hour orientation training

BSCC requires that all Officers and Supervisory staff satisfactorily complete a minimum of 24 hours of training annually. Supervisors are required to satisfactorily complete 40 hours of training each year. At the discretion of management, additional training hours may be required.

Staff working a 56-hour schedule who are assigned to five (5) continuous eight- hours of training, shall be provided with a written notice that is sufficient amount of time in accordance with their respective Memorandum of Understanding (MOU) by the Facility Director or the authorized designee indicating that their shift will convert to a

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standard 5/40 shift for the duration of the training week(s).

#### 2104.4 TRAINING GUIDELINES AND EXPECTATIONS

The Department strives to offer a training curriculum that provides requisite training covering the knowledge and skills for the majority of job assignments. Training is an important ongoing learning experience provided to staff to ensure they have the necessary skills to efficiently, effectively, and consistently deliver services. The scope of services provided by the Department, the emergence of new techniques, new regulations, and evolving community and stakeholder expectations, result in the need for both new and/or refresher training.

Training is most effective for all participants and the instructor when each attendee adheres to reasonable expectations of professionalism. Participation in a training course is a work assignment, and the attendees are expected to adhere to the following:

- Scheduled training: Required attendance. Staff shall not be allowed to report to their regular work assignment in lieu of reporting for training. If this occurs, staff shall be sent home and shall use their own benefit time to cover the time off work.
- Attendance: Staff who are scheduled to attend training are required to do so. Trainees shall only attend classes for which they have been previously enrolled. Walk-ins will not be allowed into the class.
- Arrival and Departure: Staff shall arrive on time and stay for the duration of the training session. Trainees who arrive 15 minutes or more after the start of the class shall not be allowed into the class. Staff who provide documentation pertaining to the reason they were late to a training class may be approved by the Facility Director or the authorized designee to work the remainder of their assigned shift. Appropriate documentation may consist of a medical certification, a traffic report printout from the internet, etc. Trainees who leave before the end of a session (morning or afternoon) shall forfeit credit for the entire session. Trainees are expected to remain for the duration of the class until dismissed by the instructor. Staff shall be sent home and shall use their own benefit time to cover the time off work.
- Absences: Unexcused absences will result in disciplinary action. If unable to report as scheduled, trainees shall call the Duty Supervisor at their work location at least one (1) hour before the start of the course. If the Supervisor is unavailable, they shall contact the Director or the authorized designee. Excused absences will be approved per the departmental standard.
- Cancellations: Shall be approved by the Duty Supervisor at the trainee's work

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location, the Director, or the Superintendent before the start of the class. The Facility Supervisor, Director, or Superintendent must notify STO of the cancellation no later than 15 minutes after the scheduled start of the class.

- Replacement staff: If one trainee reports to training in lieu of another, this action shall be approved by the Supervisor, Director, or Superintendent before the start of the class by signing the Training Replacement Form. The replacement staff must provide a copy of the signed form to the instructor within 15 minutes of the scheduled start of the class.
- Sign-in Roster: For an eight (8) hour class, trainees must sign the roster at the beginning and end of the class. For two (2) hour and four (4) hour classes, trainees must sign only once at the end of the class.
- Breaks and Lunch: Breaks are 10 minutes unless otherwise noted. Trainees who return 15 minutes or more late from a break or lunch shall not be allowed into the class and shall forfeit credit for the entire session (morning or afternoon).
- Dress Code: Trainees shall report for training in uniform or in business casual attire unless instructed otherwise. Blue jeans, excessively revealing attire, sweats, shorts, t-shirts, shirts with sports or other inappropriate logos, and baseball caps are unacceptable.
- Professional Behavior: Trainees shall exhibit professional behavior at the training site and in class and shall be attentive at all times. Trainees shall not read materials (i.e., magazines, newspapers) that are not part of the training curriculum. They shall not use any electronic devices during class that are not approved by the instructor. Cell phones and pagers should be placed on vibrate during the entire class. Trainees are expected to observe all rules of the training site. Any unprofessional behavior shall result in dismissal from class and forfeiture of all credit.
- Course evaluation forms: Trainees shall complete the course evaluation form at the end of the class.
- Training materials: At a minimum, trainees shall bring a pen or pencil and paper to all classes unless otherwise directed by the Instructor.

The Department expects that any Director or Supervisor attending training shall assist the Instructor in enforcing the prescribed guidelines. It may be necessary for the Director or Supervisor to prepare a Special Incident Report (SIR) or memo documenting inappropriate classroom behavior for possible disciplinary follow-up.

#### 2104.5 TRAINING AND ORIENTATION GUIDELINES FOR CSUPPORT STAFF

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Non-sworn support and volunteer staff who work at the facilities will receive orientation from the Director or the authorized designee, which shall include a tour of the facility, a review of the emergency procedures manual, and information regarding institutional practices, which will include all relevant county policies and procedures.

Volunteers in Service to Others (VISTO) are screened and cleared through the VISTO program and, upon arrival at their assigned location, are orientated by the Facility VISTO Coordinator (15 CCR 1320(c), 1324 (d)(e)).

## **2105 PERSONAL RELATIONS, PHYSICAL CONFRONTATIONS, AND ABUSIVE LANGUAGE**

Employees are expected to work cooperatively and harmoniously with other staff. Staff must set an example of courtesy and consideration in their contacts with both youth and fellow staff members. Care must be taken to avoid directing personalized criticism, which may embarrass or antagonize youth and staff alike. Staff shall not make negative statements about other staff members in front of the youth. Physical confrontations, vulgar language, profanity, and ridicule constitute a violation of this policy.

In dealing with youth, staff must understand that control is an indispensable factor in maintaining acceptable behavior and in fostering habits of good conduct. When it is necessary to correct youth or lower their daily grades for misconduct, it should be done without personal involvement on the part of the staff. Staff will not ridicule, use profanity, or make threats. Praise and encouragement, on the other hand, may promote desired behavior.

Staff violating this policy will be subject to disciplinary action up to and including termination.

## **2106 TELEPHONE ETIQUETTE**

Staff are expected to follow the basic guidelines of telephone etiquette, which are detailed in this section.

**Answering the Telephone:** Identify the department, facility name, and name of the person answering the call. When answering for someone else, also identify the staff member's name assigned to that phone number.

**Placing Calls on Hold:** Ask the caller if they are able to hold. Return to the held call every 40 to 50 seconds, thank the caller for holding, and ask if they are able to continue holding. If the caller cannot continue holding, offer to take a message or ask if they wish to be transferred to voicemail (if available).

**Transferring Calls:** Inform the caller that they are being transferred and identify the telephone number to which they will be transferred. Notify the next staff (where the



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call will be transferred) that you are transferring a call.

Telephone Messages: Clearly and accurately record the following information:

- Name of caller
- Name of department or company
- Date and time of call
- Telephone number (with area code and extension)
- Comments (if any)

Obtain the Caller's Permission: Ask the caller for permission before using the speaker feature or including the caller in a conference call

Show Common Courtesy: Use words such as: Please, I'm sorry, thank you, and you're welcome

Additional Considerations: Be mindful to avoid engaging in the following behavior:

- Setting the receiver down on a hard surface
- Covering the receiver to speak to someone else (the caller might overhear your conversation)
- Answering the phone while engaged in a conversation with someone else
- Eating while answering or speaking on the phone
- Using the following phrases:
  - I don't know where she is
  - He hasn't come in yet
  - She is still at lunch
  - Okay, yeah, uh huh
  - We don't do that

Alternatively, the following behaviors are a more positive alternative:

- Setting the receiver down on a soft surface to avoid noise, or using the telephone's hold feature, if available
- Refraining from conversation with others while on the phone
- Using the following phrases:
  - She is away from her desk. May I take a message?
  - He is unavailable at the moment. May I take a message?
  - Yes.

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- I'm sorry, that is not handled here. However.

## **2107 CITIZENS' COMPLAINTS**

It is the policy of the Department to respond to all complaints from citizens in a positive and professional manner. While it is not possible to resolve all complaints or to satisfy all of these complaints, staff shall be courteous and helpful in determining the nature of the complaint and in explaining the procedures necessary to resolve the problem. Particular effort shall be made to remain calm and courteous, as it is likely that the complainants.

### **2107.1 PROCEDURES**

Complaints may be made in person, by telephone, or in writing. These types are more likely to be received by line staff initially, while in writing would probably be addressed to the Supervisor or a management-level staff.

In any case, the person receiving the complaint shall determine the nature of the problem and, if possible, resolve it immediately.

Should the problem be complex or beyond the authority of the receiving staff, the complainant shall be asked to submit it in writing. This shall enable line staff to forward the matter to the appropriate Supervisor or Director without any distortion of the facts. The complaint should be referred to the appropriate Manager and/or Unit and should be addressed within 30 days.

If the complainant refuses to submit the complaint in writing, the receiving staff shall attempt to summarize the problem in their own words. In either case, the complainant's name, telephone number, and address shall be requested in order for the Supervisor to call for more information and to be able to make a response (15 CCR 1361).

- Upon receipt of the complaint, the f Director or the authorized designee shall review the complaint and send written notification to the Superintendent or the authorized designee and the Department Ombudsman within 24 hours or by the next business day.
- The Director or the authorized designee will respond in writing and/or telephonically to the complainant within two (2) weeks, acknowledging receipt and indicating the status of the complaint.
- The Director or the authorized designee should complete their inquiry within two (2) weeks.
- Upon completion of the inquiry, the Director or the authorized designee shall provide written and/or telephonic notification to the complainant of the results of the inquiry.

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- The Director or the authorized designee shall provide for the youth all related reports, including attachments, to the Superintendent or the authorized designee and the Ombudsman.
- The Director or the authorized designee shall be responsible for maintaining a log of all facility complaints.

## **2108 GROOMING AND UNIFORM POLICY**

Refer to the Uniforms and Civilian Attire policy and procedures.

## **2109 USE OF CELLULAR TELEPHONES AND ELECTRONIC DEVICES IN THE WORKPLACE**

Safety, security, and professionalism are important components of the Department's delivery of services. The presence of personal electronic devices can distract us from our core service delivery, reflect negatively on the professional workplace environment, and genuinely compromise safety within our operational units.

The use of personal cellular phones shall be limited during work hours to emergency situations only. Personal cellular phones shall remain on vibrate or silent mode while on duty. Staff may not use hands-free cellular phone devices (headsets, Bluetooth-like devices, etc.) in the workplace at any time. Any other use of County-authorized cellular telephones and/or hands-free devices in the workplace, if necessary for department business purposes, shall be used with professional courtesy so as to avoid disturbing nearby coworkers.

All non-work related non-emergency personal cellular phone communication shall be conducted during approved break periods only, and in areas not accessible by youth (such as staff bedrooms or outside the main entrance to the facility). The use of County-issued cellular phones is covered under existing guidelines.

Any use of county-authorized and issued cellular telephones and/or hands-free devices in the workplace, if necessary for department business purposes, shall be done with professional courtesy so as to avoid disturbing nearby coworkers.

Youth shall not be allowed to possess or use personal cellular phones for any reason, unless authorized by the Superintendent or the authorized designee to use County-authorized and issued cell phones and Bluetooth-like accessories.

Personal electronic devices shall be prohibited from being brought into facilities except as defined within this section. Prohibited electronic devices include, but are not limited to:

- DVD players, iPods, MP3 players, radios, and any other video, television, and/or audio equipment

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- Laptops or portable word processors
- Handheld games

It is recognized that circumstances exist when devices may be needed in the workplace for legitimate County business, or for special events. For example, an electronic device or laptop may be brought into a facility with the Supervisor's or the Director's approval. Each situation where an exception to this section is needed should be individually handled on a case-by-case basis with the pre-approval of the workplace Supervisor or Director.

Should the need arise, the Superintendent or Director is authorized to prohibit staff and visitors from bringing personal electronic devices, including cellular telephones, into the facility to facilitate ongoing safety and security.

Adherence to these standards will contribute to the departmental safety, security, and service delivery goals.

## **2110 NON-DISCRIMINATION POLICY**

It is the policy of the Department that no person shall be subject to discrimination or harassment on the basis of actual or perceived sex, race, color, ancestry, religion, national origin, ethnicity, age, disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment laws where that difference in treatment adversely affects the staff's employment or condition of employment. Such behavior constitutes disparate treatment (15 CCR 1324 (d)(h)(k)).

All employees are personally liable under the California Fair Employment and Housing Act (FEHA) for unlawful harassment. Specifically, Government Code § 12940 (h)(3) states:

"An employee of an entity subject to this subdivision is personally liable for any harassment prohibited by this section that is perpetrated by the employee, regardless of whether the employer or covered entity knows or should have known of the conduct and fails to take immediate and appropriate corrective action."

The Department's non-discrimination policy mirrors County policies and State and Federal non-discrimination laws. The primary laws prohibiting discrimination in employment and provision of services are delineated in the statutes of Title VII of the Civil Rights Act of 1964, as amended, and the Fair Employment and Housing Act (FEHA).

In carrying out the functions and duties of the Department, all employees are required to adhere to the County's non-discrimination policies.

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## **2111 IDENTIFICATION GUIDELINES**

All persons entering the juvenile facilities shall wear proper identification, either an identification badge or a visitor's badge. Visible identification is to be worn at all times inside the facility. The identification is to be worn on the chest, with the picture visible.

Staff shall observe the following:

- Staff shall have their identification badges visible and properly secured to their person, on the chest area, with the picture showing, before they are issued keys
- Staff without Probation identification shall be issued a visitor's badge
- A record of temporary identification issued, including the staff's name, date, identification number, time of issuance, and return, will be maintained
- Visitors who are agency representatives or volunteers must also display appropriate identification or obtain a visitor's badge. A record of issuance will be maintained
- All other visitors must register and obtain temporary identification, except parents visiting on Sundays during regular visiting hours
- No one is to be admitted onto facility grounds unless they wear the required identification
- General Relief (GR) Workers without identification are to be directed to the lobby until called for by the representative of the General Services Division
- The loss of an identification badge is to be immediately reported to the staff's Supervisor and the Officer of the Day (OD)/Facility Supervisor

Note: To ensure the return of temporary identification, a driver's license or other appropriate positive (picture) identification will be required from staff and visitors.

## **2112 USE OR POSSESSION OF ALCOHOL AND/OR ILLEGAL DRUGS**

Staff are prohibited from being in possession or under the influence of any intoxicant or controlled substance on county property or while on duty.

It shall be the policy of the Department to forbid any person from knowingly sending, bringing into, or assisting in bringing into any juvenile facilities any controlled substances, drugs/non-controlled substances, alcohol, prescription medication not prescribed for their specific use, firearms or other weaponry, objects modified for use as weapons, or explosives of any kind.

Failure on the part of any staff to observe these restrictions shall represent a violation of Department policy, as well as statutory law pursuant to PC § 4573 (Controlled

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substances; bringing into prison, camp, jail, etc.), PC 4573.5 (Alcoholic beverages or drugs other than controlled substances; bringing into prison, camp, jail, etc.) or PC § 4574 (Firearms, deadly weapons or explosives; bringing into prison, camp, jail, etc.).

#### 2112.1 EXPECTATION

If any staff is found to have violated this policy, they shall be subjected to departmental disciplinary action, up to and including discharge, as well as possible criminal prosecution. All other individuals visiting a juvenile facility, found or believed to be in violation of these statutes, shall be subject to arrest and criminal prosecution.

Staff shall have the right and responsibility to deny access to any person(s) suspected of attempting to violate this policy or otherwise believed to represent a potential threat to the facility's safety and security and/or that of any occupants therein.

#### 2112.2 SEARCH POLICY

In support of the above-expressed Department policy and to ensure facility safety and security, the following shall at all times be subject to search and seizure:

- All persons entering a juvenile facility
- Clothing items worn or carried
- Personal property brought to the facility
- Containers
- Purses/bags

As well as all areas within any county juvenile facility, including but not limited to:

- Facility lockers/storage areas
- Break-rooms
- Facility furniture
- Sleeping areas
- Staff and guest vehicles entering onto county property

As indicated, this search policy shall apply equally to all county employees, facility staff, contractors, and guests to any juvenile facility and, with respect to Probation Officers, shall be subject to the provisions of the Public Safety Officers Procedural Bill of Rights, Government Code § 3300 et seq.

#### **2113 OBSERVANCE OF WORK HOURS**

Within limits imposed by county government and applicable Memoranda of

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Understanding, and in accordance with the needs of the Department and past practice, the Director sets the work schedule at their work location and may authorize deviations from the established work schedule. Staff must adhere to their assigned work schedule.

Staff are expected to arrive at and depart from the workplace as scheduled. Staff are responsible for keeping their Supervisor informed if arriving or leaving other than as scheduled. Generally, the Supervisor should be informed of schedule deviations in advance and in writing when practical.

### 2113.1 BREAK PERIODS

With the exception of officers assignments supervising youth, staff are entitled to two 15-minute break periods in an eight-hour shift. The availability of breaks for peace officers is based on operational need and the need to allow staff reasonable opportunities to use the restroom.

Like meal periods, break periods may not be arranged at the end of the day in order to shorten the workday. Two break periods may not be combined to create one longer break, and the meal period may not be combined with break periods to create a longer meal period. The break periods cannot be used to justify tardiness or early departure, nor can they be accumulated.

## **2114 CHILD ABUSE REPORTING POLICY FOR JUVENILE FACILITIES**

It is the policy of the Department that all allegations of suspected child abuse shall be reported immediately, or as soon as practically possible, to a local law enforcement agency serving that facility in accordance with Penal Code (PC) § 1165.9 (Reports of Suspected Child Abuse or Neglect).

Each facility shall post the name and telephone number of the local law enforcement facility serving that facility, the staff office, and the Supervisor's office.

Incidents involving excessive or unnecessary force that do not appear to involve suspected child abuse shall not be referred to the local law enforcement agency serving this facility but shall be referred to the Department's Child Abuse Special Investigation Unit (CASIU).

Facility administrators or supervisory staff who become aware of any allegations related to reasonable suspicion of an incident of child abuse or excessive and/or unnecessary use of force shall ensure that each of these incidents is immediately reported to the CASIU. The CASIU Director shall ensure that these allegations are responded to and investigated in a timely and thorough manner.

All officers have an obligation to keep youth in custodial facilities reasonably safe and shall ensure that youth who may be victims of child abuse or neglect are kept safe

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pending any law enforcement agency and/or CASIU interview.

The Department shall provide child abuse training to custodial staff assigned to juvenile facilities and shall provide remedial training as necessary.

#### 2114.1 STATE OF CALIFORNIA CHILD ABUSE AND REPORTING ACT (CANRA)

The California Child Abuse and Neglect Reporting Act (CANRA), outlined in PC § 11164-11174.4, requires certain childcare and law enforcement professionals, known as mandated reporters, to report known or suspected instances of child abuse or neglect to law enforcement, whether the incident occurred while in detention or prior to detention. Mandated reporters include:

- Officers
- Teachers, school counselors, and administrators
- Medical staff
- Mental Health staff
- All other professionals as defined in PC § 1165.7

#### 2114.2 REPORTING REQUIREMENTS:

A mandated reporter must make a report whenever, in their professional capacity, or within the scope of their employment, they have knowledge of, or observed a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

#### 2114.3 REASONABLE SUSPICION:

Reasonable suspicion occurs when it is objectively reasonable for a person, based upon facts that could cause a reasonable person in a like position, drawing upon their training and experience, to suspect child abuse or neglect has occurred.

#### 2114.4 TYPES OF REPORTABLE ABUSE AND NEGLECT:

Mandated reporters must report the following types of child abuse and neglect at a minimum. The list provided below is considered a basic guide. A complete listing of types of reportable abuse and neglect is contained in the California Penal Code.

- Sexual abuse/assault:
  - Sexual assault – includes rapes, statutory rape, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration, and child molestation



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- Sexual exploitation – includes matters depicting youth engaged in obscene acts, assisting, including persuading or coercing a child to engage in prostitution or any type of video, film, or other media which involves images of a sexual nature
- Neglect:
  - Severe – includes neglect, failure of a caregiver to protect a child from severe malnutrition or a medically diagnosed failure to thrive. It also includes situations where the Caregiver willfully causes or permits the body or health of a child to be in danger
  - General – includes neglect, negligent failure of the Caregiver to provide adequate food, shelter, clothing, medical care, and supervision, even though physical injury has not occurred.
- Physical Abuse:
  - Willful harm - includes harming or injuring a child or endangering the personal health of a child
  - Unlawful corporal punishment – includes situations where a Caregiver willfully inflicts upon a child any cruel or inhumane punishment or any injury resulting from a traumatic condition
  - Non-accidental injuries – includes all other types of physical injuries inflicted upon a child by another person, other than by accidental mean.
- Emotional Maltreatment (Psychological Abuse):
  - Willful infliction or unjustified mental suffering on a child
  - Permitting a child to suffer unjustified mental health suffering
  - Belittling or berating a child
  - Making unreasonable demands on a child or invoking unreasonable expectations
  - Objectifying the child through comments related to the child or family
  - Rejecting the child in a private or public forum and causing the child to feel unwanted, unneeded, or at risk

#### 2114.5 REPORTING SUSPECTED CHILD ABUSE TO LOCAL ENFORCEMENT AGENCIES

All Officers are mandated reporters and have a legal obligation to report instances of suspected child abuse to local law enforcement agencies serving the facility.

Any mandated reporter who has knowledge of or observes a child in their professional

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capacity or within the scope of their employment whom they know or reasonably suspects has been the victim of child abuse or neglect shall report suspected incidents of abuse or neglect to local law enforcement serving the facility immediately, or as soon as practically possible, by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident (PC § 11166).

Incidents of suspected child abuse shall be reported to local law enforcement agencies telephonically initially and then in writing utilizing a Suspected Child Abuse Report. The Suspected Child Abuse Report form is commonly referred to as a "SCAR." Written reporting is affected by submitting a copy of the SCAR to local law enforcement agencies serving the facility.

Staff from Probation, the Department of Mental Health, Juvenile Court Health Services, or the Los Angeles County Office of Education that files a SCAR on behalf of youth in juvenile facilities shall immediately report their telephonic contact with law enforcement through the facility's Duty Supervisor, and shall provide the Duty Supervisor with a copy of the SCAR prepared on behalf of the youth. The Duty Supervisor shall conduct a follow-up assessment of the situation to ensure that the SCAR was filed in a timely manner and shall ensure that the incident is reported to the CASIU.

It should be clearly understood that the officers are mandated reporters and, as such, are required to file their own SCAR report with local law enforcement as soon as they reasonably suspect that child abuse has occurred. Staff reporting their concerns to the Supervisor or administrative staff does not meet the reporting requirement.

Supervisor and administrative staff at the facility shall not impede or delay the reporting of suspected child abuse to local law enforcement for any reason.

#### 2114.6 REPORTING SUSPECTED CHILD ABUSE TO THE CHILD ABUSE SPECIAL INVESTIGATION UNIT (CASIU)

All incidents that occur within facilities and result in the preparation of a SCAR shall also be immediately reported to the CASIU. The requirements for notifying the CASIU of instances of suspected child abuse are via email utilizing the SIU email address. The formal email address for CASIU is: [siu@probation.lacounty.gov](mailto:siu@probation.lacounty.gov). Staff requiring guidance regarding the reporting of incidents to the CASIU shall contact the CASIU Supervisor or Director at (626) 356- 5307 for a consultation, or they may email the SIU unit, and the Investigator will receive the query and will ensure a response to the staff.

The email notification should include the following information:

- Date and time

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- Location of facility (facility and unit) and facility main phone number
- Name of youth involved
- Name of involved staff
- Nature of allegation
- Duty Supervisor contact number
- Facility contact phone number
- A scanned copy of relevant documentation and reports (SCARS, preliminary incident notification, etc.) should be included in the email whenever possible.

In addition to the incidents of suspected child abuse, other incidents involving allegations of excessive and/or unnecessary force, or other incidents that require investigation of potential staff misconduct where a youth is involved, shall also be reported to CASIU. The preparation of the SCAR is not required on each and every incident report to CASIU, as there are incidents that occur (such as excessive or unnecessary force) that may not rise to the level of suspected child abuse.

#### 2114.7 WHEN TO REPORT INCIDENTS TO THE CASIU

Incidents involving allegations of abuse, excessive and/or unnecessary force shall be reported to the CASIU immediately upon the Supervisor or administrator becoming aware of the incident's occurrence. Supervisor and administrative staff shall ensure the youth's safety and secure all relevant documents relating to the incident pending any law enforcement and/or CASIU interviews.

Once a youth makes an allegation that meets the criteria for reporting suspected child abuse, they should not be subjected to further interview or asked to write either initial or subsequent affidavits regarding the incident. CASIU staff will interview the youth to obtain any information related to the incident.

If the allegation surfaces in the grievance filed by the youth and meets the criteria for reporting suspected child abuse, the youth shall not be subjected to further interview or asked to write either initial or subsequent statements regarding the incident. A CASIU staff will interview the youth to obtain any additional information related to the incident. The facility administrator shall close the grievance and notify the youth that the matter is pending investigation.

If the allegation surfaces during any Supervisory Review subsequent to a physical intervention incident, the interview with respect to the youth and any other youth or staff related to the incident shall be suspended. The Supervisor may continue conducting the administrative portion of the review that does not involve interviewing staff or youth. The Supervisor conducting the review shall not prepare the written supervisory summary related to the incident and shall note on the summary page that

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the incident review was suspended pending the investigation by the CASIU.

#### **2114.8 CASIU'S RESPONSE TO THE INCIDENT**

Upon receiving the email notification, a CASIU Investigator will contact the Duty Supervisor at the facility and make arrangements to respond to the facility. All efforts shall be made by the facility initiator and Supervisor to accommodate responding CASIU investigators by providing all relevant documents related to the incident, as well as a confidential setting in which the youth and/or staff may be interviewed. CASIU investigators are authorized to access and interview all pertinent youth, staff, and other parties who may have information related to the investigation.

Staff who are “subjected” to or “witness” to particular incidents of alleged child abuse, excessive force, or unnecessary force shall cooperate fully with CASIU investigators in accordance with the Employee Cooperation Policy. Staff shall not discuss the incident with other staff or youth. Each staff has the responsibility to be truthful in their written and verbal statements, and shall fully disclose all information to the investigator. Staff who intentionally provide false information during an investigation will be subjected to disciplinary actions up to and including termination.

During the course of the investigation, any staff assigned to the facility who is a named subject of a Suspected Child Abuse Report shall be reassigned to a post at the facility that does not involve contact with the youth pending an investigation/review of the incident by the CASIU. At the direction of the facility's Superintendent, Director, or the authorized designee, the staff may be reassigned to another work location or reassigned to their home during the investigation process.

Staff or partner agencies, who are subjects of the Suspected Child Abuse Report, may be denied access to the facility by the Superintendent, Director, or the authorized designee during the investigative process. The need to reassign staff and/or limit access to the facility during each investigation process will be dependent on the level and type of the allegation made. The Superintendent, Director, or the authorized designee shall, prior to limiting access, make timely contact with the partner agency's administrator to collaborate regarding the need to limit facility access to any partner agency staff during the investigatory process.

#### **2115 REPORTING ABSENCES AND TARDINESS**

County Code §6.20.120, states that any staff absent due to sickness, injury, pregnancy, quarantine, non-emergency medical or dental care, or on any of the leaves provided in accordance with County Code § 6.20.080, may be required before such absence is authorized or payment is made, to furnish a Doctor's certificate or other proof satisfactory to the department that the absence was due to such causes.

Employees are responsible for promptly notifying their immediate Supervisor or the

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authorized designee in instances of unscheduled absence or tardiness. Notifications must be made in a timely manner to ensure adequate work coverage.

For post positions, timely notification must be made as soon as possible, but no later than four (4) hours prior to the start of the shift. Non-post positions require notification within one (1) hour after the scheduled reporting time, or as directed by the Supervisor.

If an employee is involved in an accident, medically incapacitated, or otherwise injured, precluding the ability to give timely notice, notification shall be made as soon as feasible. Documentation of the accident, medical incapacity, or injury will serve to support an unavoidable delay in notification.

Failure to provide proof of absence to support a medical leave of absence may result in the staff's time off work being coded as "unauthorized" absence without pay. Excessive unauthorized absences affect time benefit accrual amounts and may be considered for disciplinary action.

All staff will be required to provide proof of absence for medical leaves in excess of five (5) consecutive workdays. Staff will submit the original proof of absence to their immediate Supervisor. The Supervisor shall notify the Disability Management and Compliance Unit (DMC) of staff absence.

Upon request of the Supervisor, an employee may be required to show proof of need to be absent in accordance with provisions outlined in the Salary Ordinance.

## **2116 CHANGES OF ADDRESS**

Staff shall notify their Supervisor and submit a new Employee Information Update Statement (EIUS) anytime their address or telephone number changes or upon request by Supervisory staff. Staff shall provide a working telephone number at which their Supervisor can contact them in the event of an emergency.

## **2117 HOME WHILE ILL/INJURED**

When an employee is injured or suffers an illness on or off duty, rendering them unable to return to work, the employee will remain home during the period of time that they would normally be at work. The employee will provide their immediate Supervisor or the authorized designee with a direct contact telephone number where they can be reached.

If the injury or illness is expected to continue, or in fact continues for a period greater than five (5) consecutive days, the employee shall be placed on a Monday through Friday schedule from 8 AM to 5 PM. The Supervisor shall instruct the staff in writing that they are required to remain at their residence during these hours. A waiver from home assignment for short periods of time for medical appointments, therapy, Civil Service exams, etc., may be obtained with prior approval of the staff's Supervisor.

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It is the Supervisor's responsibility to make regular contact with the staff member throughout the recovery process. Regular contact must be documented, and at a minimum, include calling the staff member weekly to determine the status of their general welfare, return to work status, and morale. Occasional random home visits may also be performed. Significant changes to the employee's general welfare shall be reported to the Superintendent or the authorized designee, and a remedy for the concerns will be sought on the staff member's behalf. It is the goal of the Supervisor to expedite the return to work of the staff upon recovery or the development of a temporary accommodating assignment while the staff member's recovery is ongoing. The DMC Coordinator may also contact the attending physician to inform the physician of the availability of temporary light-duty workplace accommodations that address the staff member's work restrictions.

If it is found that the staff member is not complying with this policy, they will be subject to disciplinary action, wage or benefit interruption, and possible termination from County service.

Staff absent in excess of one complete 56-hour shift due to illness or injury shall present, prior to return to work, a written release from the attending physician indicating their ability to return to work. Approval to return to work is contingent upon review of the medical release by the DMC Unit.

## **2118 ASSIGNMENT PREFERENCES**

Assignments within a facility shall be made exclusively by the Department management. When staff prefer one assignment to another, they may submit an Assignment Preference Request form. However, the final decision rests with management. Management has no responsibility to consult any preference request list, nor is it bound by any lists at the time it makes an assignment decision.

The intent of this policy is to avoid conflicts of interest and any appearance that hiring, assignment of work, transfer, or promotion decisions were a product of family relationships and not merit.

For purposes of this policy, family members include the following: spouse, domestic partner, father, mother, brother, sister, son, daughter, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepdaughter, stepson, stepsister, stepbrother, uncle, aunt, niece, nephew, first cousin, brother-in-law, sister-in-law, and any other genealogical or marital relationship that generates a perception of favoritism.

### **2118.1 ELIGIBILITY FOR REASSIGNMENT**

To be considered for reassignment, staff shall meet the following criteria:

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- Have on file an Assignment Preference Request form. This form is provided by management and completed and signed by the staff. All Assignment Preference Request forms on file are automatically canceled after one (1) year from the date filed
- Be a permanent staff, not on a probationary period, and rated competent or above on the last performance evaluation
- Must have served at least one (1) year in the current assignment
- Be able to serve at least one (1) year in the new assignment

Any or all of the eligibility requirements may be unilaterally waived by Supervisors or the Director relative to the needs of the facility.

### 2118.2 DISCLOSURE REQUIREMENTS

This section identifies which family members are specifically precluded from assignments within the same work unit. In order for management to make a well-informed decision regarding the placement of a candidate to any position, full disclosure of all family members working for the Department is mandated for all current and potential staff as part of the selection process for hiring or promotion.

Staff who marry another Probation Department staff member must notify their Supervisor, Director, or the authorized designee of the marriage immediately.

Family Members, as defined within this section, shall not be assigned to the same work unit, and staff shall not supervise or be supervised by a family member as a direct line, immediate, or higher-level Supervisor.

All staff, at the time of hiring, must provide the names and relationships of all family members working for the Department. Current staff shall proactively disclose any relationship that places them in a position that creates a conflict of interest with a family member. The Human Resources Division shall establish the procedures for disclosure to ensure that staff are aware of the policy.

### 2118.3 SPECIAL ACCOUNTABILITIES

Staff and Managers who have access to confidential information, deal with money, vendors, contracts, or financial information, or who are otherwise in positions of significant trust must ensure they avoid any procedure or transaction in which a family member may be a participant or have a special interest. This includes, but is not limited to, staff assigned to the Budget and Fiscal Services, Human Resources Division (including Civil Litigation Unit), Professional Standards Bureau, Information System Bureau, Management Services Bureau, and Administration Secretaries.

Staff are responsible for reporting such real or potential conflicts of interest to their

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Supervisor immediately to enable management to maintain the integrity of the procedure or transaction through workflow changes or reassignment. Supervisors who become aware of any potential conflict of interest are also required to report such conflicts of interest to their immediate Supervisor immediately and to facilitate any workflow change or reassignment.

Upon learning of any such potential conflict of interest, management must immediately reassign the staff as necessary in order to ensure they do not work in a supervisory chain of command with a family member.

#### **2118.4 SPECIAL EXCEPTIONS**

Exceptions to the Department's general policy against hiring or assignment of family members to the same work unit may be approved by the Chief Probation Officer or the authorized designee in special circumstances. These special circumstances may include, but are not limited to, family members working in decentralized locations for the same work unit, but only when they will not be placed in a Supervisor/subordinate relationship. The Chief Probation Officer or the authorized designee may determine, in their sole discretion, in any specific circumstance, whether the needs of the Department outweigh any actual or potential detriment presented by the hiring, transfer, promotion of, or assignment of work to a family member. Family members who were in the same work unit prior to the implementation of this policy are permitted to remain in their assigned work units.

Staff working in the same work unit who later become related may, with the approval of the Chief Probation Officer or the authorized designee, remain in their assignments if superior/subordinate relationships are not an issue. Affected work unit heads must immediately notify Human Resources of any change in status.

#### **2118.5 DISCIPLINARY ACTION**

Any Department staff who violates this policy is subject to disciplinary action, which may include suspension, reduction, or discharge from County Service. Any candidate for employment with the Department who fails to disclose family members working in the Department may be subject to disqualification from consideration for the position sought or, if discovered after appointment, to disciplinary action, as noted above.

### **2119 SPECIAL ASSIGNMENTS**

The Department has several positions for officers that are considered "special assignments" or "staff assistants". These assignments are generally outside the scope of a general definition of an officer and, at times, require alternate skills. When special assignments in the facility become available or vacant, the position is posted internally at the facility and sent via email, which lists the qualifications necessary to be eligible.



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Those interested in the position shall have the opportunity to submit their interest. The position is generally posted for a duration of time that allows ample opportunity for all eligible staff to submit their interest. Once applications for the position are received, candidates are scheduled for interviews. Selection for the position is determined by the interviews and qualifications. The final decision is made by the management team at the location where the position is held.

Special Assignment positions may be temporary assignments. All qualifying staff are eligible to submit their interest. Special Assignments can be demanding positions that require highly motivated staff. Some assignments are labor-intensive and require close attention to detail. Special Assignment positions require a willingness to remain on task until the project or assignment is completed. At any time, a special assignment staff that falls below Departmental standards for attendance or is incapable of keeping up with the demanding workload will become subject to removal from their special assignment position.

## **2120 STAFF ALERTNESS**

Staff shall remain alert at all times while on duty. An assumption that staff are not alert shall be made when staff are observed in one or more of the following situations:

- Eyes closed or obscured from view by hats, sunglasses, papers, or books
- No recognizable acknowledgment of the Supervisor's presence by staff.
- Snoring
- Head bobbing or nodding.
- No apparent response to audible sounds within the unit
- No response when spoken to
- In a prone or supine position.
- In any position with eyes closed (in addition, feet on a desk or chair, shoulders slumped, head back, or chin resting on the chest)

## **2121 HORSEPLAY**

Staff shall not engage in horseplay with youth or other staff.

## **2122 CORPORAL PUNISHMENT**

Corporal punishment is defined as any use of force intended only to inflict pain or suffering on a youth. Staff are forbidden to strike, paddle, kick, or choke any youth or, in any other way, abuse or inflict corporal or psychological punishment upon any youth detained in the facility. These acts constitute child abuse.

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## **2123 DRIVERS OF FLEET VEHICLES**

The operation of a fleet vehicle in the Department is a privilege and a responsibility. An employee who drives a departmental vehicle is responsible for adhering to all applicable laws, codes, and County and Department policies (Refer to Fleet Vehicles policy).

## **2124 PROBATION SUPPORT SERVICES**

The Department has initiated a Probation Support Services (PSS) program with the Los Angeles County Sheriff's Department (LASD).

The PSS program provides helpful services to the Department staff. Examples of these services include:

- Critical incident debriefings
- Law enforcement psychological services
- Education-Based Discipline for early prevention and diversion
- Training for staff and Peer Support members

A description of each service is outlined below. PSS provides services via in-person, telehealth (video sessions), and check-ins via text.

### **2124.1 CRITICAL INCIDENT DEBRIEFINGS.**

Staff involved in a critical incident (e.g., shootings, client restraints, assaults, etc.) may experience significant trauma. These circumstances have the potential to affect future performance and the health of the involved staff. A debriefing conducted by a department psychologist can assist in addressing trauma and strengthening coping skills and recovery. Staff may also experience trauma and loss related to off-duty circumstances and could benefit from a consultation with PSS.

The critical incident debriefing is confidential and protected by law. The only information that is communicated back to the Department is notification that the staff involved in a critical incident attended a debriefing. Should staff need additional services or time off to recover from a traumatic experience, staff may choose to contact the DMC Unit directly or sign a waiver for PSS to initiate the DMC process on their behalf.

All other critical incident debriefings are voluntary unless otherwise required, such as an officer-involved shooting. When a Department staff is involved or is affected by any other job related critical incident as a participant or observer, the concerned Director or staff may contact PSS to schedule a debriefing. Time to attend a job-related critical incident debriefing will be compensable.

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A critical incident debriefing is not a fitness for duty re-evaluation. Fitness for duty is governed by Civil Service Rules 9.07 and can only be performed by the Chief Executive Officer's (CEO) Occupational Health Programs (OHP).

#### 2124.2 STAFF PSYCHOLOGICAL SERVICES

PSS will provide up to 10 free psychological services per year to Department staff who wish to voluntarily participate due to any personal issues that they may be experiencing. Staff are required to utilize available personal time when participating in these services. The first visit may be on county time if referred by or pre-approved by the staff's Manager/Supervisor, who will be provided with verification of participation. However, verification will not include any disclosure of personal, psychological/medical information.

#### 2124.3 TRAINING

PSS will arrange training on request for staff. Training may be provided for Education- Based Discipline (EBD), Peer Support team members, or other staff, as needed. Examples of training topics include dealing with stress, mental health issues in the population served, de-escalation, adolescent development, anger management, and trauma.

PSS training requests can be initiated via

- Website-[www.probationsupportservices.com](http://www.probationsupportservices.com)
- E-mail [info@probationsupportservices.com](mailto:info@probationsupportservices.com)
- Phone (818) 788-8016.

### **2125 ARREST NOTIFICATION AND USE OF BENEFIT TIME**

In keeping with the existing expectation that staff of the Department conduct themselves in a manner consistent with the professional standards governing County employment and the stated expectations of the Chief Probation Officer, the following procedures have been established. These procedures apply to arrests, detentions, citations (except infractions), warrants, suspended/restricted licenses, restraining orders, involuntary psychiatric evaluations or observations or commitments, and all situations where staff is named as a subject of an investigation:

#### 2125.1 ARRESTS, DETENTIONS, AND CITATIONS

The staff shall:

- Notify their Supervisor or Manager of the facts within 24 hours (next business day if on a weekend or holiday) of the citation or release immediately upon

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entering any facility or prior to beginning any county business, whichever occurs first. This applies to all staff, including those on paid/unpaid leave.

- Cooperate with the Supervisor or Manager by fully disclosing basic and verifiable information needed in completing the Law Enforcement Contact (LEC) sheet. (The staff is not obligated to provide information that may jeopardize them in any criminal proceedings that may be brought against them.).
- Review and sign the LEC or follow up with their Supervisor in writing to ensure that the information has been properly reported.
- Upon returning to work, report directly to the Supervisor or Manager, unless instructed otherwise, to be cleared to continue their regular working assignment.

The Supervisor or Manager shall:

- Complete the LEC sheet (review and approve if provided by the staff) and forward it to the location designated on the sheet.
- Modify the staff's duties, if deemed necessary, after consultation with the affected Bureau and the Internal Affairs Bureau (IAB).

IAB shall verify all available information and notify the Bureau in writing of the facts.

The Deputy Director or the authorized designee shall decide whether the staff's presence at their job assignment is a potential danger to persons or property or would interfere with regular operations and take appropriate departmental action.

## 2125.2 WARRANTS, SUSPENDED LICENSES, AND RESTRAINING ORDERS

Staff shall:

- Notify their Supervisor or Manager of the basic facts surrounding the warrant, suspended/restricted license, or restraining order within 24 hours of becoming aware (next business day if on weekend or holiday)
- Complete the LEC sheet and provide it to the Supervisor or Manager annually.

The Supervisor or Manager shall:

- Forward the LEC sheet to the Bureau and the IAB.
- Modify the staff's duties, if deemed necessary, after consultation with the affected Bureau and the IAB.

IAB shall verify all available information and notify the Bureau in writing of the facts.

The Deputy Director or the authorized designee shall:

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- Decide whether the staff's presence at their job assignment is a potential danger to persons or property or would interfere with regular operations
- Issue a written order instructing the staff to immediately resolve the warrant, suspended/restricted license, and/or restraining order, if feasible
- Track and document the staff's compliance with the order
- Take appropriate departmental action

### 2125.3 INVOLUNTARY PSYCHIATRIC EVALUATIONS, OBSERVATIONS, AND COMMITMENTS

Staff shall:

- Notify their Supervisor or Manager within 24 hours of their release or outcome of evaluation, regardless of time detained (next business day if on weekend or holiday).
- Cooperate with the Supervisor or Manager by fully disclosing basic and verifiable information needed in completing the LEC sheet.
- Obtain clearance to return to work from the DMC Unit prior to entering any facility or beginning any county business. This applies to all staff, including those on paid/unpaid leave.

The Supervisor or Manager shall:

- Immediately upon notification, complete the LEC sheet and forward it to the DMC unit.

DMC unit shall:

- Clear staff for return to work or modify the staff's duties, if deemed necessary, after consultation with the appropriate professionals.

### 2125.4 ALL OTHER LAW ENFORCEMENT ENCOUNTERS AND CRIMINAL COURT PROCEEDINGS

The staff shall:

- Notify their Supervisor or Manager in writing of all law enforcement encounters when named as a subject of an investigation and all criminal court proceedings within 24 hours (if a holiday or weekend, by the next business day).
- Complete the LEC Sheet and provide it to the Supervisor or Manager annually.

The Supervisor or Manager shall:

- Take appropriate steps following consultation with the IAB and the affected

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Bureau.

#### 2125.5 USE OF BENEFIT TIME TO RESOLVE LEGAL ISSUES

Use of benefit time is prohibited to cover absences due to incarceration and will be coded as time off without pay. This policy applies to all staff, including those on paid leave (time will be adjusted accordingly).

### **2126 EMPLOYEE COOPERATION**

Cooperation by a charging party, witness, or subject of investigation is required during inquiries, investigations, pre-disciplinary hearings, settlement negotiations, legal proceedings, and appeals with those authorized to perform such functions. This may involve internal and external entities at any point of a case, including but not limited to other law enforcement agencies, county departments, commissions, or boards. Expectations relative to cooperation are detailed below.

#### 2126.1 INQUIRIES AND INVESTIGATIONS

The Department has developed a process for collecting evidence to support or refute allegations of employee misconduct. An administrative inquiry and/or investigation may be conducted by the work location or by a specialized unit within the department, such as the Internal Investigation Office (IIO) or the department's Affirmative Action Compliance Programs Office (AACPO). In addition, Federal Bureau of Investigations (FBI) representatives of the government and criminal justice community, it is important that we assist associates of other agencies in carrying out their official duties. This includes, but is not limited to, cooperating with law enforcement, criminal justice, and external county agencies during their inquiries and investigations.

Without full cooperation, the Department and other external agencies are unable to make appropriate determinations. It is therefore important that a complete record of all relevant facts having an impact on the agency's operation is obtained. A complete record supports the integrity of the investigation and ensures that all interested parties are treated fairly.

Employees who are identified as a charging party, witness, or subject of an internal or external investigation, or law enforcement inquiry, shall comply with the following:

- Notify their Supervisor, Manager, or the authorized designee upon receipt of a subpoena or notice, so appropriate steps can be taken to mitigate workload or scheduling impact
- Appear at the date, time, and location identified on the interview notice
- Promptly notify the unit or person issuing the interview notice of any scheduling

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conflicts

- Provide truthful and complete responses to questions asked by the Investigator
- Provide any and all requested information or evidence. Concerns about provisions of confidential documentation should be discussed with the Performance Management Unit before the documentation is released
- Cooperate fully with designated law enforcement personnel in carrying out their official duties

The Public Safety Officer's procedural Bill of Rights and the Weingarten Rights allow the subject to be represented during the investigatory interview. The subject of the investigation may not be represented by someone who is also a subject or who is a witness to the matter being investigated. Witnesses are not entitled to representation. Employees who fail to answer questions directly related to the administrative investigation may be charged with insubordination, which could result in disciplinary action up to and including discharge.

At times, employees may be required to participate in a disposition process. Disposition testimony shall be truthful and complete. Trial, hearing, and/or civil service testimony that is substantially inconsistent with statements made by the same individual within a disposition and/or as part of an investigation are subject to investigation. Anyone providing inaccurate testimony may lead to disciplinary action.

## 2126.2 ADMINISTRATIVE HEARINGS

The Civil Service Commission plays an important role in evaluating various administrative actions. Employees may be issued subpoenas requiring their appearance and testimony at Civil Service hearings. Decisions by the Department to subpoena a witness are made with careful consideration of the relevance of the witness to the proceedings and the operational burden of the employee's absence from their regular work assignment. Subpoenas may also be issued by the plaintiff's representative. Employees who receive a subpoena for their appearance or testimony shall comply with the following:

- Notify the Supervisor, Manager, or the authorized designee upon receipt of the subpoena or notice so that appropriate steps can be taken to mitigate workload or scheduling impact
- Promptly contact the party that issued the subpoena
- Make themselves available to discuss their testimony
- Fully answer all questions and provide the requested documentation. Consents about confidential documentation should be discussed with performance management before provisions are made to the plaintiff's counsel

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- Appear at the date, time, and location identified on the subpoena
- Testify truthfully

Employee cooperation is required in preparation for the proceedings with designated department representatives and for the duration of the proceedings.

It may also be necessary for employees to provide relevant documentation for or testify at other administrative hearings, such as the California Unemployment Insurance Appeals Board or the Workers' Compensation Appeals Board. These proceedings differ from the Civil Service Commission in that subpoenas may not be issued; however, employees who are notified to appear or provide documentation are expected to comply in the same manner as having received a subpoena. Administrative hearings are not limited to those described above.

### 2126.3 RETALIATION AND INTERFERING

Employees who participate in the administrative or criminal investigation process should do so free from any improper influence. Under no circumstances shall an employee contact another employee, directly or indirectly, for the purpose of interfering with their cooperation or participation at any point in the process. This includes but is not limited to inquiries, investigations, pre-disciplinary hearings, settlement negotiations, legal proceedings, appeals, and the final disposition, resolution, and discipline of an administrative or criminal matter. Retaliation and adverse action due to an individual's involvement in a matter (past or present) is absolutely prohibited. The department will take any action to prevent retaliation, including the discipline of any employee who engages in such behavior. These admissions extend to prohibit any such contact with probationers, department staff conducting the investigation, or any other individual who may have been involved.

### 2126.4 CONFIDENTIALITY

Other than as part of the investigation interview process or testimony described above, the content of an investigation or administrative hearing shall be kept confidential at all times. Employees who are involved in these proceedings shall not discuss the nature of their testimony or documentation with anyone other than the designated department staff, their own representative or a person through a subpoena.

Employees who fail to cooperate with designated staff or who fail to comply with the admonition not to discuss matters outside the investigation setting could be subject to disciplinary action up to and including termination.

It should be noted that nothing in this policy is intended to limit an employee's constitutional rights; rather, it is intended to address critical needs to cooperate with similar agencies or other county departments.



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## **2127 PERSONAL APPEARANCE**

All staff are required while on duty or when representing the department in any official capacity to be neat, clean, well-groomed, and conform to the consideration of safety, professionalism, and modesty. This policy extends to all representatives of the department, including contract employees and volunteers. With the exception of two (2) earrings per ear, piercing jewelry is not permitted during work hours. This includes but is not limited to piercings in eyebrows, tongue, lips, nose, cheeks, and plugs in the ear. Due to safety concerns, holes for plugs must be covered. Likewise, only modest-sized earrings or jewelry may be worn, and dangling earrings shall not be worn in juvenile facilities.

While on duty, employees shall not display body art, including tattoos, brands, intentional scarring, mutilation (split tongue), foreign objects inserted under the skin for decoration, or dental ornamentation (design, jewelry, etc. on teeth), except tattoos on hands and above the neckline. New body art is not permitted on exposed areas of the body after the effective date of this directive for current employees or post-hire for new employees. Visible body art depicting nudity, violence, sexuality, explicit or vulgar art, or words is prohibited.

Employees should be mindful that their body art, although unintentional, may be similar to body art adopted by a gang or criminal organization and may create safety and security issues. Managers are responsible for assessing all visible body art to ensure that they conform to policy and is not a threat to safety and security. The department reserves the right to instruct an employee to cover their body art (with clothing, skin tone patch, or makeup), or reassign the employee to a location where their body art does not increase safety and security risks.

Supervisors and Managers are responsible for enforcing the personal appearance standards. Disregard of the personal appearance policy may result in disciplinary action.

## **2128 EMPLOYEE HONESTY**

The mission of the Department can only be carried out with the expectation of honesty from all employees at all levels. While the majority of the staff is honest in their day-to-day work habits, the actions of a few staff can turn to diminish the reputation of the department. This policy has been formulated in order to cultivate and maintain the trust and confidence of our community, partner agencies and coworkers. In addition, it is intended to reemphasize existing standards of behavior.

### **2128.1 POLICY**

Employees are expected to act in a way that embraces honesty in all matters of work,

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including oral and written communication. All dishonest acts committed during the course of employment are considered a violation of this policy. The following are some examples of situations where, if an employee is dishonest, discipline may be warranted (This is not intended to be exhaustive):

- Falsification of time records
- Work-related written, oral, or electronic communications
- Responses to questions during investigation and/or inquiries, deliberate omission of relevant information will also be considered as an act of dishonesty
- Leave request (abusing leave policies to obtain time off while not ill or injured)
- Pilfering departmental property for personal use (regardless of the value)
- Using departmental funds or equipment, such as vehicles, for unauthorized personal use

When employees are completing documentation, including Special Incident Reports (SIRs), Physical Intervention Reports (PIRs), court reports, or any other document in the course of their duty, it is required that the information be truthful, accurate, and complete.

When employees commit dishonest acts, they negatively affect the interests of the County of Los Angeles and this department. Honesty is an essential element of an employee's official duties. Failure to adhere to the principles contained in this policy may be grounds for discipline, up to and including discharge from county service. In addition, in some instances, it could lead to criminal prosecution.

Known and suspected instances of dishonesty should be reported immediately to management staff or an outside investigative agency, as appropriate.

## **2129 OVERTIME AND WORK HOURS**

Overtime standards are established by law and regulatory standards, including, but not limited to, the Fair Labor Standards Act, California Labor Code, Board of Supervisors policy, Title 6 of the County Code, and within some collective bargaining agreements.

In conjunction with ongoing efforts to effectively manage overtime and work hours, this section will establish general overtime policies for authorizing, reporting, monitoring, and controlling overtime use. This will also clarify some aspects of work hours related to break periods. Bureau-specific procedures may be in place to define overtime policy in greater detail based upon the unique aspects of Bureau operations.

### **2129.1 OVERTIME**

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Authorized overtime shall be paid if the total hours actually worked (excluding paid leave such as sick and vacation) by a covered employee exceeds 40 hours during the work week, or the maximum hours allowed for any other work period permitted by the Federal Fair Labor Standards Act.

All overtime must be preapproved by the Superintendent or the authorized designee, except in the event of an immediate major emergency. A major emergency is defined as a fire, flood, or other cause involving significant danger to life or property.

Pre-approvals shall be specific to a particular timeframe or limited duration need, and shall not be delegated below the Manager level. Pre-approval shall be appropriately documented to minimally include the name of the staff working overtime, the authorizing Manager, time and date of the pre-approval, and the reason(s) for overtime. Managers shall not grant open-ended approvals.

Pre-approvals shall specifically document the need for the overtime. Documentation shall be retained locally and provide a reasonably sufficient audit trail. For example, overtime documentation shall verify the specific project or task requiring overtime. Special assignment is not sufficient documentation. When overtime is necessary to meet staffing ratios, approval documentation shall identify the current number of youth supervision staff and the number of youth in the facility. For reasons such as late relief or callouts, the specific name of the late or sick staff shall be documented. It is anticipated that the Supervisor and the Manager will pursue progressive corrective actions for staff who violate attendance standards.

Overtime worked at a location other than the employee's usual work assignments shall be subject to the same documented Manager pre-approval requirements discussed above. The employee's usual work location Manager and the overtime location Manager must each pre-approve a specific assignment when overtime is worked outside of the employee's usual Bureau. Employees shall not act independently of their usual work location Manager to "shop" for overtime opportunities - rather, in a timely manner, employees will keep their usual Manager informed in advance of overtime to be worked in other work assignments. Documentation verifying overtime pre-approvals shall be forwarded by the Supervisor/Manager from the overtime location directly to the Supervisor/Manager at the usual work assignment prior to approval of the employee's pay-period timecard. The employee who worked overtime shall not be involved in the forwarding/handling of overtime documentation to their immediate Supervisor.

The Supervisor of the employee's usual work assignments shall ensure a local record is maintained at each of the employee's cumulative overtime hours worked, including overtime hours worked at other locations.

Excesses over time by an individual employee can result in fatigue and inattentiveness. Cumulative overtime hours for an individual employee shall not

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exceed 24 hours in any seven consecutive days. Employees shall not work back-to-back double shifts, defined as an eight-hour period of overtime on each of two consecutive days.

Staff working overtime shall be relieved of duty as soon as the need for overtime is resolved. Overtime need not be worked in full shift increments.

Overtime shall be distributed as equitably as possible among all qualified employees in the same organizational unit and/or work location. Management may consider special skills required to perform a particular assignment.

All hours shall be supported by an appropriate internal control structure that includes a secondary record trail such as schedules, logs, time off approvals, and/or shift notations. Uncertainties about regular and/or overtime hours actually claimed should be confirmed with applicable records before approving a timecard.

## 2129.2 WORK HOURS

Employees are expected to arrive and depart at workplace as scheduled. The employee is responsible for keeping their Supervisor informed if arriving or leaving other than as scheduled. Generally, the Supervisor should be informed of scheduled deviations in advance, and in writing when practical.

With certain regulatory or industry-specific expectations (such as some peace officer assignments supervising detained youth ) California Labor Code requires that employees take a meal period of at least 30 minutes in length if the employee's workday is more than five hours. The meal period must be provided by the fifth hour. A specific meal may be waived by mutual written agreement if the workday is longer than six (6) hours. Employees working over six hours must take a 30-minute meal period (excluding peace officers working in custody supervision positions). California law specifically states that an employee and/or the Supervisor are not permitted to arrange a meal period at the beginning or end of the day in order to shorten their workday. Meal periods are not part of the eight-hour workday. Thus, an eight-hour workday consists of eight hours of work plus the required 30-minute meal period. An eight-hour workday is not 7 ½ hours of work plus a half-hour lunch.

## 2129.3 OVERTIME AND HOLDOVER POLICY

The Department fosters a safe and secure environment for youth and staff and maintains compliance with established standards as they relate to institutional staffing. When a facility is unable to meet mandated staffing levels or an emergent or critical situation exists, the following protocol shall go into effect:

**As-Needed Employees.** Each facility shall establish and maintain a current list of as-needed staff, along with at least two contact numbers for each staff member. As-

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needed staff shall be called in order of their appearance on the list and moved to the bottom of the list once they have worked a shift.

**Volunteers, Using the Overtime List.** Each facility shall establish and maintain lists of volunteers who can make themselves available to work overtime shifts. Overtime shall be offered in a fair and equitable manner. Once a staff has worked an overtime shift, their name shall be placed at the bottom of the list.

**Holdover List.** If there remains inadequate coverage, the holdover list shall be used. All employees shall be included on the holdover list; which shall be sorted by shift and classification. Once an employee is held over, the employee's name shall be placed at the bottom of the holdover list. Employees shall be held over only when needed.

#### 2129.4 HOLDOVER EXCEPTIONS

- Any employee who has completed two shifts (16 hours)
- Any employee who is scheduled to work the shift following the holdover shift. (Creating 24 consecutive hours of work)
- The Director or the authorized designee shall approve any emergency situation where an employee may be excluded from being held over
- A two-hour notice shall be given for possible holdover
- One-hour notice shall be given for confirmed holdover

Each facility shall make every reasonable effort to ensure that employee holdover is the means of the last resort to ensure adequate coverage and is used only when the safety and security of the youth and staff are in jeopardy.

### **2130 STAFF INVESTIGATIONS**

It is the responsibility of the Department to investigate allegations of misconduct on the part of its staff, either directly through referral to the Discipline Unit, through referral to other offices within the Department, or through referral to a law enforcement agency. The purpose of all investigations is to determine whether the allegation is founded or unfounded and to take appropriate action.

#### 2130.1 TYPES OF INVESTIGATIONS

The investigations outlined below differ as to scope, process, and consequence. They shall be investigated at the level of a Supervisor or higher.

- Policy and Procedure Violations: Investigations may range from allegations of suspected child abuse, use of excessive force, or other violations of Department Policies and Procedures. The investigation is performed at the

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level of a Supervisor or higher.

- **Staff Conduct:** These are investigations relating to a lapse in the performance of staff, such as an advanced safety check or failure to prepare an SIR. The investigation is performed at the level of a Supervisor or higher.
- **Discrimination or Harassment:** Allegations of this nature are referred to the Affirmative Action representative at the Headquarters for the investigation. The Affirmative Action representative shall be consulted prior to transferring the case to the Headquarters.
- **Law Violations:** Examples of conduct initiating these investigations are arrests, sexual misconduct, and drug use. When Supervisors or Directors become aware of criminal conduct or arrests, these matters are reported to the Superintendent, the Deputy Director, and the Discipline Unit. Thereafter, all matters related to criminal conduct are monitored by the Discipline Unit. At the conclusion of the criminal process, an administrative investigation may be conducted by IAB.

## 2130.2 RIGHTS AND RESPONSIBILITIES

Staff under investigation are accorded all rights and privileges as established by the Public Safety Officers Procedural Bill of Rights Act, Weingarten Rights and the applicable Memoranda of Understanding.

Staff are presumed innocent during the course of the investigation. They are not denied pay or accrual of any other benefit. However, they may be reassigned or put on administrative leave while the investigation is ongoing. During the course of the investigation process, the staff may remain on the job, be administratively reassigned, or be placed on leave with pay at the discretion of the administration. In the case of a post-arraignment felony charge, the staff may be placed on leave without pay pending the outcome of the criminal process (Civil Service Rule 18.01).

Prior to any interview, the nature of the investigation shall be clearly stated. The staff member who is the subject of an investigation shall be notified in writing of the allegations and that an investigation has been initiated.

Whenever an investigation focuses on matters that are likely to result in disciplinary action, the staff member identified as the subject of the investigation has the right to a representative of their choice who is not involved in the investigation during the course of any interviews. The staff is expected to obtain their desired representation within a reasonable length of time. If the staff fails to obtain timely representation, then the investigator will give written notice of the date and time of the mandatory interview. Failure to respond to questions or to submit to an interview shall be regarded as insubordination.

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The representative may consult with the staff prior to the interview. The representative may ask that a question be clarified and can, at the end of the questioning, provide additional information. However, the representative does not have the right to bargain over the purpose of the interview, nor may the representative tell the staff not to answer questions or to give false answers.

The staff shall be required to provide a written statement as part of the investigation.

The investigator shall inform the staff that while the investigation is ongoing, the staff is not to discuss the matter with anyone other than their representative, immediate Supervisor, or other personnel as directed by the management.

Staff under investigation shall not contact other subjects of the investigation, witnesses, or alleged victims to discuss any aspect of the matter.

In all instances, the staff shall be advised in writing of the completion and outcome of the investigation.

### 2130.3 WITNESS STATEMENTS

Any staff who is a witness and is called upon to provide a written statement or to answer questions during an interview relevant to the investigation shall do so or face charges of insubordination. A statement to the effect that the staff has no statement to make is not acceptable. The subject(s) or witnesses may be asked to augment incomplete statements by providing additional information or by responding to specific questions.

### **2131 DEATH OF A PROBATION EMPLOYEE OR NON-EMPLOYEE**

These procedures are applicable once the death of an employee or non-employee has been established by medical personnel or paramedics. When the death is confirmed, the Superintendent or Director shall take the following actions:

- Immediately notify the law enforcement so that they can prepare the mandated death report. The law enforcement will notify the coroner to claim the body when appropriate
- Preserve the body and the site of death until law enforcement arrives
- Coordinate with the law enforcement, chaplain, and the Department of Mental Health to notify the next of kin
- For Department employees whose death occurs while on duty, the Superintendent or Director shall notify the next of kin
- If the decedent is a probation employee, refer the next of kin to the Human Resources Management Office at the Headquarters for information concerning

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benefits

- The law enforcement shall notify the next of kin for non-probation employees whose deaths occur at the facility
- Secure the personal property and vehicle of the decedent after consultation with law enforcement until the secured items can be properly turned over to the next of kin or the appropriate authority
- If the decedent worked for another agency, coordinate with the law enforcement relative to the notification of that agency