

PROBATION DEPARTMENT DIRECTIVE

No.: 1524

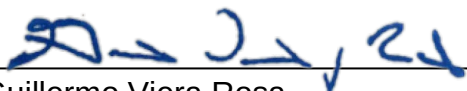
Issued: 05/10/2024

Post Until: 06/10/2024

SUBJECT: SECURE YOUTH TREATMENT FACILITY (SYTF) MANUAL

Staff assigned to support and supervise SYTF youth at Dorothy Kirby Center (DKC) are instructed to review the attached revised SYTF manual.

The policies will be located on the Prob-Net (Probation Manuals- POLICIES, PROCEDURES, AND MANUALS (sharepoint.com) –SYTF manual. Questions or concerns regarding this Directive shall be directed to SYTF Director at (818) 455-3896.



Guillermo Viera Rosa,
Chief Probation Officer

05/10/2024

Date

LOS ANGELES COUNTY PROBATION DEPARTMENT

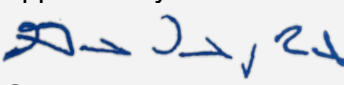
Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) INTRODUCTION	Section Number: SYTF-100
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) INTRODUCTION	Section Number: SYTF-100
	Effective Date: May 10, 2024
	Approved By: 
	Guillermo Viera Rosa, Chief Probation Officer

101 INTRODUCTION

This policy and its accompanying procedure outline the Los Angeles County Probation Department's adherence to Senate Bill 92(2021) Secure Youth Treatment Facility (SYTF), which established a new dispositional option for eligible youth subject to eligibility, procedural, and review requirements. The standard set forth in this policy, the related procedures, the Welfare and Institutions Code, and other applicable laws, rules and regulations will be followed by staff members while supervising SYTF youth housed at Barry J. Nidorf (BJN) and Dorothy Kirby Center (DKC).

It is the responsibility of staff 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 used in conjunction with other applicable manuals, directives, and procedural statements. Procedures for review and update of this manual are found on the manual update card located in front of the Table of Contents.

This manual meets standards set forth in Title 15, Minimum Standards for Juvenile Facilities. As required by the California Board of State and Community Correction (BSCC), which establishes minimum standards for the operation of juvenile facilities.

102 POLICY AND PROCEDURES MANUAL

SYTF shall develop, publish, and implement a Policy Manual that addresses regulations applicable to SYTF facilities. The SYTF Policy Manual shall be accessible to all staff. The facility manager shall ensure that a current and updated SYTF Policy Manual is readily accessible.

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Review of Policy and Procedures Manual

The SYTF Manual shall be reviewed and updated biennially by the Bureau Chief or the authorized designee. The SYTF Bureau Chief or the authorized designee shall identify all pertinent Department Directives, Probation Department Chief memos, laws, ordinances, and other similar material that is appropriate for updating policies.

103 ROLE OF SYTF

Consistent with the department's vision, mission, and core values, the SYTF facilities are charged with protecting the community and providing for the physical and social needs of the youth in a safe and secure environment.

A multitude of programs are provided to the youth; programs are designed to help youth reduce undesirable behaviors, address prior trauma and its effects, and increase pro-social behaviors. Custody time is also utilized as an opportunity to assist in redirecting delinquent youth toward a positive, more productive, law-abiding lifestyle.

All partner agencies involved in the juvenile facilities participate in the active pro-social development of the youth within our custody to ensure successful re-entry into their respective communities. The Department of Mental Health (DMH) is a partner agency that provides mental health services. DMH staff are active in the living units of the juvenile facilities and assist probation staff with behavior management and rehabilitation-oriented programming. The Los Angeles County Office of Education (LACOE) is a partner agency that provides educational services. Juvenile Court Health Services (JCHS) is a partner agency that provides health-related services (medical, dental, nursing, etc.).

The Board of Supervisors, the Probation Oversight Commission, the Board of State and Community Corrections, and various other bodies are required by statute to provide oversight and review the efforts of the Department.

(Meets standards set forth in Title 15, Section 1324 (b))

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) ADMINISTRATION, ORGANIZATION AND MANAGEMENT	Section Number: SYTF-200
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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) ADMINISTRATION, ORGANIZATION, AND MANAGEMENT	Section Number: SYTF-200
	Effective Date: May 10, 2024
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201 ADMINISTRATIVE STRUCTURE AND CHAIN OF COMMAND

The administrative structure defines areas of responsibility for managing and supervising staff. It also establishes the chain of command.

The chain of command shall be followed in all operational matters. Supervisors are directly responsible for those whom they supervise. While it is believed that most requests, complaints, and problems can be handled at the immediate supervisory level, the chain of command indicates the order of progression should it be necessary to skip a level.

In descending order, the chain of command levels are as follows:

Barry J Nidorf (BJN) SYTF

- Superintendent
- Assistant Superintendent
- Division Director
- Officer of the Day (OD)
- Supervising Deputy Probation Officer (SDPO)
- Supervising Detention Services Officer (SDSO)
- Senior Detention Officer

Dorothy Kirby Center (DKC)

- Director
- Assistant Director
- Supervising Deputy Probation Officer (SDPO)
- Deputy Probation Officer II (Lead)

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It is the responsibility of staff at all levels to follow the chain of command to enhance communication and allow timely resolution of problems.

202 ADMINISTRATIVE STRUCTURE AND RESPONSIBILITIES**Superintendent/Director**

The Superintendent/Director is responsible for the overall administration and operation of the facility, including its program and staff. The Superintendent/Director is charged with providing a secure setting for youth and maintaining the safety of the staff, detained youth, and the community.

(Meets standards set forth in Title 15, Section 1320) It is the responsibility of the Superintendent/Director to report via a letter of notification to the California Board of State and Community Corrections (BSCC) any legal actions pertaining to the conditions of confinement filed against any person or entity responsible for the facility operation (Meets standards set forth in Title 15, Section 1340).

Within ten (10) working days at the end of each month, the facility Superintendent/Director or the authorized designee shall be responsible for providing the BSCC with required population and profile survey reports using a prescribed reporting format that enables the BSCC to develop statewide data on juvenile facility populations.

(Meets standards set forth in Title 15, Section 1342)

When the number of youth detained in the living unit of a juvenile facility exceeds its rated capacity for more than fifteen (15) calendar days in a month, the Superintendent/Director or the authorized designee shall provide a crowding report to the Board in a format provided by the Board.

(Meets standards set forth in Title 15, Section 1343)

It is the responsibility of the Superintendent/Director or the authorized designee to meet regularly with lead on-site representatives from the Los Angeles County Office of Education (LACOE), Juvenile Court Health Services (JCHS), Department of Mental Health (DMH), the Courts, Management Services Bureau (MSB), and contracted agencies to discuss mutual operational issues.

ADMINISTRATION, ORGANIZATION, AND MANAGEMENT**Assistant Superintendent**

The Assistant Superintendent serves as the Director of Movement Control (MC) and is responsible for the security of the facility. The Assistant Superintendent serves as the principal coordinator during major disturbances and emergencies and is also responsible for reviewing the facility's operational and inspection reports.

Division Director

The Division Director is responsible for the management and operation of a specified division within the facilities.

Officer of the Day (OD/Supervising Detention Services Officer SDSO)

The OD's primary responsibility is to act as the chief operations officer when the superintendent/Director, assistant superintendent/Director, and directors are absent. The OD is responsible for operations and activities in addition to being responsible for their normal SDSO duties.

Assistant Director

The Assistant Director (AD) is the assistant administrative head and is responsible for its overall operations in the absence of the facility Director. The AD is responsible for the facility's adherence to all federal, state, and local mandates. At the direction of the facility Director, the AD shall meet regularly with primary on-site representatives from education, health, mental health, MSB, and contracted agencies to discuss mutual operational issues.

Supervising Deputy Probation Officer (SDPO)

SDPOs report to the facility Director or Assistant Director and supervise the work of Deputy Probation Officer II, Deputy Probation Officer I, and Group Supervision Night officers.

Supervising Detention Services Officer (SDSO)

SDSOs (also referred to as supervisors or building supervisors) report to a facility Director and are assigned to supervise living units, a shift in movement control (MC), or other special functions. Specific duties are outlined in the SDSO duty

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statement.

Senior Detention Services Officer-(Sr. DSO) /Deputy Probation Officer II (DPO II)

The Sr. DSO/DPO II serves as the shift leader within a building/unit and directs the staff in their daily routines. The Sr. DSO/DPO II also completes various reports and refers all incidents requiring further action to the supervisor (see Sr. DSO/DPO II Duty Statement). A Sr. DSO is assigned to the senior desk in Movement Control under the direction of the unit SDSO or OD to assist in the operations of the facility.

Services Director

The Services Director is a staff member of the Management Services Bureau. The Services Director is responsible for the functional operation of the facilities, including the overall physical plant and any services/programs necessary to effect sound fiscal management and record keeping. The Services Director completes weekly audits of laundry, kitchen, warehouse services, grounds, maintenance, and equipment/supplies.

Ancillary Functions

The following ancillary functions are not part of the chain of command but are part of the organizational structure of the facility.

- **School Program:** The school program is an integral part of the care and treatment component within the facilities. It is under the control and supervision of the Los Angeles County Juvenile Court and Community Schools.
- **Medical/Mental Health Services:** Medical and Mental Health services at the facilities are the responsibility of the Health Services and Mental Health Departments. Medical/Psychological/Psychiatric personnel include doctors, psychiatrists, psychologists, dentists, social workers, nurses, and paramedical personnel.

Officer Responsibilities

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).

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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.

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.

Operational Chart

The Superintendent/Director or the authorized designee should ensure that an operational chart identifying the chain of command is developed and updated.

General Agency Responsibilities

The Los Angeles County Probation Department is one of several agencies that comprise the juvenile justice system, and our facilities address an important role of keeping youth safe when they cannot be placed in a non-secure setting. The Los Angeles County Probation 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 COUNTY INSPECTIONS OF BUILDINGS AND GROUNDS

SYTF facility manager shall comply with obtaining annual documented inspections and evaluations. The required documented inspections and evaluations are as follows:

- County building inspector or person designated by the Board of Supervisors to approve building safety.
- Fire authority having jurisdiction, including a fire clearance as required

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by Health and Safety Code Section 13146.1(a) and (b).

- Local health officer inspection in accordance with Health and Safety Code Section 101045.
- The county Superintendent of school's evaluation on the adequacy of education services and facilities as required by California Code of Regulations (CCR), Title 15, Section 1370.
- Juvenile court inspection as required by Section 209 of the Welfare and Institutions Code (WIC) and Probation Oversight Commission as required by WIC Section 240.

(Meets standards set forth in Title 15, Section 1313)

Documentation of Inspections and Evaluations

Facility managers will provide the Chief Probation Officer with a copy of the inspections and evaluations listed above within ten (10) working days after receiving them from inspectors.

Facility managers will retain a copy of the inspections and evaluations at the facility and make them available to BSCC staff upon request.

204 APPOINTMENTS AND QUALIFICATIONS

The Probation Department shall abide by staffing standards as set forth in Title 15, Section 1320 (BSCC).

Staff Qualifications

The Probation Department shall:

- Recruit and hire staff 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).
- Adhere to the minimum standards for the selection and training requirements adopted by the BSCC pursuant to section 6035 of the Penal Code.

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- Conduct a criminal records review and psychological examination in accordance with Section 1031 of the Government Code.

Section 832 Penal Code Requirement

Before exercising any peace officer powers, officers must successfully complete the training requirements of Penal Code Section 832.

Contract personnel, volunteers, and other non-staff members 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 a staff member is on part-time or on-call status.

(Meets standards set forth in Title 15, Section 1320)

205 YOUTH SUPERVISION STAFF ORIENTATION AND TRAINING

Juvenile supervision staff shall receive orientation and progressive levels of training, which dictates the level of supervision responsibility.

Training Required Prior to Assuming Any Responsibilities

Before assuming any responsibilities, staff shall receive training in the following areas:

- Youth supervision duties.
- The scope of decisions they shall make,
- The identity of their supervisor.
- The identity of persons who are responsible to them.
- Persons to contact for decisions that are beyond their responsibility.
- Ethical responsibilities.

(Meets standards set forth in Title 15 Section 1322 (a))

Training Required Prior to Assuming Juvenile Supervision Responsibilities

Before assuming supervision responsibilities, the facility manager shall ensure

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staff receive a minimum of 40 hours of facility-specific orientation training. This should include, but not be limited to, the following areas:

- Individual and group supervision techniques.
- Regulations and policies relating to discipline and rights of youth pursuant to law and the provisions of Title 15 Section 1322.
- Basic health, sanitation, and safety measures.
- Suicide prevention and response to suicide attempts.
- Policies regarding the use of force, de-escalation techniques, chemical agents, mechanical and physical restraints.
- Emergency procedures.
- Routine security measures, including facility perimeter and grounds.
- Crisis intervention and referrals for mental health services.
- Documentation.
- Fire/life safety training.
- Review of policies and procedures referencing trauma and trauma-informed approaches that reflect respectful and humane engagement with youth, culturally relevant approaches, and responsiveness to the language and literacy needs of youth.
- PREA and policies related to the prohibition of sexual abuse (including prevention, detection, responding to, and provisions for reporting).

Training Required Prior to Assuming Primary Responsibility for Juvenile Supervision

Primary responsibility is the ability to independently supervise one or more youth.

The facility manager shall ensure successful completion of the requirements of the Juvenile Corrections Officer Core Course pursuant to Penal Code Section 6035 before a youth supervision staff member assumes sole supervision of the youth.

(Meets standards set forth in Title 15, Section 1322 (b)(c)(d))

206 STAFFING REQUIREMENTS AND RATIOS¹

¹ Prison Rape Elimination Act (PREA) Juvenile Facility Standards § 115.313(c)

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The Superintendent/Director or the authorized designee shall ensure an adequate number of staff members 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 an insufficient number of staff on duty, absent exigent circumstances.

Administrative Responsibilities:²

The facility shall:

- Produce a monthly schedule that identifies OD or the lead DPO II to be responsible for the operation and activities of the unit during each shift. This person shall possess appropriate decision-making skills, have the ability to respond appropriately to emergencies, and shall maintain facility staffing levels according to this Policy (see below).
- 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 (1) staff member present in each unit whenever youth there are youth in the unit.
- Have sufficient food service personnel relative to the number and security of living units, including staff qualified and available to plan menus meeting 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.
- During the hours that youth are awake, one (1) wide-awake youth supervision staff member is on duty for each of eight (8) youth in detention.
- During the hours that youth are confined to their room for the purpose of sleeping, one (1) wide-awake youth supervision staff member is on duty for each sixteen (16) youth in detention.

² Board of State and Community Corrections (BSCC) Title 15 Minimum Standards for Juvenile Facilities § 1321 (a- h)

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- The use of intercoms or video monitoring does not replace the presence of staff.
- 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.
- Exceptions are only allowed during limited and discrete exigent circumstances, which shall be fully documented.
- At least two (2) wide-awake youth supervision staff members must be on duty at all times, regardless of the number of youth in detention, unless an arrangement has been made for backup support services which allow for immediate response to emergencies.
- At least one (1) youth supervision staff member must be on duty who is the same gender as the youth housed in the facility.
- Personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen, or maintenance shall not be classified as youth supervision staff positions. Only youth supervision staff shall be included in these ratios.

Fire and Life Safety³

Whenever there is a youth in a juvenile facility, there shall be at least one (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:

- 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

³ BSCC Title 15 Minimum Standards for Juvenile Facilities § 1323

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them during an emergency.

- The training listed in this section should be part of the 40-hour orientation training.

Youth/Staff Ratio – Special Purpose, Enhanced Supervision Unit

- During the waking hours of 6:00 AM – 10:00 PM, one (1) wide-awake youth supervision staff member must be on duty for each eight (8) youth in detention.
- During sleeping hours from 10:00 PM – 6:00 AM, one (1) wide-awake youth supervision staff member must be on duty for each sixteen (16) youth in detention.
- Exceptions are only allowed during limited and discrete exigent circumstances, which shall be fully documented.
- At least two (2) wide-awake youth supervision staff members must be on duty at all times, regardless of the number of youth in detention, unless an arrangement has been made for backup support services which allow for immediate response to emergencies.
- At least one (1) youth supervision staff member on duty who is the same gender as the youth housed in the facility.
- Personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen, or maintenance shall not be classified as youth supervision staff positions. Only youth supervision staff shall be included in these ratios.

207 GENERAL STAFF RESPONSIBILITIES

In addition to the specific duties dictated by their assignments, all staff members are responsible for a number of general duties. During their initial orientation and training, staff are advised that these duties include, but are not limited to, the following:

- Maintaining order.
- Creating and maintaining a safe and secure setting.
- Protecting the community by preventing escapes.
- Conducting all unit operations in accordance with the standards set forth

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in the facility's Developmental Stage System (DSS) and Behavior Management Program (BMP).

- Ensuring the proper locking of all doors.
- Immediate reporting of any security breaches to the OD, SDPO or Residential Supervisor (RS) Supervisor.
- Protecting youth from physical, sexual, psychological, or verbal abuse.
- Promoting and modeling pro-social skills and behavior.
- Protecting youth from self-injury or suicide.
- Protecting youth from fires and other disasters.
- Taking appropriate action when a youth becomes ill or injured.
- Tending to the basic needs of youth.
- Ensure availability of appropriate counseling and casework services for all youth that include:
 - Ensuring the youth will receive assistance with needs or concerns that may arise.
 - Ensuring youth will receive assistance in requesting contact with parents, other supportive adults, attorneys, clergy, probation officer, or other public official.
 - Ensuring the youth will be provided access to available resources to meet the youth's needs.

(Meets standards set forth in Title 15, Section 1356)

- Protecting County property from damage or destruction.
- Complying with all policies relating to the confidentiality of youth's records.
- Completing all mandatory and requested reports and records.
- Treating the public with courtesy at all times.
- Maintaining proper hygiene and sanitation in the facility/unit.
- Treat each youth utilizing culturally responsive and trauma-informed approaches.

Culturally responsive approaches: Staff consider the diverse population of the

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facility with regard to race, language, ethnicity, sexual orientation, gender, gender expression, immigration status, and values.

Trauma-informed approaches: Approaches that ensure all parties involved recognize and respond appropriately to the impact of traumatic stress and ensure the physical and psychological safety of all youth, family members, and staff.

- **Trauma:** an experience that causes an intense physical and psychological stress reaction. 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-informed care:** organizational structure and system framework that involves understanding, recognizing, and responding to traumatic stress reactions and the effects of all types of trauma. Trauma-informed care also emphasizes raising awareness and providing resources about trauma and the impact of trauma on youth, family members, and staff.
- **Trauma reminder:** something that reminds youth 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.

A trauma-informed staff will incorporate the following when interacting with youth:

- **Youth empowerment:** Using individuals' strengths to empower them in the development of their case plan.
- **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 IBMP/MDT planning/process.
- **Safety:** Developing services and activities that ensure youth's physical and emotional safety.
- **Trustworthiness:** Creating clear expectations with youth about what proposed services/treatments entail, who will provide services, and services delivery.

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(Meets standards set forth in Title 15, Section 1324 (h))

208 DUTY STATEMENT- SUPERVISING DEPUTY PROBATION OFFICER (SDPO)/RS SUPERVISOR

The SDPO reports to the facility Director or the Assistant Director and supervises the work of DPO IIs, DPO Is, and GSNs on a specific shift. RS Supervisor is responsible for the movement of youth admitted into and released from the facility and ensuring that their staff maintains the facility's security. The SDPO carries out the duties and responsibilities of the facility Director when the latter is away from the site.

General duties include, but are not limited to:(15 CCR 321(c))

- Overseeing staff members to ensure daily operations pursuant to Departmental policies and procedures.
- Provide guidance, correction, and discipline to staff.
- Communicate with program providers to ensure strategic implementation of programs.
- Prepare correspondence and supervise the maintenance of necessary records.
- Shall contact the Assistant Director in the absence of Director-level staff.
- In the absence of building supervisors or Directors, initiate investigations when necessary and notify the Bureau Chief, Senior Director, Assistant Director, and Director when appropriate.

209 DUTY STATEMENT – SUPERVISING DETENTION SERVICES OFFICER (SDSO)

SDSOs (also referred to as supervisors and building supervisors) report to a facility Director and are assigned to supervise living units, a shift in MC, or other special functions. They ensure that staff maintain proper control and security of both youth and the facility/unit, and that staff adhere to the facility's operational policies and procedures. MC supervisors are responsible for the movement of youth admitted into and released from the facility and ensuring that their staff maintains the facility's security.

The SDSO's duties include the following:

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- Instructing and training staff in individual and group control techniques, housekeeping, recreation, safety, security precautions, and all other operational policies and procedures.
- Ensuring that staff are in compliance with training requirements.
- Completing performance evaluations in a timely manner.
- Imposing appropriate disciplinary and correction actions as required and referring matters beyond the scope of their authority to the Director.
- Ensuring that staff maintain accurate and timely charting and record keeping.
- Reviewing all logs daily for content, accuracy, and completeness.
- Maintenance of individual youth's records.
- Supply information to the juvenile court and those authorized by the court or by the law.
- Release of information regarding youth.
- Assigning duties for all staff under their control.
- Ensuring completion of a monthly schedule to provide post coverage.
- Monitoring staff attendance and punctuality and taking corrective action when necessary.
- Completing all required reports, including, but not limited to, the absence report, overtime report, monthly report, and worker/supervisor conferences.
- Ensuring that all involved staff submit *Special Incident Reports (SIRs)* and oleoresin capsicum (OC) debriefing reports for review and approval.
- Maintaining liaison with other units, services, and functions within the facility.
- Notifying staff in writing when they are subject to an administrative investigation and, upon completion of the investigation, providing appropriate staff with written notification of the outcome.
- Thoroughly investigating and reporting immediately incidents involving staff or youth.
- Maintaining a safe and secure environment for staff and youth.
- Maintaining a file of past bed charts for 365 days.

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- Ensuring the proper storage of supplies and equipment.
- Reviewing subordinate staff members' performance through a formal written conference on a regular basis (monthly for probationary staff and quarterly for permanent staff).
- Conducting monthly building or shift meetings.
- Reviewing all HOPE Center referrals daily and conducting major disciplinary action hearings as necessary.
- Maintaining an accurate inventory of fixed assets in the building.
- Ensuring that appropriate amounts of cleaning, linen, and recreation supplies are properly ordered and maintained and that all excess amounts are returned to General Services.
- Ensuring that all potentially Toxic or flammable materials are properly stored and inaccessible to youth.
- Maintaining appropriate housekeeping and maintenance procedures.

Additional Duties for the OD/ RS Supervisor

In addition to those responsibilities outlined above, the OD/RS Supervisor has the following additional duties:

- Coordinate the movement of populations between facilities.
- Assign staff to buildings according to their skill levels, job experience, bilingual capabilities, and facility needs.
- Review and approve all releases.
- Review all detain/release orders and initiate appropriate action specific to court instructions.
- When necessary, handles contacts with police, field deputy probation officers (DPOs), and others having official business in the facility/
- Act for the Superintendent in the absence of Director-level staff.
- Conduct or assign staff to conduct security rounds of the facility.
- Ensure that security inspections are documented in the OD log at the BJN SYTF and shift condition reports, and safety check sheets at Dorothy Kirby Center.

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- In the absence of building supervisors or Directors, initiate investigations when necessary and notify the Bureau Chief, Superintendent, Senior Director, Assistant Superintendent, Assistant Director, Director, building supervisor, and/or parents when appropriate.
- In the absence of the building supervisor, review and approve all SIR and OC debriefing reports.

OD/RS Supervisor Responsibilities for Reports Prepared by Transportation Deputies

All Special Incident Reports (SIR) and Physical Intervention Reports (PIR) prepared by Transportation Deputies in response to an incident that has occurred or is necessitated by the policy shall be reviewed, approved, and signed by the on-duty OD/RS Supervisor at a facility upon presentation by Transportation Deputies.

When Transportation Deputies are required to prepare a Special Incident Report (SIR) or a Physical Intervention Report (PIR) in response to an incident which has occurred or is necessitated by policy, the following guidelines shall be adhered to:

At the conclusion of the incident, or upon determining that an SIR or PIR must be completed, the Transportation Deputy shall immediately contact the Transportation Dispatcher and advise the Dispatcher of the need to complete an SIR or PIR before initiating the report.

The Transportation Dispatcher shall note the name of the youth and Transportation Deputy(ies) involved in the incident, as well as the date, time, nature, location, type of report (*SIR* or *PIR*), and any injuries received in the incident on the Transportation Dispatcher's Incident Report Log. This log shall also note the date and time the call was received by the Transportation Dispatcher and the name of the Transportation Deputy reporting the incident. A separate log sheet shall be maintained for each day of the month. The daily log sheet shall be maintained in a file in the Transportation Director's office.

As appropriate and necessary, the Transportation Dispatcher shall notify the Transportation Division Director of critical incidents which may necessitate the presence of a Supervising Transportation Deputy or the Transportation Director to the location.

The Transportation Deputy shall complete the incident report (*SIR* or *PIR*). Immediately upon arrival at the next facility delivery point after the incident has

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occurred, the Transportation Deputy shall advise the OD/RS Supervisor of the incident's occurrence and shall be responsible for having any youth who: 1) were involved in a physical altercation (fight or physical restraint situation); 2) engaged in self-injurious activities; 3) sustained injuries in any other manner; 4) alleged illness of any kind; or 5) alleged sexual contact or assault, assessed by nursing staff at that facility.

If a youth is seriously injured while in the custody of the Transportation Deputies and requires immediate medical attention and medical staff is not on site, the Transportation Deputies should call for paramedic assistance to assess and treat the youth. After being treated by paramedics and/or being treated at a local hospital, the youth should be seen by nursing staff at the facility upon return to the facility.

Nursing staff shall document any observed injuries and treatments provided in the appropriate areas on the *SIR* or *PIR* upon presentation.

After completing the *SIR* or *PIR* and obtaining documentation from nursing staff, if any is needed, the Transportation Deputy shall present the *SIR* or *PIR* to the OD/ RS Supervisor for review, approval, and signature.

The OD/ RS Supervisor shall review, approve, and sign the *SIR* or *PIR* and provide a copy of the *PIR* to the Transportation Deputy.

The OD/ RS Supervisor is authorized to instruct the Transportation Deputy to correct, rewrite, and/or amend the *SIR* or *PIR* as necessary prior to approving it.

The OD/ RS Supervisor Officer of the Day shall retain the original copy of the *SIR* or *PIR* and ensure it is distributed as required at the facility. If necessary, the OD/RS Supervisor Officer of the Day shall ensure that copies of any *SIRs* or *PIRs* that should also go to another facility are faxed to that facility. A note regarding the faxing of the *SIR* to another facility shall be affixed to the comments section of the *SIR* or *PIR* for administrative purposes.

The Transportation Deputy, after receiving their approved copy from the OD/RS Supervisor, shall immediately email a scanned copy and/or fax a copy of the *SIR* or *PIR* to the Transportation Dispatcher.

The Transportation Dispatcher shall receive a copy of the *SIR* or *PIR* and ensure copies are provided to all Supervising Transportation Deputies, the Transportation

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Division Director, and any other required areas within the Transportation Division offices.

The Transportation Dispatcher shall also affix a copy of the *SIRs* or *PIRs* received to the Transportation Dispatcher's Incident Report Log sheet for that day.

The Transportation Dispatcher shall conduct an audit of the log at the end of each business day and ensure that all required emailed or faxed copies of *SIRs* or *PIRs* have been received and attached to the Transportation Dispatcher's Incident Report Log sheet for that day.

If any *SIRs* or *PIRs* are not accounted for, the Transportation Dispatcher shall contact the involved Transportation Deputy(ies) and instruct them to provide the required documents.

The only exception to the above OD/RS Supervisor signature requirements is for those incidents that occur and only pertain to Transportation Division issues, which do not involve youth. In these instances, only a Supervising Transportation Deputy may sign the *SIR*. This incident shall be added to the *Transportation Dispatcher's Incident Report Log* sheet, and a copy of the *SIR* affixed to the log.

The Transportation Director shall assign a Supervising Transportation Deputy to monitor this process on both a daily and monthly basis. The Transportation Division Director shall ensure all requirements of this Directive are implemented and adhered to.

210 DUTY STATEMENT – SENIOR DETENTION SERVICES OFFICER (SR. DSO)

Under the direction of an SDSO, the Sr. DSO serves as a lead staff member of either a pair of adjoining units or a single special function unit. The Sr. DSO exercises immediate responsibility for the units' program and operation, coordinating daily routines and recreational activities. The Sr. DSO employs group discussions to promote constructive social attitudes while helping individual youth make better adjustments in detention. They also advise, observe, plan, and coordinate the work of subordinate staff and serve as the team leader.

Additional duties include the following:

- Ensure that every youth assigned to the unit is accounted for on a continuous basis throughout the shift, immediately reporting any discrepancies to the OD/RS Supervisor.

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- Ensure that staff conducts safety checks at minimum 15-minute random or varied intervals during hours when youth are asleep when youth are in their rooms or confined in holding rooms.
- Ensure that doors to youth's rooms are locked at all times.
- Plan and conduct recreational activities, such as athletic games, indoor programs, and arts and crafts.
- Organize and direct daily routines, such as housekeeping, meals, showers, and clothing issuance.
- Ensure an accurate meal count.
- Assist line staff in discussions with youth who manifest exceptional problems or who have created disturbances in the unit.
- Record significant information derived from observation or discussion with individual youth. Transmits pertinent information, when needed, to the Field DPO, clinic, and/or courts through reports, memos, or personal consultation.
- Consult with SDSO or OD for the decision to transfer a youth to the HOPE Center or to take other corrective measures in situations where such action is required. Ensures that all youth in the HOPE Center are interviewed prior to returning to a building.
- Maintain the Sr. DSO's log, recording all significant activities or events occurring on the shift. Ensures that each board DSO records the same information in the unit log.
- Refer problems to the mental health clinic that appear to require such attention and consult with clinic staff about special handling situations.
- Conduct a shift policy and procedures debriefing at the beginning of each shift with subordinate staff regarding such items as emergencies, errors, transmission of information, and behavior problems. Topics included in this debriefing include youth exhibiting traumatic, emotional, and behavioral problems, emergencies, security concerns, population/board management, unit activities, and transmission of information.
- Inspect units, paying special attention to maintaining proper standards of cleanliness and observing security precautions. Ensures maintenance of proper hygiene and sanitation standards through daily housekeeping operations.

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- Ensure that all involved staff submit *SIRs*, *Detention Observation Reports*⁴, *OC Debriefing Reports*, and other written material review and approval.
- Confer with the building supervisor regarding professional development and progress of line staff.
- Transmit information and instructions to line staff regarding policies, programs, and procedures.
- Instruct staff in the methods and techniques for handling individual and group behavior problems.
- Assist line staff in developing professional skills through demonstration and consultation.
- Complete *Shift Condition Reports* and other required reports.
- Supervises or assigns staff to supervise clinic calls in the building.
- Supplement hallway, dayroom, and restroom supervision.
- Coordinate visiting and the use of volunteers.
- Ensure that court-ordered telephone calls are made and documented in a timely manner. Ensures that youth have access to telephones pursuant to Departmental policy.
- Ensure that shift changes are properly completed.
- Provide leadership and direction by remaining with the unit(s) and line staff unless specifically instructed otherwise.
- Complete a daily audit to ensure that there is a permanent behavior chart on each youth assigned to the building (temporary records should be replaced with permanent charts within five days).
- Ensure on a daily basis that behavior files belonging to youth no longer assigned to the building (either moved or released from court) are forwarded to clerical admissions staff for handling.
- Review and initials the *Utility Room Inventory Check Sheet* for completeness and accuracy⁵.
- Ensure that youth are not deprived of the ability to make restroom calls, that requested calls are granted as soon as possible, and that restroom

⁴ Applicable to staff at BJN only.

⁵ Applicable to BJN staff only.

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calls for youth confined to their rooms are logged (name of youth, time of the request, and time request was granted).

Additional Duties for the Movement Control

In addition to those responsibilities outlined above, the Sr. DSO assigned to movement control has the following additional duties:

- Review all releases prior to forwarding them to the SDSO (OD) for final review.
- Record in the recreation logbook the start/stop times for each unit's recreation period, noting the type of recreational activity performed⁶.
- Complete facility security tours, conduct a physical count of all youth in the facility, and account for the physical presence of youth assigned outside the facility (e.g., at hospitals).
- Record and assign (or assign staff) 30-minute call-in checks, immediately notifying the OD of any discrepancies.
- Coordinate breaks for the 10 PM–6 AM staff.

211 DUTY STATEMENT DEPUTY PROBATION OFFICE R II (DPO II)

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

- Psychological, social, and cultural factors that 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

⁶ Applicable to BJN staff only.

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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 facility operations.
- Serving as a training officer.
- Providing treatment and counseling services.
- Conducting small group interventions and workshops.
- All duties listed for DPO I.

212 DUTY STATEMENT – DEPUTY PROBATION OFFICER I (DPO I)

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, probation staff, court, law enforcement personnel, and community groups. 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.

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- Providing individual and group crisis intervention.
- Ensuring that youth's health needs are met, and personal appearances are adequate.
- Conducting small group interventions and workshops.
- Maintaining PCMS case notes.
- Preparing petitions and court reports, as well as maintaining case records and logbooks.

213 DUTY STATEMENT – DETENTION SERVICES OFFICER (DSO)

The DSO supervises groups of youth, generally during one of two shifts (6 AM to 2 PM or 2 –10 PM.). The DSO's primary responsibility is to supervise youth during scheduled activities and movements. DSOs may be assigned to a unit, field post, or other position in the facility.

Duties of the Board DSO at BJN SYTF and DPO II at Dorothy Kirby Center

During each shift, one DSO is scheduled as the board DSO, who is responsible for running the activities in the unit. Duties for the board DSO include the following:

- Immediately advises the Sr. DSO/DPO II of any population count discrepancy.
- Prepare various reports (e.g., *Detention Observation Reports*, nurse's clinic lists, *SIRs*, *Mental Health Referrals*, *OC Debriefing Reports*).
- Help youth adjust to the requirements of group living and assist with their personal problems.
- Ensure that the following daily staff responsibilities are completed:
 - Every youth assigned to the unit is accounted for at all times throughout the shift and immediately reports any discrepancies to the Sr. DSO/RS Supervisor.
 - All youth not in their rooms are under the direct visual supervision of staff at all times.
 - Doors to youth's rooms are locked at all times.
 - Youth are neatly dressed and well-groomed each morning.
 - Appropriate clothing is issued.

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- All beds are made.
- The unit is neat and clean.
- Proper dining room procedures are followed.
- Youth are checked in and out of school.
- The Population and Grade Sheet is updated to reflect the current status and location of all youth.
- Youth are structured before and after each activity and movement.
- New bed charts are prepared each day.
- An inventory check of the utility room is conducted, and the Sr. DSO/DPO II is advised of any discrepancy so that an investigation can commence.
- Property Damage Reports are properly prepared, control is maintained, and appropriate action is taken.
- The unit log is maintained, recording observations of unusual behaviors or attitudes of youth and significant activities and events occurring during the shift.
- Youth are not deprived of the ability to make restroom calls; requested restroom calls are granted as soon as possible, and all restroom calls for youth confined to their rooms are properly logged (by name of youth, time of request, and time request was granted).

Security Checks

The DSO at the BJN SYTF and designated DPOs at Dorothy Kirby Center conduct a number of security checks prior to accepting the unit from the previous shift staff, including the following:

- Ensure all doors are locked, with the exception of the office doors and any door that is required to remain open for supervision purposes. All windows and window screens shall be visually checked, and all obstructions removed (clothing, towels, bed linens, papers, etc.).
- Secure and report any hazardous condition to the Sr. DSO/SDPO, such as broken windows, kitchen utensils, soda cans, pieces of metal, balls, bats, and any other potentially dangerous objects.

ADMINISTRATION, ORGANIZATION, AND MANAGEMENT**214 DUTY STATEMENT – GROUP SUPERVISOR NIGHTS (GSN)**

GSNs either supervise units, generally between the hours of 10 PM and 6 AM. Their main responsibility is to ensure the safety of the youth and the security of the facility/unit during nighttime hours.

General Duties

Duties for the GSN include, but are not limited to, the following:

- Consulting, at the beginning of the shift, with outgoing staff about the general condition of the unit and any unusual circumstances, immediately sharing significant information with the OD or Sr. DSO/RS Supervisor and recording such information in the youth's behavior chart, Probation Case Management System (PCMS), or the unit logbook.
- Ensuring that the board DSO at BJN SYTF and designated staff at Dorothy Kirby Center from the previous shift have prepared a new bed chart.
- Reviewing the unit logbook and behavior chart of any youth requiring special attention.
- Setting the building clock or personal timepiece by calling MC by 10:30 PM to obtain standard time⁷.
- Updating Inventory Control Logs for the utility room and recreational equipment, dating and initialing the entries made.
- Completing necessary paperwork and recordings at the designated supervision posts, tallying the merit ladder logs, and completing the *Unit Population* and *Grade Sheet* reports no later than 12:01 AM
- Conducting population counts every fifteen (15) minutes, at a minimum. This includes the following actions:
 - Visually observe the physical presence of each youth during the initial safety check.
 - Verify that youth are in their assigned rooms and that part of the body is uncovered and in view.
 - If in doubt as to the physical presence of the youth, knock on the door to elicit movement. If there is no movement, request

⁷ Applicable to BJN staff only.

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assistance from backup staff (including MC, if necessary).

- Upon arrival of backup staff, enter the room to make a closer check.
- Account for all youth listed on the Unit Population and Grade Sheet report.

Security Checks

GSNs must conduct security checks prior to accepting the unit from outgoing staff, including the following:

- Ensure all doors are locked, with the exception of office doors and any door that must remain open for supervision purposes.
- Inspect all windows and window screens, removing all obstructions (such as clothing, bed linens, papers, etc.).
- Account for all clothing and shoes, including laces.
- Confirm that all lights are functioning properly, including the night light in each room as well as the lights on the outside of the building. Submit a work order for non-functioning lights after verifying that a work order has not previously been submitted.
- Secure and report any hazardous condition to the MC supervisor, Sr. DSO, or RS supervisor, such as broken windows, kitchen utensils, soda cans, pieces of metal, balls, bats, or any other potentially dangerous objects.

Safety Checks

GSNs shall conduct regular safety checks pursuant to Safety Check policies and procedures. (See the Safety Check policy).

GSNs at BJN SYTF shall report the conditions of the unit to MC every half hour, beginning at 10:30 PM⁸.

Restroom Calls

The GSN shall respond to all requests for restroom calls as soon as possible. Youth shall not intentionally be deprived of the ability to make restroom calls, and

⁸ Applicable to BJN staff only.

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requests shall be granted as soon as possible. All restroom calls shall be logged by the name of the youth, the time of the request, the time the request was granted, and the granting staff's initials. However, safety checks, which are a security measure, take precedence. Numerous requests may be a sign of restlessness, and in such instances, the GSN shall notify the MC Supervisor/RS Supervisor.

Night Safety Procedures While Interacting with Youth

From time to time during the shift, the GSN may need to respond to a youth who is sleeping in their locked room. In order to ensure the safety of both youth and staff during nighttime sleeping hours, GSN shall adhere to the following procedures when the need arises to interact with youth:

- Should the door to a youth's room need to be opened, one staff member may only open the door if another staff member can see this activity while *standing* next to the emergency call button/phone in the staff office. Should an emergent situation develop, the GSN in the staff office shall call for help.
- Once the youth has stepped out of the room, immediately close and lock the door. Escort the youth down the hallway. When returning the youth to their room, one staff member shall accompany the youth and immediately lock the door once the youth is inside.
- Only one youth may be out of their room at a time.
- Staff shall keep all conversations with youth to a minimum. Be brief in answering any questions, as staff should be suspicious when a youth attempts to engage in a prolonged conversation.
- Notify the MC/RS Supervisor immediately if a youth appears upset or is in need of more extensive attention.
- Do not engage in any activity that will compromise or reduce the level of alertness required.

Duty Stations

GSNs are expected to remain at their duty stations unless on an authorized break, conducting safety checks, or monitoring a restroom call. Staff assigned to a building wing or dayroom shall be posted in those areas, not in the building office. Further, staff shall not use offices in the units for breaks⁹.

⁹ Applicable to BJN staff only.

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Staff shall be posted in duty stations as follows¹⁰:

- In buildings with three (3) staff members, one (1) shall be posted at the desk, and the other two (2) staff members shall be where they can see the entire area.
- Additional staff may be assigned to watch youth who are sleeping in a dayroom. However, staff monitoring the unit may be required to monitor the dayroom as well. MC shall assign staff, as available, to meet the demands of the facility.

Alertness

GSNs must remain alert at all times. Under no circumstances are staff allowed to sleep on duty or otherwise allow their level of alertness to be compromised. The following behaviors indicate that staff are not sufficiently alert and are prohibited:

- Closing eyes or wearing items that obscure staff's view, such as wearing certain hats or non-prescription sunglasses. Papers or books shall not obscure the staff member's view.
- Failing to clearly acknowledge the presence of a supervisor or Sr. DSO.
- Bobbing or nodding of the head.
- Failing to respond to audible sounds within the unit.

Rest Periods/Breaks

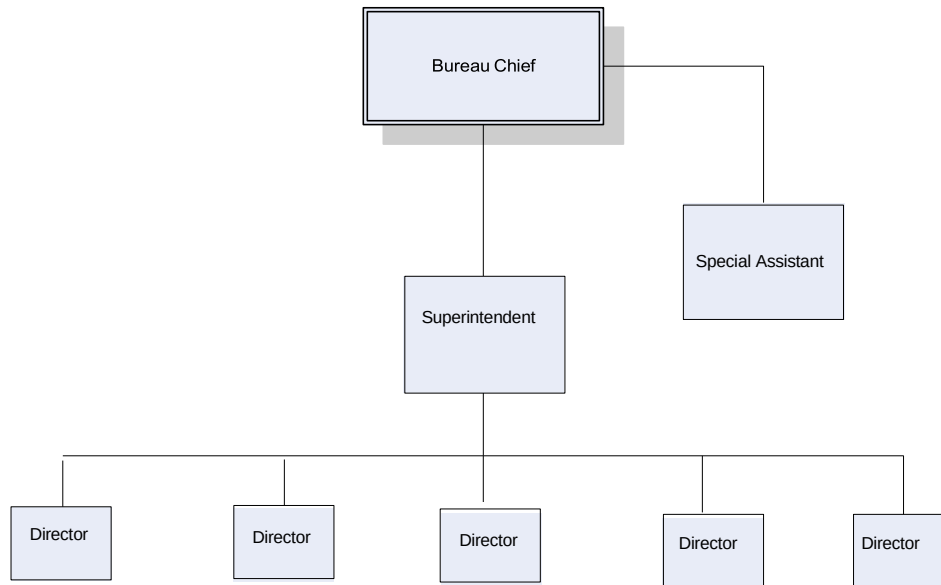
During approved break periods, staff shall adhere to the following procedures:

- Staff shall take breaks in the MC office or the staff dining room unless otherwise approved by the OD¹¹.
- Staff shall not leave the facility.
- Staff shall not take breaks in other units.

Should staff feel the need to break other than at the assigned time, or should staff need an additional break, MC/RS must be contacted. While the administration will work to accommodate such a request, granting such a request is contingent upon the needs of the facility.

¹⁰ Applicable to BJN staff only.

¹¹ Applicable to BJN staff only.

ADMINISTRATION, ORGANIZATION, AND MANAGEMENT**215 ORGANIZATIONAL CHART**

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) MOVEMENT CONTROL	Section Number: SYTF-300
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) MOVEMENT CONTROL	Section Number: SYTF-300
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301 INTRODUCTION

Movement Control (MC) at the BJN SYTF and Residential Supervisor (RS) unit at Dorothy Kirby Center are the operations center of the facility. This section addressed the duties and responsibilities of staff assigned to this area.

302 GENERAL DUTIES OF THE MOVEMENT CONTROL/RS UNIT

Officer of the Day (OD)/RS Supervisor: An MC/RS supervisor is on duty at all times (24 hours a day, 7 days a week). The MC/RS supervisor handles all operational problems, urgent or routine when other supervisors and administrative staff are not on duty.

Staffing: The OD/RS Supervisor is responsible for providing facility staffing as follows:

- To ensure that staffing is in compliance.
- When previously scheduled staff call out absent or fail to appear for their shift, the OD/RS Supervisor is responsible for keeping accurate records of all calls, finding replacement staff, and deploying them appropriately.
- The OD/RS Supervisor is responsible for instituting a system to ensure that at least one of the staff assigned to a unit is the same gender as the youth within that unit.

Security: Security staff members from the MC/RS Unit are assigned to each shift. They are responsible for the following:

- Supervising specified areas of the facility to prevent and apprehend youth attempting to escape.

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- Assisting unit staff in providing safe and secure movement of youth within the facility.
- Providing backup unit supervision as required. Conducting regular security inspections both inside and outside the facility perimeters

Emergencies: MC/RS is responsible for the coordination of staff and resources in major institutional emergencies, including natural disasters.

Court Movements: MC/RS shall coordinate the timely movement of youth attending court and provide supervision of these youth as appropriate. MC/RS staff shall work in conjunction with medical personnel to identify court youth requiring medication and ensure the medication is administered as prescribed. They are also responsible for locating suitable youth for line-ups, and they may conduct line-ups at the direction of the courts or police agencies.

Movement of Youth Outside the Facility: MC/RS staff shall coordinate the movement of youth outside the facility to other facilities, such as, court, outside appointment, or hospital.

The movement coordinator at each juvenile facility shall ensure that youth who require special handling pursuant to existing policies and procedures are clearly identified on transmittals provided by the transportation deputies so that appropriate seating and supervision can be initiated. In addition, the movement coordinator shall provide notices to the transportation dispatcher in advance whenever it is known that a youth scheduled for transportation fits the criteria for special handling consideration.

Upon arrival at each destination, for youth who meet the above criteria, the transportation deputy shall advise the appropriate staff at the receiving facility of the arrival of youth requiring special handling consideration so that the proper housing and supervision can be initiated for the youth.

School, Medical, and Mental Health Movements: Youth who have been identified as medical, mental health, school, or court holds shall not be transferred between facilities unless approved by the superintendent/ Director or the authorized designee. Youth shall only be transferred between facilities for court appointments, medical appointments, or housing needs.

If a youth is approved for transfer by the superintendent/Director or the authorized designee, the movement coordinator shall notify the agency that previously

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requested the hold and indicate the reason for the transfer.

Coordination of Arrangements for Overflow Youth: MC/RS shall take a count of the facility population each evening and assign excess youth to available bed space. MC/RS shall coordinate the movement of these youth.

Graveyard Shift (10 PM to 6 AM): All staff working the graveyard shift are under the direct supervision of MC/RS. Staff are responsible for providing alert supervision, care, and control of all youth in the facility.

Visiting: MC/RS shall coordinate all visits in the facility.

Admission and Release of Youth: MC/RS Staff shall process all youth coming into and leaving the facility.

303 FIELD POST COVERAGE

Field post coverage is a vital part of the overall facility security program. MC/RS is responsible for arranging this coverage.

Field Staff Responsibilities at BJN SYTF

Field posts normally operate between 6 AM and 10 PM unless the OD changes the operating hours. No one other than the OD can instruct that a field post be closed down. When assigned to a field post, staff shall:

- Receive field post assignments and any special instructions from the Senior Detention Services Officer (Sr. DSO) in MC.
- Check out a walkie-talkie (when appropriate), sign the Walkie-Talkie Log maintained in MC, and report immediately to the assigned field post. Staff shall seek clarification immediately if they have any questions.
- Remain at their assigned post unless specifically authorized by the Sr. DSO the OD to leave. If an emergency occurs that requires an immediate response (such as an imminent threat to the security of the facility or to the safety of youth/staff), the staff member shall contact the MC Sr. DSO as soon as possible.
- Notify MC prior to taking an authorized break and upon returning from said break. It is the responsibility of the staff member taking the break, not the relieving staff member, to make such notifications. Staff shall not

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exceed the time allotted for breaks.

- Refrain from engaging in any activity that would reduce alertness or the proper supervision of the area. Staff are not permitted to use cellular phones or personal computers, eat, read, watch TV, listen to radios or other music players, engage in lengthy conversations, or smoke while on post.
- Alert the OD of any group supervision problems during movements, activities on the recreation fields, or any suspicious activity.
- Report any security hazards, including workmen and equipment in close proximity to walls or buildings, and take appropriate follow-up action.
- Remain at the assigned post at shift change until properly relieved. The field post areas are to be left neat and secure at each shift change.
- Return the walkie-talkie to the MC at the end of the shift and sign the Walkie-Talkie Log. If the relieving staff keeps and accepts responsibility for the walkie-talkie, this is to be indicated in the log.
- Check the identification of delivery people and ask what and to whom supplies or equipment are being delivered.
- Alert MC and the Management Services Office of any workman reporting for duty with heavy equipment or vehicles that shall be driven or parked inside the facility. Staff shall not allow entry until clearance is obtained from MC.

NOTE: Field posts are not to be cluttered with sheets, blankets, towels, tables, extra chairs, or any other objects or materials that could be stacked or otherwise used to compromise perimeter security. Field staff members finding these items present at a field post are to immediately notify MC to request the removal of these items. Only one chair is allowed per field post.

Post Position Coverage at Dorothy Kirby Center

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 make a head count and

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communicate the count to the outgoing board counselor. Additionally, the outgoing board counselor must articulate the location of all youth not in the living unit. The counts must match 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.

304 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. Staff shall conduct visits only in areas where their view of the visiting parties is unobstructed. Staff shall visually supervise the visit at all times. Conversations between youth and visitors shall not be monitored unless there is a clearly defined safety and security need. Under California law, communications between attorneys and clients, doctors and patients, psychotherapists and clients, clergy persons and youth, counselors, and sexual assault victims are privileged. Additionally, with respect to married youth, confidential marital communications are also privileged. Protected communications shall not be subject to auditory monitoring under any circumstances.

(Meets standards set forth in Title 15, Section 1374)

Upon youth's arrival at the juvenile facility, the youth will be asked to provide information regarding relatives such as their mother, father, legal guardian, and grandparents. Only those approved to visit are allowed into the facility. Visiting schedules in the juvenile facilities will provide ample opportunities for the family to visit with their youth.

The youth's minister, priest, rabbi, or authorized chaplain may visit the youth on weekdays with coordination from the appropriate religious coordinator.

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The following visiting requirements shall be adhered to during approved visiting hours. These strict rules and regulations are required for safety and security.

- All visits shall occur at reasonable times, subject only to the limitations necessary to maintain order, safety, and security.
- All visitors and items entering the secure facility are subject to search. The department may utilize vapor tracer units and/or narcotic detection canines to search for controlled substances.
- Family members may not 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 OD/RS Supervisor or the authorized designee will order that the visit be immediately terminated.

Visiting Hours and Instructions

- MC/RS staff shall be posted at the entrance of the facility.
- The MC DSO/RS DPO I shall have the Kardex or other appropriate information on every youth in the facility, including names of authorized visitors and the youth's current building assignment.
- Authorized visitors are given a Visiting Pass.
- Visits shall be held in the unit dayroom or other appropriate place
- Building staff shall note the arrival times of visitors in the Visitors Logbook to track and curtail visits due to overcrowding or other safety and/or security concerns.
- Facility visiting hours shall not be changed unless ordered by the court, the Superintendent/Director, or the authorized designee.
- Visitors suspected of being under the influence of drugs and/or alcohol shall be denied entrance into the facility.
- Visits may be curtailed or postponed based on the safety and security needs of the facility. This decision shall only be made by a Probation Director or the authorized designee.
- Youth shall not be confined to their rooms solely because they do not have a visit.

MOVEMENT CONTROL**General Visitation Rules**

All staff are accountable for ensuring that all visitors and youth will be required to observe the following general rules during visitation:

- Visitors must bring their current government-issued photo identification to gain entry into any juvenile facility. Acceptable forms of photo identification include a valid driver's license, valid state identification card, Department of Justice identification, passport, military identification card, an identification card issued by the Department of Immigration and Naturalization Service, identification issued by any government agency or country of origin and Certificado de Matricula Consular identification cards (honored for only 60 days from the date of issuance). The facility OD/RS Supervisor or Director can approve questionable identification cards. Photocopied, non-picture, altered, laminated, or expired identification cards will not be accepted.
- Visitors may only bring their identification and two keys on a key ring with no attachments into the facility. Keys must remain in the visitors' pockets or on their laps during visits and may not be placed on the table or in a youth's hands.
- Youth shall be allowed to receive visits by parents, guardians, or persons standing in loco parentis and grandparents. 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 regular visitation hours and do not require the facility administrator's special approval.
- Youth may be allowed "special visits" with other family members, such as adult siblings and supportive adults, with the approval of a facility administrator or as ordered by the court. These visits shall be in conjunction with the youth's case plan and in the best interest of the youth.

(Meets standards set forth in Title 15, Section 1374)

- Family therapy and professional visits will be accommodated as a "special visit" and coordinated through a facility administrator.
- Provisions for "special visits," in addition to the two-hour minimum and/or outside of the regular visiting hours, shall be accommodated as necessary and at the discretion of the facility administrator or designee. Facilities may provide visitation opportunities outside of regular visiting

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hours to accommodate "special visits".

(Meets standards set forth in Title 15, Section 1374)

- 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 (i.e., tattoos 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. Visitors will be escorted to the facility entrance if medication needs to be taken. Nitroglycerin tablets and inhalers will be allowed. Youth are not to handle or use visitors' medication.
- No provisions are to be made for childcare; children may not be left unattended.
- Visitors are not allowed to walk around during the visit. If a visitor leaves the visiting area, their visit may be terminated.
- Visitation shall not be denied solely based on the visitor's criminal history. A facility administrator 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 visitations shall be communicated to the youth, the person(s) denied, and to all facility administrators.
- Although not a replacement for in-person visiting, a facility administrator may approve access to technology as an alternative when circumstances warrant.

(Meets standards set forth in Title 15, Section 1374)

- All visitors must be appropriately dressed, and shoes must be worn at all times. Visitors wearing inappropriate clothing will be denied entry. Clothing considered inappropriate includes white t-shirts as outerwear, strapless tops, spaghetti strap tops, transparent (i.e., see-through) outfits, tank tops, short skirts or short dresses (higher than mid-thigh), shorts, halter tops, tight-fitting clothing, low-cut tops, or clothing

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exposing mid-section of the stomach, clothing bearing inappropriate messages and/or insignias, bandanas, sunglasses, hats, broaches, stickpins, open-toed shoes, or shoes with heels higher than two inches.

- Prohibited items: Food, drinks, pens, pencils, books, magazines, markers, playing cards, markers, paperclips, staples, scissors, rulers, tweezers, pointers, laser pointers, money, wallets, backpacks or fanny packs, purses, 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 for the purpose of propelling an object, ammunition, OC spray, handcuffs, handcuff keys or any object that can be used as a weapon.
- Orthopedic shoes for youth shall only be accepted if a current “medical green slip” or court order is presented with the shoes. These types of shoes are to be left at the facility entrance for verification. Verification shall not take place until after the visit is concluded. Parents, legal guardians, or grandparents are not allowed to take such shoes into the facility. Once verification is made, the shoes will be sent to the youth’s housing unit or dorm. If the shoes are unauthorized, the shoes shall be placed in the youth’s personal property. A signed and dated receipt shall be issued to the parents at the time the orthopedic shoes are received, acknowledging that the County shall not take responsibility for lost shoes.

Staff shall be professional during visiting hours and treat visitors with respect and dignity. Staff shall be courteous and compassionate to the visitors while still being assertive without criticism or judgment.

Possession of Alcohol, Drugs, and Weapons in Los Angeles County Juvenile Facilities

It is against the law to knowingly send, assist, or bring into any Los Angeles 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 also the policy of the Probation Department to forbid any person who is or is reasonably believed to be under the influence of any substance.

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Failure on the part of any visitor or support staff to observe these restrictions shall represent a violation of Probation Department policy, as well as statutory law pursuant to Penal Code (PC) Section 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 PC4574 (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.

Procedures for Found Contraband

If a visitor is found in violation of these regulations, staff shall immediately contact the OD/RS Supervisor. The visit shall be immediately terminated. Law enforcement should be contacted, and the violators should be handcuffed and held in a secured area until officers arrive. Any and all physical evidence shall be properly collected and stored per policy. Once local law enforcement arrives, the OD/RS Supervisor will provide them with all relevant information and evidence. The OD/RS Supervisor will reach out to the Superintendent/ Director or Assistant 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) to the OD/RS Supervisor. The OD/RS Supervisor shall also 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.

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.

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- 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) shall face criminal charges.
- The staff determines that the visitor's criminal history poses a safety risk.
 - A visitor shall not be denied visitation based solely on having a criminal history. The staff member shall determine on a case-by-case basis whether the visitor's criminal history poses a safety risk to youth or staff members in the juvenile institution (15 CCR 1374).

Any visitation that is denied or limited on the reasonable grounds that the visit may endanger the security of the facility shall have the actions and reasons documented. If visitation is denied or limited, the visitor, the youth, and the Superintendent/Director or the authorized designee shall be notified as soon as reasonably possible (15 CCR 1374). A copy of the documentation will be placed in the youth's file, and another copy will be forwarded to the Superintendent/Director or the authorized designee.

Family Resource Center¹

Parents, legal guardians, and grandparents are to be encouraged to visit the Family Resource Center located at each facility. The goal of the Family Resource Center is to connect youth who are being released from the SYTF with the resources that will assist them in successfully transitioning back into their communities.

305 SUPPORTIVE ADULT VISITS

“Supportive Adults” are identified by the youth and can be 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 assists in reinforcing and sustaining the psychological well-being of 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

¹ Applicable to BJN facility only.

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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.

306 VIRTUAL COMMUNICATION**Virtual Calls and Teleconferences**

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.

The process of reconnecting youth The facility manager shall ensure successful completion of the requirements of the Juvenile Corrections Officer Core Course pursuant to Penal Code Section 6035 before a youth supervision staff member assumes sole supervision of the youth. with their families is accomplished through a variety of case management supports and services that include monitored virtual calls and teleconferencing. Structured, monitored, and goal-directed virtual contact is one of the ways in which case management activities can facilitate positive communication between youth and their families in the reunification process.

Youth who 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, those individuals involved in the upbringing and care of their children.

Workstations are installed at each facility with the program ready for use for virtual court and virtual calls with families².

307 LINE-UP PROCESS**Court-Ordered Line-Ups**

Before conducting line-ups, staff members must have in their possession a court order detailing the description of the youth, including height, weight, age, ethnic origin, hair color, hair style, eye color, and distinguishing marks.

² Applicable to BJN facility only.

MOVEMENT CONTROL**Minimum Notice**

Requesting agencies should give a minimum of twenty-four (24) hour notice to the respective facility.

Duties of Staff³

Staff responsible for supervising the Court Holding areas shall conduct line-ups. However, the OD may assign this function to other staff. In carrying out this assignment, staff shall accomplish the following:

- Upon receipt of the court order describing the physical characteristics of the detained youth, staff shall choose seven youth resembling the physical traits and move them to the line-up area by the designated time. (It may be necessary to obtain youth from other facilities to meet the physical trait requirements.)
- At the time youth are selected, they are to be informed that they will participate in a line-up. If they refuse, other youth are chosen based upon characteristics set forth in the court order.
- All youth shall be dressed in similar clothes.

Line-Up Photographs⁴

During the orientation and prior to the line-up procedure, photos may be taken of the line-up by attorneys and law enforcement, using their own equipment.

The Probation Department Line-Up form is prepared by staff organizing and conducting the line-up. It contains each youth's name and physical characteristics. A copy of this form is provided to the District Attorney and the law enforcement agency investigator before the line-up commences. Once the line-up terminates, these forms are collected by the staff and are placed in the line-up file.

The Admonition form is provided by staff and is used by the District Attorney or investigating officer to instruct witnesses about the line-up procedure. Witnesses use this form to indicate which youth were allegedly involved in the offense. This form is also retained in the line-up file.

Conducting Line-Ups

³ Applicable to BJN facility only.

⁴ Applicable to BJN staff only.

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The responsibility of the staff begins when all sides participating in the lineup are present. This may include defense and prosecuting attorneys, law enforcement, and witnesses. Staff carry out this function as follows:

- A minimum of five youth shall be placed in the line-up, in addition to the charged youth, for a total of six.
- Staff shall allow the attorneys and investigating officers an opportunity to review the line-up before witnesses see if the line-up, as constituted, is acceptable.
- Before the line-up commences, staff shall ensure that witnesses have copies of the Line-Up and Admonition forms.
- While in the line-up room, staff shall assign each youth a number.
- Staff shall instruct each youth to move to the viewing window and face front, face right side, face back, face left, and face front by quarter turns.
- The line-up is conducted in silence, and when finished, the witness moves away from the viewing window and indicates their findings on the Admonition form.
- The staff member repeats this procedure until each witness views all line-up candidates.

308 JUVENILE COLLECTION OF DNA SAMPLES⁵

Every youth adjudicated is required to submit a DNA sample and palm print impressions for the DNA and forensic identification database and databank pursuant to Penal Code (PC) Section 296, et seq. Youth are required by the statute to provide the specimens, samples, and print impressions within ten (10) calendar days of the court order or notification by the Probation Officer. The Department is responsible for collecting these samples within five (5) calendar days of the court order and for notifying 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 (minute) orders.

General Process for Collection of DNA Samples

⁵ Applicable to BJN facility only.

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SYTF DNA Coordinators:

- Receives the Detaining Order from the OD with instructions to collect the DNA sample (for detained youth).
- Obtain a DNA sample from the youth based on qualifying offenses.
- Take non-detained youth to the DNA collection location on an individual basis.
- Follow the "DNA Process using Live Scan For All Program" and, in applicable instances, the "DNA Process Using Manual Method" as indicated in below.
- Complete the "Probation Department use (DNA Collection Site)" portion of the court order and distribute copies to the DPO of Record. The original shall be kept by the DNA Coordinator in the DNA file.

DNA Process Using "Live Scan For All" Program

SYTF DNA Coordinators:

- Check for CII Number (No.) in CCHRS, JAI and/or PCMS. Retrieve youth's information through the "Live Scan for All" program by entering the CII No.
- Scan the youth's thumbs and fingers on the fingerprint scanner, which verifies the youth's information and determines if DNA has previously been collected.
- Once it is determined that the DNA sample is required, utilize a Buccal DNA Collector and swab the inside of the youth's cheeks (ensure that the filter side of the Buccal DNA Collector is towards the inside of the youth's cheek and that a bulge is produced on the cheek of the youth when collecting the DNA Repeat this process seven times). When DNA is collected, use the scanning gun attached to "Live Scan for All" and scan the barcode on the Buccal DNA Collector. This correlates the DNA collection with the specific youth within the "Live Scan for All" system.
- Seal the swab in the designated DNA envelope for mailing. Enter the youth's required information in the "Live Scan for All" program, including the youth's charge, date of birth, the reason for collection, and the youth's first/last name. Once information is entered and the "submit"

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button is pressed, information regarding the DNA collection is transmitted to CCHRS and DOTS.

- Enter the information in the PCMS DNA Information Screen (this includes the Arrest Date, court-ordered box, Date Ordered, Sample Type, Date DNA Sample Taken, Date Sample Mailed, and Sample Mailed by).
- Mail the DNA sample to the Department of Justice (DOJ).

DNA Process Using Manual Method

SYTF DNA Coordinators:

- Check CCHRS/DOTS by SID or CII No. to verify whether a previous sample has been obtained. Proceed with taking a sample only if no previous one is recorded in CCHRS/DOTS.
- If a sample is needed, explain the collection process to the youth. Notify the Officer of the Day (OD) immediately when the youth refuses to provide DNA (see below for the process to address refusal to provide a DNA sample).
- Complete the "DOJ Specimen Information Card", including placing the youth's right thumbprint on the front and back of the card. Instruct the youth to sign the back of the card.
- Complete the label on a Buccal DNA Collector. Remove the plastic cap from the DNA Collector.
- Provide the Buccal DNA Collector to the youth, who administers the swab to himself/herself under direct supervision.
- Instruct the youth to press the collection paper portion of the Buccal DNA Collector against the inside of their cheek and drag it firmly toward the lips and out of the mouth. Instruct the youth to repeat this action seven (7) times, verifying that the youth's cheek bulges outward during the collection process. Retrieve the Buccal DSN Collector from the youth and slide the protective covering carefully, covering the collection paper.
- Place the Buccal DNA Collector in the unsealed Transport Pouch and deposit it into the unsealed collection kit envelope with the completed DOJ Specimen Information Card.
- Enter the appropriate Identifying Information Card into the collection kit

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envelope and seal the envelope.

- Enter the information in the PCMS DNA Information Screen and ensure that the appropriate tabs are selected, the accurate information is entered, and the "save" button is clicked after each new DNA entrance in PCMS.
- Update DOTS Specimen Information Card. Under Collecting Agency Name, enter the PROBATION.
- Mail the DNA sample to the Department of Justice (DOJ).

NOTE: The DNA Coordinator shall use a new set of latex gloves for EACH youth swabbed in order to prevent cross-contamination of the DNA samples.

- Place DNA packets in the original box in which they were delivered, and when the box is full, mail them to the Department of Justice (DOJ) at the following address:

State of California
Department of Justice DNA
Data Bank Program
1001 W. Cutting Blvd., Suite 110
Richmond, CA. 94804-2028

Process for Youth Who Refuse to Provide DNA Samples

In the event a youth refuses to provide a required DNA sample, the DNA Coordinator notifies the OD. The OD:

- Attempt to obtain compliance by fully explaining to the youth the requirements of PC 296.1(a) by reading the following admonishment:
"It is a violation of Penal Code Section 298.1 if you refuse to provide a DNA sample, fingerprints, and palm prints per Penal Code Section 296(a). You may be arrested and booked for this new crime. Refusal to provide these samples may result in increased detention time. In addition, pursuant to Penal Code Section 298.1, reasonable force may be employed to collect DNA samples and print impressions from individuals who refuse to voluntarily provide those samples or impressions."
- Ask the youth if they will provide the required DNA sample.
- If the youth continues to refuse, the DOR Coordinator shall be notified to complete a Detention Observation Report (DOR), and forward it to the

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youth's assigned Juvenile Court and DPO of Record noting the youth's refusal. SYTF staff shall not forcibly obtain a DNA sample unless ordered by the court.

309 RELEASE PROCEDURES

The SYTF has established the following policy and work performance expectations of staff in order to ensure that all applicable youth to be released have an appropriate discharge plan upon release.

Procedures**Officer of the Day (OD)/ RS Supervisor:**

- Identifies youth (on a daily basis) who are pending release from and are on psychotropic medications for the current day by checking the Psychotropic Medication Authorization (PMA) database or request assistance to obtain this information from the PMA database.
- Provide a list of the identified youth pending release to the Discharge Coordinator

(Meets standards set forth in Title 15, Section 1351 (a))

- Provide the Discharge Coordinator with the court release orders and signed (by youth, parent/guardian or court-appointed designee) request for the release of educational, medical, and mental health information forms: LACOE Request for Educational Documents, JCHS Authorization for Use and Disclosure of Protected Health Information, and DMH Authorization for Request or Use/Disclosure of Protected Health Information (PHI). Forward the request for the release of educational, medical, and mental health information forms to the Discharge Coordinator for youth transported home by staff (due to parent/guardian or court-appointed designee inability to pick up); the facility transporting staff are responsible for obtaining the signed request for release forms from the parent/guardian or court-appointed designee.

Court Officer:

- Review the daily court list provided by the Court Holding area staff, which identifies youth taking psychotropic medication.

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- Request that the Court order youth on psychotropic medication or any other type of medication to be returned to the SYTF facility for appropriate discharge planning and release.
- Obtain signature(s) from the parent/guardian on the request for release of educational, medical, and mental health information forms for those youth released directly from the Court.
- Provide the parent/guardian the Release of Information letter for those youth being released from court forthwith.
- Provide the Court Holding area staff at the BJN SYTF and release DPO at Dorothy Kirby Center with the Court order to detain/release those youth to be released from SYTF. If warranted, the Court Officer at BJN SYTF or release DPO at Dorothy Kirby Center shall contact (telephonically) the Court Holding area staff at the conclusion of the youth's hearing to ensure the timely delivery of release information.

Court Holding Area Staff⁶

- Review the daily court list and identify those youth taking psychotropic medication by checking the PMA database.
- Provide a list of youth taking psychotropic medication to the Court Officer (highlight the youth's information on the court list).
- Notify the Discharge Coordinator of youth released from court or those who are pending release as soon as notification is made by the Court Officer.
- Forward the release documentation and signed Request for Release of Educational, Medical, and Mental Health Document forms to the OD as soon as the youth is returned to the facility.

Discharge Coordinator (Release DPO at Dorothy Kirby Center):

- Obtains copies of the daily court list and the daily psychotropic medication list from the Movement Coordinator.
- Identifies youth taking psychotropic medication and confirms/reconciles with data contained in the PMA database.
- Provides the DMH Liaison with a reconciled court list (highlights the youth's information on the court list) of youth taking psychotropic medications within three (3) business days of the youth's scheduled

⁶ Applicable to BJN staff only.

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court hearing; this will allow the Psychiatrist to review the youth's file prior to the court date in anticipation of possible release.

- Verifies releases either by court order or utilizing the daily release list provided by the OD/RS Supervisor.
- Notifies (telephonically) the parent(s)/guardian(s) or court appointed designee, Medical Records, the DMH liaison, and the Education liaison of all youth released from court or pending a release home based on information received by the Court officer. Additionally, contact the OD/RS Supervisor.

(Meets standards set forth in Title 15, Section 1351 (c-f))

- Verifies youth taking medication within two (2) hours of notification to Medical Records and the DMH liaison; have the release medication(s) (release medications will be limited to those medications clinically indicated such as Insulin and rescue inhalers for asthma) or prescription ready for youth pending the parent/guardian arrival to juvenile facilities. Contact the Nurse in charge or the Nurse Manager when medication or prescription is not ready; verify if the JCHS and DMH (if applicable) discharge summaries and the LACOE unofficial transcript are completed.
- Notify the MC/RS Supervisor of youth who are taking medication and pending release home; inform the MC/RS Supervisor that the youth will need either release medication or a prescription prior to release.
- Contact the parent/guardian the following business day to verify if the prescription was filled for those youth who received a prescription at the time of release; if the prescription was not filled, notify the Chart Clearance Nurse and the DMH liaison.
- Notifies the Chart Clearance Nurse and the DMH liaison regarding youth who required but did not receive medication or a prescription upon release in order for JCHS and DMH follow-up care to be provided with parent/guardian.
- Provide copies of the Request for Release of Educational, Medical, and Mental Health Documents forms to the appropriate department for processing.
- Completes the Court notification process:
 - Reconciles the Release Log with the Discharge forms for youth that are released home.

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- Prepares the Discharge Checklist report to the Court within eight (8) business days for those youth released home. If additional clarifying information is needed to complete the report, contact the parent/guardian and obtain the necessary information.
- Faxes or emails the Discharge Checklist to the Court Tracker with a copy to the IDC Head Clerk, who shall make four (4) copies and provide them to the Court Officer.
- Emails a copy of the Discharge Checklist to the youth's assigned Area Office/Program Director. The Area Office/Program Director shall ensure the DPO of record and the Supervising DPO receive a copy.
- Complete the Release Home Discharge Checklist Tracking Log. The log should include the youth's name, PDJ Number, Date of Birth, Release Date, Date Report Due in Court, Date Report Sent to the Court, Court Department, and any comments/notes regarding the case.

JCHS/Mental Health Staff

- JCHS Chart Clearance Nurse
 - Receive the medical chart from the Medical Records staff in order to review and prepare the JCHS Medical Discharge Summary.
 - Review the youth's medical chart to determine if the youth is taking any medications; if yes, review the case with a physician for possible prescription from the medical doctor in preparation for the youth's release.
- DMH Liaison
 - Coordinate the completion of the DMH Juvenile Justice Discharge Information form, when applicable.
 - Review the youth's mental health chart to determine if the youth is taking any medications; if yes, review the case with a physician for possible prescription from the psychiatrist on duty in preparation for the youth's release.

The Chart Clearance Nurse or DMH Liaison provides the parent/guardian with an information letter from the DMH or DMH After-Care (Discharge) *Medication Instructions form*, listing pharmacies they may use to fill the prescription at no cost.

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The Chart Clearance Nurse or DMH Liaison shall place appropriate medical release documents in the discharge box located MC/RS prior to the youth's release. For youth needing medication upon release, the Chart Clearance Nurse provides the appropriate medical release documents to the parent/guardian. If the discharge summary is not provided to the parent/guardian at the time of release, the Chart Clearance Nurse or DMH Liaison shall contact the parent/guardian telephonically within one (1) business day to inform of any medical issues or medical appointments that need immediate attention. In addition, Medical Records and the DMH Liaison shall mail the appropriate medical release documents to the parent/guardian within five (5) business days of the youth's release, contingent upon receipt of a signed medical release document.

Medical Doctor/Psychiatrist

- Determine whether medications should be provided to the youth upon release; write a new prescription to be provided to parent/guardian by medical personnel at release. If a physician is not physically available at the facility of release, the lead physician for the facility or the physician on-call or at another facility shall be consulted by the nurse.

NOTE: The issuance of medication or prescription is based on the evaluation of the youth's medical record and approval by a treating JCHS or DMH physician.

Los Angeles Office of Education (LACOE) Education Liaison

- Prepares an unofficial transcript to be placed in the discharge box in MC/RS prior to the youth's release from SYTF.
- Prepares a discharge packet, which includes education information pertaining to the youth on psychotropic medication upon receipt of the Request for Educational Documents Form. The packet shall include any Individualized Education Programs (IEPs), assessments, grades, attendance, and any other education information LACOE deems necessary for the youth, parent/guardian, or court-appointed designee.
- Mails the education discharge packet to the youth's parent/guardian or the court-appointed designee within five (5) business days of the youth's release from SYTF.

MOVEMENT CONTROL**Family Resource Center (FRC) Staff⁷**

- Meets with each parent/guardian of youth pending a release from SYTF and provides the parent/guardian with information that will assist them with their child in the community, including but not limited to medical and behavioral health, education, probation supervision, and community-based services.
- Complete the Family Resource Center (FRC) Discharge Assessment tool. If the parent/guardian refuse services, the FRC staff shall indicate this information on the form. The parent/guardian and the FRC sign the FRC Assessment tool.
- Contact the parent/guardian for those youth released after FRC hours or for youth released from court forthwith.
- Places a copy of the FRC Discharge Assessment tool in the discharge box in Movement Control and keeps a copy on file in the FRC office.

MC Release DSO at BJN SYTF or Release DPO at Dorothy Kirby Center

- Notify the MC DSO/Release DPO on the following shift for youth who have yet to be picked up by parent/guardian or court-appointed designee. Will contact the parent(s)/guardian(s) or court-appointed designee if necessary.
- Contact the property room when the parent/guardian or court-appointed designee arrives to pick up the youth. Ensures that each youth is dressed in their personal clothing and returns all other personal property to the youth.

(Meets standards set forth in Tile 15, Section 1351 (b))

- Check the discharge box for any discharge documents to be provided to the youth, parent/guardian, or court-appointed designee.
- Contact the Chart Clearance Nurse, the DMH Liaison, and the Education Liaison to alert them of the parent/guardian's arrival and that any medical or mental health (if applicable) release information, medications, prescriptions, discharge summaries, and unofficial transcripts are needed by MC DSO /Release DPO for distribution to parent/guardian if no discharge documents are available. The parent/guardian or court-

⁷ Applicable to BJN staff only.

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appointed designee shall not wait longer than two (2) hours for medications, prescriptions, discharge summaries, and unofficial transcripts unless notified by the appropriate agency to hold the parent/guardian or court-appointed designee. In the event that the wait time exceeds two (2) hours, the MC DSO/Release DPO shall call the appropriate agency for follow-up.

- Complete the Discharge Form. Request that the parent/guardian sign the Discharge Form and provide the youth, parent/guardian or court-appointed designee with a copy.

(Meets standards set forth in Title 15, Section 1355 (b)(4))

- Obtain and verify the Identification card of the person assigned to pick up the youth and retain a copy in the release packet.
- Obtain a signature for the transition instructions and provide a copy to the youth, parent/guardian, or court-appointed designee. The original signed copy shall be placed in the release packet.
- Provide a copy of the Discharge Form to the Discharge Coordinator. Place the original Discharge Form in the youth's behavior chart.
- Request the youth, parent/guardian, or court-appointed designee to complete the Request for Release of Education Documents form.
- Complete the JCHS Authorization for Use and Disclosure of Protected Health Information when the parent/guardian did not receive a discharge summary from the Chart Clearance Nurse have the youth, parent/guardian, or other authorized consenting parties. A separate release shall be completed by the youth and the parent/guardian or consenting party for each release.
- Request the youth to complete the DMH Authorization for Request or Use/Disclosure of Protected Health Information (PHI) form when the parent/guardian did not receive a discharge summary from the DMH Liaison (if applicable).
- Provide the Discharge Coordinator with the original release of medical, mental health, and education information forms and place a copy in the youth's behavior chart.
- Release the youth from the secured release area to the custody of the parent/guardian or court-appointed designee named on the release instrument once documentation is signed by the parent/guardian or court-appointed designee.

MOVEMENT CONTROL**Clerical Staff**

- Upon receipt of the signed release order, clerical staff to update the youth's status on the computer and generate a Notice of Youth's Transfer/Release letter to the youth's parent/guardian or court-appointed designee of record, advising them of the date and time of the release or transfer.

(Meets standards set forth in Title 15, Sections 1351)

310 YOUTH FURLOUGHS⁸

Youth furloughs, more commonly known as Out/In, is defined as an authorized absence from an assigned facility for a specific purpose and for a limited period of time.

A court order and/or amending order provided by the court are required documentation to implement a furlough or Out/In.

Once orders have been received, the Movement Coordinator or the authorized designee shall notify the Superintendent, Assistant Superintendent, Director on Duty, and Officer of the Day of the received order so that proper arrangements can be made.

On the day of the court-ordered Furlough/Out/In, the Out/In Information form in *PCMS* must be completed prior to youth release. All necessary information will be noted on the court order. Completed *PCMS* Out/In Information form and court order and/or amending order must be explained and signed by parent/guardian/transporting agency. Copy of Out/In form is given to parent/guardian/transporting agency. Movement Control Staff must also make a copy of the parent/guardian/transporting agency valid form of Identification and obtain all contact information, which must be attached to the packet. A copy of the packet is posted in Movement Control for staff to be aware of Furlough/Out/In. A copy of the packet is also submitted to the Assistant Superintendent.

Upon return of youth to the facility, and before return to the assigned/re-assigned unit, staff will adhere to *Searches of Youth on Movement Outside of the Facility* and complete the Out/In Information form in *PCMS*. (see the Searches of Youth on Movement Outside of the Facility Policy)

⁸ Applicable to BJN facility only.

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Once completed, the youth can be returned to the previously assigned unit or re-assigned to the new unit. (see the Classification and Assignment of Youth Policy)

If the youth is not returned per court-ordered required time, the Furlough/Out/In packet is forwarded to the Officer of the Day, who is responsible for attempting to make contact. If no contact is made, *Preliminary Incident Notification (PIN) Forms* must be implemented. (see the Preliminary Incident Notification (PIN) Policy).

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401 INTRODUCTION

Movement Control (MC) at BJN SYTF and Caseworker at Dorothy Kirby Center is responsible for processing the youth into SYTF.

Staff must ensure privacy and confidentiality even under the most difficult circumstances. For instance, when obtaining medical/mental health information, staff must make every effort to obtain this information from the youth in areas that are free of distractions and to afford privacy to the extent possible.

402 NON-DISCRIMINATION

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

All youth housed in our facilities shall have fair and equal access to all available services, placement, care, treatment, and benefits. All staff are required to adhere to the County's non-discrimination policies pertaining to all individual(s), including youth in our care.

Discrimination or harassment is defined as the act of showing prejudice or intolerance toward an individual(s) based on the basis of 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, 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.

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(Meets standards set forth in Title 15, Section 1324 (k))

403 PROCEDURES FOR NEWLY ADMITTED YOUTH

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 shall be trauma-informed, culturally relevant, and responsive to youth's language and literacy need. Staff must be cognizant of the youth's past trauma exposure and work with our partner agencies to identify specific services to mitigate the impact of traumatic stress reactions inherent in a custodial environment.

(Meets standards set forth in Title 15, Section 1350)

The following are established procedures staff must follow when admitting a youth into the facility:

- Upon arrival, the transporting agency shall provide the youth's paperwork to admissions, who will determine whether the youth should be detained pursuant to Section 628 of the Welfare and Institutions Code.
- In line with orientation documents, staff shall ask the youth if they identify as LGBTQI. Staff shall determine if the youth has any safety concerns and consult with medical staff for all applicable medical services.

(Meets standards set forth in Title 15, Section 1350 (a)(8))

- If the youth appears to be injured, under the influence of alcohol or controlled substances to the extent that they are a threat to themselves or others or are exhibiting signs of mental illness, the admitting staff member shall summon the nurse. Should the nurse determine that the youth requires medical treatment, staff shall instruct the law enforcement agency to take the youth to be medically treated and cleared before returning the youth for admission.

(Meets standards set forth in Title 15, Section 1431 (b)(1))

- Admission staff shall search and offer a shower to the youth and document on the Initial Intake Screening Form. Staff shall conduct all searches in accordance with the approved department search policy, as detailed in this manual. Once the youth has removed their personal

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items and set them aside, staff shall conduct a search of all items.

(Meets standards set forth in Title 15, Section 1350 (a)(2))

- Admission staff shall issue facility-approved clothing that is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears. Clothing shall consist of a t-shirt, pants, socks, shoes, and outerwear for climatic weather. Youth shall receive new non-disposable underwear and undergarments that are freshly laundered and free of stains, including t-shirts and bras. Suitable clothing shall be issued to pregnant youth.
- MSB shall ensure clothing is laundered at the temperature required by local ordinances for commercial laundries and dried thoroughly in a mechanical dryer or other laundry method approved by the local health officer.

(Meet standards set forth in Title 15, Section 1480)

- Staff shall offer the youth food upon their arrival and document on the Initial Intake Screening Form.

(Meets standards set forth in Title 15, Section 1350 (a)(4), Section 1460)

- Pursuant to WIC 627, IDC staff shall arrange for youth to speak with their parents, guardians, or caretaker and an attorney via phone within one hour of admission. The youth is to be offered two (2) free phone calls within one (1) hour of admission.

(Meets standards set forth in Title 15, Section 1350 (a)(1))

- Admission staff shall complete the Probation Electronic Medical Records System (PEMRS) Probation Initial Intake Screening form and/or the Initial Intake Screening/Referral Questionnaire form, including the Screening For Risk of Sexual Victimization and Abusiveness to determine whether the youth has any immediate medical, mental health, security, or safety needs.
- Clerical staff shall record the youth's name in the admission logbook and enter the information from the SYTF Entrance Record into the computer database.
- Admission staff shall collect all personal property and list it on a SYTF Property Receipt form. Staff shall bag and tag the property, and property room personnel are to pick up as indicated in the procedures outlined below.

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- Clerical staff shall generate a Kardex and file it in the Kardex tray.
- Clerical staff shall check computer records to determine which facility the youth was initially admitted and arrange to obtain the behavior chart. Admission staff shall make a temporary chart for all youth whose behavior record is at another facility.
- **Safety Assessment:** Admission staff shall obtain the following information and include it on the *Face Sheet* and *Behavior Record* as part of the initial interview so that supervising staff may better understand and address the youth's needs and/or safety issues:
 - Youth's attitude about detention.
 - Any special handling codes previously assigned to the youth.
 - Youth's gang involvement or any history of aggressive behavior.
 - Any significant mannerisms, disabilities, or physical problems. Youth with special needs, disabilities, or impairments shall be handled pursuant to Special Needs Screening Procedures.
- If needed, Admission staff shall process the youth through Crime Web or fingerprint the youth through LiveScan to verify identification.

404 SPECIAL NEEDS SCREENING PROCEDURES

The SYTF staff shall ensure, upon entry to SYTF, that youth with special needs are promptly identified and receive appropriate services and care in a timely manner. The following are the screening processes to facilitate this policy:

- **Intake Process:** Probation staff screen newly admitted youth for potential medical and/or mental health issues using the *Los Angeles County Unified Arrestee Medical Screening Form* and the *Initial Intake Screening/ Referral Form*.
- **Medical Assessment:** Medical staff conduct an assessment on newly admitted youth and arrange for appropriate medical services.
- **Mental Health Assessment:** Mental health staff administer the MAYSI-2 assessment on newly admitted youth.
- **Educational Assessment:** Los Angeles County of Education (LACOE) staff assess newly admitted youth for intellectual and/or developmental disabilities.

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Probation staff shall ensure that youth are made available for examination and treatment in a timely manner. All youth shall be provided with appropriate care.

(Meets standards set forth in Title 15, Section 1350 (a)(5))

Procedures for Accommodating Youth with Special Needs

Information detailing procedures for accommodating youth with special needs, physical disabilities, and/or impairments shall be prominently posted at each facility. Youth shall be made aware of the policy of nondiscrimination based on disability or special needs.

405 ACCOMMODATION PROCEDURES FOR HEARING-IMPAIRED YOUTH**Obtaining Resources**

Staff can obtain assistance devices and other accommodations by contacting the Ombudsman's office and Probation Headquarters during normal working hours (Monday through Friday, 8 AM– 5 PM).

Services and equipment available to assist youth who are either disabled or have special needs are posted throughout each facility as indicated below:

Sign Language: Should a youth require sign language and/or an interpreter to translate sign language, the Superintendent/Director or the authorized designee shall contact the appropriate sign language agency. Should a problem arise, the Superintendent or the authorized designee shall contact the Ombudsman's Office at Probation Headquarters to obtain this service.

406 LOS ANGELES COUNTY UNIFIED ARRESTEE MEDICAL SCREENING FORM

The Department shall share information regarding potentially suicidal or self-harming youth or youth with serious medical conditions with JCHS, LACOE, and DMH Staff to ensure appropriate care, supervision, and housing are provided upon admission of the youth to a juvenile facility.

All SYTF facilities shall ensure that a signed and completed *Los Angeles County Unified Arrestee Medical Screening* form is presented by arresting agencies to the Admissions officer prior to accepting the youth for detention purposes.

This form was developed by the Los Angeles County Sheriff's Department to

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allow arresting agencies to notify their agency of any medical or mental health problems observed by the arresting officers or reported by the arrestee. It is currently used by all County law enforcement agencies for adult bookings.

The Admissions officer shall ensure that all applicable sections on the *Los Angeles County Unified Arrestee Medical Screening* form, and that the form has been completed and signed by the youth. The Admissions officer shall review the form for any affirmative answers and shall verbally communicate such affirmative responses to the OD/Supervisor, and in writing to the facility's administration via the *Notification of High-Risk Juvenile* form.

Upon notification that a suicidal or self-harming youth or youth with a serious medical condition has been admitted into the facility, the duty supervisor shall initiate appropriate supervision and housing precautions to keep the youth safe pending assessment by a DMH clinician or medical professional. (See Enhanced Supervision Unit (ESU) Policy). Likewise, any medical issues with newly admitted youth shall be immediately communicated to the on-duty JCHS nursing staff at the time the youth is medically admitted.

Staff members shall review the form and make a referral to DMH via a *Request for Mental Health Consultation* form- if there are any indications or notations of suicidal or self-harming behavior.

Staff members shall then make a minimum of three copies of the *Los Angeles County Unified Arrestee Medical Screening* form. The original form shall be placed on the left side of the youth's behavior chart. One copy shall be forwarded to JCHS, DMH, and/or the Assistant Superintendent /Supervisors appropriate. The copy for JCHS shall be hand-delivered to nursing staff on duty at the time the youth is medically admitted. Any additional observed or self-reported medical or mental health conditions should be communicated verbally to the admitting nurse on duty.

Copies of blank forms shall be available in the facility admissions area and made available to outside law enforcement officers upon request.

**407 PROBATION ELECTRONIC MEDICAL RECORDS SYSTEM
(PEMRS)/PROBATION INITIAL INTAKE SCREENING/REFERRAL
QUESTIONNAIRE FORM**

All youth admitted to SYTF for the first time, pursuant to an instant arrest or a

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dispositional order, shall be screened for potential medical/physical disabilities, mental health including trauma, and educational concerns immediately upon arrival at the facility utilizing the *Probation Electronic Medical Records System (PEMRS)/ Probation Initial Intake Screening/Referral Questionnaire* form.

(Meets standards set forth in Title 15, Section 1437 (a))

Youth shall not be allowed to enter the general population of SYTF or be assigned to any living unit until the Initial Intake Screening Questionnaire form has been thoroughly completed.

Immediately upon the youth's arrival at SYTF subsequent to an arrest and prior to the departure of the arresting agency and commencement of the admissions interview, the admitting staff shall conduct a visual observation of the youth's physical condition. If the youth appears to be injured, under the influence of alcohol or controlled substances, or exhibiting signs of mental illness, the nurse shall be summoned to determine whether the youth requires medical treatment or psychiatric assessment before the youth can be admitted. If the nurse determines that the youth requires treatment or assessment, the law enforcement agency/detaining agency shall be instructed to take the youth to be medically treated or psychologically assessed before returning the youth to SYTF for admission. When the nurse approves the youth for admission, the screening process shall be initiated.

408 PROCEDURES FOR HANDLING AND PROCESSING PERSONAL PROPERTY

The youth's property must be protected, documented, and preserved from the point it is taken until returned to either the youth, parent, guardians or assigned DPO.

Processing Property and Money

Admitting staff must take and secure inventory of a youth's personal property upon intake. Personal property includes the following: bags, backpacks, purses, and duffle bags. The contents are to be emptied, inventoried, recorded on the Property Receipt,

and then secured in a Property Bag, while money and other valuables are stored in marked Property Envelopes. The Property Bag must be marked with the youth's name, date of birth, PDJ number, and Property Receipt serial number.

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MSB Personal Property Staff will verify that all items printed on the receipt match the contents of the property bag. Once all items are confirmed the Personal Property staff will repack and secure the items, both the Personal Property Worker and Duty Supervisor shall initial the receipt and the property bag will be sealed and stored in the Property Room.

Property:

The following information must be recorded on the Property Receipt:

1. Name of youth
2. Name of admitting staff
3. Date
4. Amount of money
5. Description of purse or backpack
6. Color of purse or backpack
7. Description of rings (*i.e. yellow metal, white metal, color of stone*)
8. Description of watch
9. Other Jewelry (*i.e. bracelet, necklace, earrings*)
10. Miscellaneous items not pre-printed on Receipt
11. Description of Luggage or Packages
12. Youth's signature – the signature indicates they are confirming the itemization of personals and amount of money sealed in the Property Envelope.

Duplicate copies of the Property Receipt are distributed as follows:

1. Gold copy: Stapled to Property Envelope
2. White copy: Filed by intake staff
3. Yellow copy: Stapled to Property Bag
4. Pink copy: Placed inside Property Bag

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Once all property has been verified, admitting staff must log the youth's name, date of birth, and Property Receipt serial number into the Property Log Book. In addition, admitting staff must secure the Property Bag by stapling it shut and attach the yellow copy of the Property Receipt to the bag. The Property Bag shall be placed in a secure location for MSB to collect.

Money and other Valuables:

Money or valuables are to be separated into two separate Property Envelopes. One envelope is designated for money, the other for valuables such as jewelry and electronics.

Place the money in a Property Envelope with the youth's name, PDJ number, date of birth, and Property Receipt serial number written on the front of the envelope, along with the amount of money collected.

- Property Envelopes containing **\$10.00 or less**:
 - There shall be a joint reconciliation between the Personal Property staff and the Duty Supervisor to count and confirm the dollar amount entered on the envelope by the intake staff at the beginning of the Property Worker's shift.
 - The Personal Property staff and the Duty Supervisor shall print their name and sign off on the envelope.
 - The envelope shall be placed in a locked cabinet or safe in the Property Room by the Personal Property Worker until the youth is released or moved to another facility.
- Property Envelopes containing **more than \$10.00**:
 - There shall be a joint reconciliation between the Personal Property staff and the Duty Supervisor to count and confirm the dollar amount.
 - entered on the envelope by the intake staff at the beginning of the Property Worker's shift.
 - The Personal Property staff and the Duty Supervisor shall print their name and sign off on the envelope.
 - The envelope will be sealed and placed in a routing envelope, and MSB will take possession of the funds.
 - When the youth is released, a Personal Money Refund Request

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Form must be completed and signed by the youth. Provide the youth with the original and send the copy to the Fiscal Services office. A check will then be issued and addressed to the youth's home address.

A PCMS case note entry must be entered by the admitting staff that details the property collected, the amount of money collected, and the method of handling the property and money.

Sample PCMS Entry:

On 5/1/19 this officer admitted youth Smith at 12:00 PM. The following property was verified and processed: clothes, iPhone, \$11.50, bracelet, and earrings. The clothing was secured in a property bag and the envelopes containing money and valuables were placed in the safe in the OD's office by this officer.

(Meets standards set forth in Title 15, Section 1350(a)(3))

Dorothy Kirby Center

Youths 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 DSS stage. These changes must be in writing, approved by the Duty Supervisor, and clearly documented in the youth's behavioral chart.

The receiving staff shall ensure excess personals are placed in a paper bag and placed in the property room with the other personals belonging to the youth. A property slip is to be completed and attached to the paper bag.

General Information

At times, youth may need special items from their property, such as eyeglasses, hearing aids, or corrective shoes. The removal of any items from the youth requires an order from the court/probation officer of record. The OD/Supervisor must be contacted for permission to remove items or to view the contents of the property kept in the Property Room.

Staff must monitor the nature and quantity of property in the possession of youth. While staff shall screen packages brought into the SYTF facility by parents during

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visitation, unit staff shall enforce this policy through subsequent security checks.

Personal Property List

Youth shall be allowed to keep some items of personal property in their rooms, with staff approval, which youth shall keep in designated areas. Property may include the following:

	Description	Notes
1.	1 Pair of county-issued tennis shoes	
2.	1 Orientation manual	
3.	1 County-issued toothbrush	
4.	1 County-issued toothpaste	
5.	1 Rosary (not to be worn)	
6	1 Religious text	
7	Combination of 5 reading materials (paperback books, magazines)	
8.	5 Family pictures	
9.	5 Personal letters	
10.	Skin lotion	Should be provided in dispensers in the control center
11.	1 County-issued deodorant	
12.	1 County-issued comb	
13.	1 Bottle of county-issued shampoo and post-shower conditioning hair products	
14	Soap	Should be provided in dispenser in the lavatory and showers
15.	Shaving implements	

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16.	Writing paper and envelopes	Provided during appropriate time frame (e.g., during letter writing periods, dayroom activities, etc.)
17.	Pencils	Checked out to youth by unit staff within specified time frames and returned to that staff member after use. An inventory of the unit's pencils shall be kept and reviewed daily.

409 CRIME-WEB, LIVESCAN, JDIC, AND AJIS PROCEDURES¹

Youth detained in SYTF must be correctly identified. To accomplish this, designated staff shall verify the youth's identity through the Crime Web system. If the youth is not in this system, then staff shall fingerprint the youth on the LiveScan machine. Upon completion of the Crime Web or LiveScan process, staff shall complete the following procedures:

- Clerical administrative staff shall place a copy of the youth's photograph and fingerprints in the youth's *Kardex*.
- Probation staff shall place a copy of the youth's photograph and fingerprints in the youth's *Behavior Record*.
- Probation staff shall forward the CII printout to clerical and administrative staff for entry into PCMS.
- The admitting staff member shall search for any outstanding warrants using the Justice Data Interface Controller (JDIC) system as part of the admissions clearance process.
- The admitting staff member shall transfer the AJIS booking record from JUVT to SYTF, admitting the youth by using the AJIS "Book 6" screen.

410 PARENT/GUARDIAN NOTIFICATION

Whenever a youth is transferred to SYTF, clerical staff at the receiving facility shall send a letter to the parents or guardians notifying them of the youth's location, visiting hours, and regulations. The letter shall also include instructions and directions to the SYTF. Additionally, the letter will provide answers to frequently answered questions and contact information for partner agencies. Staff shall

¹ Applicable to BJN facility only.

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follow this procedure when youth are transferred between facilities.

Should youth be transferred between Thursdays, 3 PM through Sundays, 3:59 PM, MC staff at BJN SYTF and caseworker at Dorothy Kirby Center shall contact the parents/guardians by phone. If the parent/guardian has no telephone, MC staff/caseworker shall make contact via U.S. Mail. MC staff/caseworker shall log attempts made to contact the family by phone.

When a youth is transferred to a hospital, MC staff/caseworker shall notify the parent/guardian via phone and inform them of the reason for the transfer.

(Meets standards set forth in Title 15, Section 1353 (s))

411 CLASSIFICATION AND ASSIGNMENT OF YOUTH

Upon medical clearance and acceptance of a new SYTF commit, staff shall provide for the safety of the youth, other youth, facility staff, and the public by placing the youth in the appropriate, least restrictive housing and program settings using the Unit Classification Form.

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, gender and gender identity of the youth, information obtained from the admission screening, records, parents, victims, and police. Staff in the receiving unit use established criteria and the special needs of each youth in the classification process.

Youth shall not be separated from the general population 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. This section does not prohibit staff from placing youth in a single occupancy room at the youth's specific request (See *Self Separation Policy*) or in accordance with Title 15 regulations regarding separation.

Facility staff shall not consider lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI+) identification or status as an indicator of the likelihood of being sexually abusive.

ADMISSION AND INTAKE**Housing Assignment Guidelines**

Periodically or as needed, housing assignments may be modified in for safety and security reasons. The building supervisors or OD shall resolve any disputes over resident building assignments. Admitting staff generally use the following guidelines to initially determine appropriate housing:

- Prior detention history
- Current criminal charge(s)
- Age and gender
- Gender identity
- Language spoken
- Medical/mental health considerations
- Developmental Disability
- Medically fragile youth (see below)
- Emotional stability
- Maturity
- Program needs
- Relative sophistication (such as social maturity and gang involvement)
- Criminal sophistication
- Special handling codes (escape, suicidal, dangerous, etc.)
- Facility population
- Physical layout of the facility
- Sexual orientation
- Special handling needs (), a security or suicide risk, disability)
- Court-ordered special housing, including keep-away

Medically Fragile Youth in Secure Youth Facilities

Youth with medical and/or physical limitations preventing their participation in regular programming shall be housed in the best-suited environment for handling their limitations. Housing assignments shall be based initially on the security classification needs of the youth. However, accommodations pertaining to any

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medical or physical limitations shall be addressed concurrently with the classification decision. Any decision regarding an accommodation which could potentially impact the overall safety and security of the facility in an adverse manner shall be cleared with the Assistant Superintendent, Director or Supervisor prior to implementation.

Procedures for Housing Medically Fragile Youth

Medical and mental health staff shall collaborate with Probation staff in making recommendations regarding the housing of medically fragile and/or disabled youth. The youth's housing classification may change based upon reassessment of the youth's medical status.

HOPE Center Classification

Youth who need special care are referred to the HOPE Center or an appropriate building by staff in the youth's housing unit. The determination to assign youth to the HOPE Center is made after consultation with the OD, building supervisor, or the appropriate medical and/or mental health staff. Youth assigned to the HOPE Center, based on entry information, shall be evaluated within 72 hours or immediately after the detention hearing-for consideration of reassignment to a regular building, whichever comes first.

Codes for Special Handling

For both initial and returning admissions, the OD shall determine, based on information received from admitting staff, IDC, law enforcement, and/or JCHS, whether the youth should immediately be coded for special handling. The following codes identify these cases:

- C (Court Ordered): Orders from the court may dictate special housing in a particular facility or building within SYTF.
- D (Dangerous): Offenses such as 187 PC (murder), 192 PC (manslaughter), and 245 PC (assault).
- E (Escape Risk): Previous escape from juvenile hall, DJJ, Probation camp, secure placement, and/or from Probation transportation.
- HRO (High-Risk Offender): Youth charged with serious offenses pursuant to Section 707(b) WIC.
- I (Impairments): Identification of youth with physical and/or mental impairments, as well as those with special needs.

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- K (Keep Away): Youth is to be physically separated from a specific individual(s), such as crime partners or victims, as ordered or specified by the arresting agency, IDC, court, or facility administrator.
- P (Pregnant): Established from the medical record, self-report, and subsequent medical findings, parental/interested party reporting, the police report, or another reliable source. Establishes special needs requirements and possible precautionary measures.
- S (Suicidal/ Mental Health Issues): Established from police and arrest record by a psychiatrist, facility's psychiatric staff, hospital psychiatric unit, court officer, assigned DPO, recorded history and attempts, history of previous mental hospital placement, wrist wounds, extreme depression, history of excessive alcohol and drug use.
- SI (Self Injury): Evidence of self-injurious behavior not rising to the "S" level.

Note: Any staff member may recommend a special handling code, but only the OD, supervisor, or Director can authorize or remove a code. Superintendent approval is required for the removal of the "S" code.

412 INDIVIDUAL REHABILITATIVE PLAN

SYTF shall ensure that an Initial Institutional Assessment and Institutional Plan are prepared for each youth detained at the facility. An Institutional Plan shall be prepared for youth detained for thirty (30) days or more and must be completed within forty (40) days of admission.

Initial Institutional Assessment (Prob. 1604, Rev. 10/20) The assessment is based on information collected during the orientation process, which includes the youth's risk factors, needs, and strengths, including but not limited to identification of substance abuse history, educational, vocational, counseling, behavioral health, known history of trauma, and family strengths and needs. A statement of the youth's assessment shall be documented at the end of the Initial Institutional Assessment under Assessment of Needs.

(Meets standards set forth in Title 15, Section 1355 (a))

Individual Rehabilitative Plan (IRP) –An IRP meeting shall be completed within the first thirty (30) days of SYTF Commitment. The IRP plan shall include but is not limited to written documentation that provides:

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- Objectives and time frames for the resolution of problems identified in the IRP report.
- The IRP report shall include objectives that include a description of program resources needed and individuals responsible for assuring that the plan is implemented.
- Multi-Disciplinary Team (MDT) meeting: The review of progress towards meeting the objectives, including discussion of the plan with the youth.
- Transitional MDT: The IRP Plan and transitional plan, as much as possible and as appropriate, shall be developed with input from the family, supportive adults, the youth, and the Regional Center, if applicable.

The *IRP report* outlines objectives and time frames for the identified needs of youth. The IRP report shall address the different service needs and complete the IRP report by identifying appropriate programs and activities, as well as the individuals responsible for ensuring the plan's implementation. Services noted below, which coincide with the identified needs, are indicated in the IRP report:

- Narcotics Anonymous, Alcoholics Anonymous, drug/alcohol counseling and/or education.
- Educational services provided by the Los Angeles County Office of Education (LACOE).
- Referral to Regional Center (for developmental disabilities).
- Mental health assessment.
- Mental health crisis services.
- Psychiatric services and medication.
- Mental health counseling provided by DMH.
- Mental health counseling provided by a private provider.
- Family visits, as well as aftercare planning with family provided by Probation staff, DMH, and/or community provider.
- Independent living skills curriculum provided by LACOE.
- Special medical care provided by Juvenile Court Health Services (JCHS).
- Vocational skills provided by LACOE.

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- Volunteers.
- Gang intervention services provided by Probation staff and community-based organizations (CBOs).

(Meets standards set forth in Title 15, Section 1355 (b))

MDT meeting - includes progress towards meeting the objectives listed in the IRP. MDT shall continue until the youth is released from SYTF.

During the first week of the month following admission and during the first week of all subsequent months, staff assigned to the living unit shall review the classification to determine if the youth is properly housed and classified.

The MDT process for all youth is required to ensure that staff provide periodic evaluations of the youth's progress in meeting established goals. Such reviews may address the following:

- Youth's cooperation.
- Participation in programs and activities.
- Whether current assignments and plans are working or whether they need revision.

Camps Headquarters providing the information needed for the initial MDT held at the Secure Youth Treatment Facility (SYTF) within thirty (30) days of youth's admission to SYTF. Caseworkers shall conduct case reviews following completion of the IRP and MDT. The initial MDT shall be completed within the first thirty (30)-days of admission.

Subsequent MDTs are held within thirty (30) days prior to the next scheduled Progress Hearing. MDTs shall be conducted in compliance with the Multi-Disciplinary Team process. All completed MDT Assessments and Case plans shall include the Summary Section summarizing services to be provided, goals targeted by the service provided, the agency or entity providing the service, the projected completion date, and the actual completion date. In addition, DPO Caseworkers are required to conduct weekly discussions with youth regarding their progress on their developed case plan. These weekly discussions shall be documented as casework entries in PCMS as delineated in the Ongoing Case Management Activities policy.

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As-Needed MDT: Can occur any time during the youth's stay when immediate intervention is required. An As-Needed MDT can be called because 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 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 and shall include a completed summary section.

Transitional MDT: Occurs 45-60 days prior to a youth's release from SYTF. The discussion in the Transitional MDT meeting includes a review and follow-up on the goals and treatment plans established during previous MDTs. It ensures that progress toward goals and behavior targets are 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 or to a community-based Step-Down program. 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.

The Transitional MDT is required for youth transferring to the Step-Down Facility.

(Meet standards set forth in Title 15, Section 1355 (a) (b))

ONGOING CASE MANAGEMENT ACTIVITIES

The casework DPO 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 that provides the following:

- Objectives and time frame 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 assuring that the plan

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is implemented.

The DPO shall adjust the case plan as necessary, documenting any changes in a revised case plan and in PCMS.

1. Check Mailbox/Email for New Information: Review updated minute orders, reports, and other documents. The DPO is responsible for submitting all court reports on time. Minute orders with upcoming court dates will be placed in the mailbox.
2. After the court minute order is received by the facility.
3. Contact School: Request information regarding test scores, prior scholastic services, and any educational needs the youth will require. It is quite common for 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.
4. 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.
5. Contact Parents/Guardians and Monitor the youth's phone calls to Parents/Guardians: Speak with the parents/guardians to obtain an update and provide the youth with an opportunity to speak with them by phone.
6. Attend scheduled MDT meetings for the youth: The MDT plan encompasses all of the youth's goals as well as the aftercare and transition plan for when they are released back into the community. It is important for the DPO of Record 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 DPO should collaborate with the MDT coordinator to ensure that the MDT meeting is held on a day on which the youth's DPO is on duty.
7. Weekly Charting in PCMS.

Weekly case management charting in PCMS must include the type of contact (face-to-face) and housing classification.

Type of Contact

All casework sessions conducted shall be documented in PCMS with the date the DPO met with the youth. All contacts conducted in the facilities shall be documented

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as face-to-face.

Housing Classification

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 DPO 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 information utilized to obtain the date. If an early release is being considered, provide the date.
- Initial objectives.
- Youth's IRP 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 and include Sanction and Appeal Forms.
- Previous/Next MDT.
- Communication with parents, guardians, attorneys, clergy, DPOs, other public officials, or other supportive adults.
- Program Participation (DBT/CBOs).
- Substance Abuse history/programs.
- Drug Tests.
- Family Sessions.
- Housing Classification.
- Youth's Transitional Objectives and final case plan objectives shall be developed with input from the family, supportive adults, and youth, with

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developmental disabilities.

Youth will receive assistance in requesting contact with parents/guardians, other supportive adults, attorneys, clergy, DPOs, and other public officials.

Note: Other supportive adults must be vetted by the Court, DCFS (if applicable), and the Probation Department prior to any participation with the youth or the youth's case plan.

(Meets standards set forth in Title 15, Section 1352 & 1356(a)(b)(c))

Staff Responsibilities**Orientation Staff shall:**

- Complete the Initial Facility Assessment, in collaboration with the youth, during the orientation into the facility.
- Document completion of Assessment in PCMS>Case Notes>Juvenile Hall>Initial Facility Assessment as follows:

"Completed Initial Facility Assessment with youth on (date and time) and original Initial Institutional Assessment placed in youth's behavior chart."

Sr. DSO at BJN SYTF or SDPO at Dorothy Kirby Center, or the authorized designee shall:

- Complete the Institutional Facility Assessment after the youth's arrival to the living unit.
- Document completion of Plan in PCMS>Case Notes>Juvenile Hall>Facility Assessment Plan as follows:

"Completed Facility Assessment Plan with youth on (date and time) and original Facility Assessment Plan placed in youth's behavior chart."

SYTF Department of Justice (DOJ) Supervising Detention Services Officer (SDSO) shall:

- Ensure Orientation staff complete all Institutional Assessments for youth detained in Juvenile facilities.

Distributes monthly audits to the Superintendent/Facility Director, Assistant Superintendent/Director, and supervisors for review. **Forms**

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All forms are available on ProbNet; to access the form:

- Log on to ProbNet.
- Click on Forms
- Select SYTF Forms
- Click on the applicable Form.

413 IDENTIFICATION, REFERRAL, COLLABORATIVE CARE, HABILITATIVE TREATMENT, MANAGEMENT, AND DISCHARGE OF YOUTH WITH OR SUSPECTED OF HAVING A DEVELOPMENTAL DISABILITY ADMITTED TO SYTF

Developmental Disability Definitions

The United States (US) Code, Title 42, Section 15002, defines a developmental disability as "a severe, chronic disability of an individual that is:

- Attributable to a mental or physical impairment or combination of mental and physical impairments.
- Manifested before the individual attains age 22.
- Likely to continue indefinitely.
- Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated."

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The **California Welfare and Institutions Code (WIC) Section 4512** defines a developmental disability as:

"...a disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental disabilities, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally challenged/disabled Individuals but shall not include other handicapping conditions that are solely physical in nature."

Service Eligibility

Eligibility for Regional Center services is predicated on having a developmental disability as defined in the United States (US) Code, Title 42, Section 15002, and WIC Section 4512.

Terms and Definitions**Functional Behavior Analysis:**

In the context of this policy, a functional behavioral assessment refers to the process followed to determine the motivation for a youth's maladaptive behavior(s). This assessment involves a description of the problem behavior (e.g., JD slaps SB's face), its provoking antecedent (e.g., SB attempts to remove a book from JD's desk), and the consequences of the behavior (e.g. SB stops attempting to remove JD's book). Systematic observation of specific behaviors over a period of time and situations where these behaviors occur typically reveals the antecedent and consequence conditions associated with the occurrence and recurrence of the behaviors. A functional behavioral assessment represents one component of the more comprehensive multimodal assessments that form the basis for the development of the youth's Integrated Habilitative Treatment Plan (IHTP).

Habilitation:

Habilitation in this policy refers to the provision of individualized services, supports, and training to teach skills to enable Individuals with developmental disabilities to approximate the pattern of everyday living available to individuals without

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disabilities.

Integrated Habilitative Treatment Plan (IHTP):

The IHTP (Attachment L2) refers to each youth's habilitative plan that includes all treatment and training/educational program experiences provided by Probation staff and collaborative partners. The IHTP is based on the risk and personal strength factors identified by the multimodal diagnostic assessment process (Attachment K2). The IHTP assures that all components of the treatment experiences are integrated and focused on meeting the unique needs of each youth.

Multidisciplinary/Multimodal Diagnostic Assessment:

The Multidisciplinary/Multimodal diagnostic assessment refers to those undertaken to identify possible medical, psychiatric, neuropsychiatric, psychological developmental, and social/physical environmental features that function as risk conditions for occurrence, severity and recurrence of psychiatric and behavioral symptoms. These risks typically involve antecedent conditions, central processing features, and behavioral consequences. Members of the multidisciplinary staff shall complete those diagnostic assessments relevant to their areas of expertise in each of the bio-psychosocial modalities of influence. The results of these assessments are integrated into a comprehensive matrix of the identified risk conditions that, along with the youth's competency resources, form the basis for the development of each youth's IHTP.

Guardian

Terminology for any non-parent or non-legal guardian.

Developmentally Disabled Youth Coordinator (DDYC):

The Developmentally Disabled Youth Coordinator (DDYC) shall be responsible for monitoring all detained developmentally disabled youth referred to the Regional Center.

Developmental Disability Screening Procedures**Youth is a Regional Center Client or has been referred to Regional Center**

- Checks PCMS>Case Notes>Regional Center>Acceptance Date. If

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documented in PCMS, enter the following in PCMS>Intake Module>Critical Intake Factors link.

- Youth is a Regional Center client.
- Emails the Intake notification information to the Officer of the Day (OD) and the SYTF DDYC (at developdisable@probation.lacounty.gov)

Or

- Checks PCMS>Case Notes>Regional Center>Referral. if documented in PCMS, enter the following in PCMS>Intake Module>Critical Intake Factors link:
 - Youth has been referred to Regional Center by Probation on (date).
- Emails the Intake notification information to the Officer of the Day (OD) and the SYTF DDYC (at developdisable@probation.lacounty.gov)

Orientation Staff

Note: Orientation Staff shall be trained regarding identification, screening, and treatment of youth with developmental disabilities, including information about the Regional Center referral and assessment process prior to conducting the intake and screening process.

(Meets standards set forth in Title 15, Section 1350 (a)(7))

- If the youth is not a Regional Center client or has yet to be referred to the Regional Center, documents in *PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Intake Notification* that the youth is a possible Regional Center client.
- Checks PCMS for any prior alerts indicating that the youth is a Regional Center client.
- Screens all youth entering SYTF facilities using each of the following tools:
 - Reviewing Unified Arrestee Medical Screening Form (SH-R-422, Rev 03/11),
 - Accommodation Indicator Tool (Prob.1572, Rev. 03/12)
 - Screening for Regional Center Notification Instrument (Prob. 1573, Rev. 10/11) for non-Regional Center clients only
- Includes a copy of each screening tool in the Orientation file.

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- Contact the appropriate Regional Center (matching the youth's zip code of residence to the Regional Center Zip Code Poster available on Probnets>FYI>Regional Center Zip Codes Poster) within 24 hours excluding holidays and weekends, to determine whether the youth is an accepted Regional Center client.
- For youth with no permanent address, contact Lanterman Regional Center to request a statewide search to determine if the youth is a current Regional Center client or applicant.
- If the Regional Center indicates the youth is not a Regional Center client, then Probation shall request that the Regional Center conduct an intake for a formal determination of eligibility if any one of the following is present:
 - Unified Arrestee Medical Screening Form - Section Arrestee Questionnaire, Epilepsy is circled, and "yes" Indicator under Question #7 is circled.
 - Unified Arrestee Medical Screening Form - Section Arrestee Questionnaire, the "yes" indicator under Question #9 is circled or
 - Unified Arrestee Medical Screening Form - Section Jailer Observations, "yes" indicator under Question #4 is circled (youth appeared to be developmentally disabled by law enforcement)
 - ADA Screening - youth scores 16 or higher or indicates Mental Retardation or indicates a Regional Center Client/Receives SSI or Screening for Regional Center Notification, the youth:
 - Answers "yes" to Observation #3 and
 - Scored "not correct" on at least three (3) of the screening questions and
 - Scored "not correct" on at least three (3) of the picture-matching items
 - Youth exhibits behavior that may be seen as the youth having a developmental disability, such as mental retardation or
 - Youth informs the Orientation staff that they are a Regional Center client or verbally states he/she has a developmental disability or;

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- Youth indicates that they are in special education and is unable to complete the Screening for Regional Center Notification Instrument:
 - Contact LACOE to verify if the youth is in Special Education
- Notifies the following that the youth may be developmentally disabled and will be referred to the Regional Center:
 - DMH - forward the Mental Health Referral form to the identified location in the facility.
 - DHS - email the DHS Medical Director and Director of Nursing
 - LACOE - email the Principal of each facility.
 - SYTF-email
 - Bureau Chief
 - Consultant
 - Superintendent
 - Assistant Superintendent
 - DDMC
 - IBMP Coordinator (refer all identified developmentally disabled or those youth suspected of having a developmental disability to IBMP Coordinator)
 - Parent/guardian
 - Defense Counsel by phone or email, if neither is available, by fax.
 - Document in PCMS> Case Notes> Developmentally Disabled
- In the referral to the Regional Center, provide the following information:
 - Youth's name
 - Date of Birth
 - Home address
 - Home telephone number
 - Parent/ guardian contact information.
 - Defense Counsel's name and contact telephone information (if available)
 - Whether or not the youth has indicated that they are a Regional

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Center client

- Completes all sections of the Referral to Regional Center for Developmentally Disabled Youth Log (Prob. 1574, Rev. 10/11). In the comments section, include the Regional Center contact name, telephone number, date, and time of contact Email the facility Assistant Superintendent and the DDMC (on the first day of each month) a copy of the Regional Center Log for the previous month.
- Enters the following alerts in PCMS:
 - PCMS>Alerts>Special Handling>Developmentally Disabled (DEVDFS)
 - PCMS>Alerts>Special Handling>Single Bunk
 - If the youth is a Regional Center client, enter PCMS>Alerts>Regional Center
- Write "Single Bunk" on the left inside cover sheet of the behavior chart
- Enters PCMS>Case Notes> Regional Center>Referral and includes the date of the referral, contact person at Regional Center, and Regional Center location. Enters UGI number in PCMS>Youth information>identifiers>UCI No

Individualized Behavior Management Program (IBMP) Coordinator²

- Implements the IBMP and/or IHTP case plan (Prob. 1579, Rev. 10/11), SYTF, and programs, assesses whether the plan is effective and documents effectiveness, and notifies the appropriate people if the plan needs to be updated to address any problems.
- Creates an IBMP for each developmentally disabled youth within seven (7) days of admission to the facility or initial identification, if later, and documents the date and time of the IBMP meeting in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>IBMP
- Discuss each youth's IBMP plan with the youth until the initial Integrated Habilitative Treatment Plan (IHTP) is developed.
- Collaborate with partner agencies to create a Multidisciplinary Diagnostic Assessment (MDA) within (14) days of the youth's identification and repeat as necessary.

² Applicable to BJN facility only.

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- Complete the initial Integrated Habilitative Treatment Plan (IHTP) Within (28) days of identification, conduct a review of the IHTP within every (30) days thereafter.
- Document the date and time of IHTP meeting and youth's progress in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>IHTP Case Plan
- Create a SYTF - Discharge Plan for Developmentally Disabled Youth (Prob. 1578, Rev. 10/11) for each developmentally disabled youth within three (3) business days of admission to detention or initial identification, if later. Works with the IBMP and IHTP teams to update and incorporate the SYTF - Discharge Plan for Developmentally Disabled Youth within the IBMP and IHTP plans.

Developmentally Disabled Youth Coordinator (DDYC)³

DDYC coordinates and facilitates the following:

- Verifies that the identified PCMS Special Handling Alerts (DEVDIS and Single Bunk) and the PCMS>Youth Information>Interested Parties>RC Service Coordinator entry was made for each youth by the Orientation staff indicating Regional Center contact information.
- Monitors PCMS Developmentally Disabled Special Handling Report on a daily basis and notifies Administrative staff regarding transportation and housing needs of developmentally disabled youth.
- Obtains names of developmentally disabled youth separately identified by DMH, OHS, LACOE, and the Placement Resource Control Unit, regardless of whether the Probation screening process reached a different outcome. Notify the appropriate Regional Center for assessment. Each agency shall disclose to the DDYC the names of those youth suspected of being developmentally disabled as soon as the youth are identified. If the DDYC separately identifies a youth suspected of being developmentally disabled, the DDMC shall follow the same procedures indicated herein.
- Contact the appropriate Regional Center to verify if the youth is currently a Regional Center client. Document the following:
 - PCMS>Youth Information>Interested Parties>RC Service Coordinator

³ Applicable to BJN facility only.

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- PCMS>Youth information>Identifiers>UCI No
- PCMS>Case Notes>Regional Center>RC Service Coordinator
- PCMS>Alerts>Special Handling>Developmentally Disabled (DEVDIS)
- PCMS>Alerts>Special Handling>Single Bunk
- PCMS>Alerts>Regional Center
- Complete an Individualized Living Unit Assessment of Developmentally Disabled Youth form (Prob. 1575, Rev. 10/11, Attachment G) for those youth who have been found unfit by the juvenile court or are identified as direct file cases. Upon the Bureau Chief's approval for housing, ensure the youth is transferred to the appropriate SYTF facility. Ensure a copy of the completed assessment is placed in the youth's behavior file and on file with the DDYC.
- Contacts the parent/guardian to:
 - Inform the parent that the youth has been referred to the Regional Center. Document contact/contact date with the parent/guardian in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Parent/Guardian Contact
 - Within two (2) business days, send a packet to parent/guardian, including the "What Is A Regional Center" sheet, "What To Do If Your Child Was Denied Eligibility" Sheet, and Public Counsel "Know Your Rights -Regional Center Basics" booklet. Documents in PCMS under Case Notes> RC Info Packet Mailed to Parent/Guardian
 - If the youth is found not eligible for Regional Center services, contact the parent/guardian to reiterate appeal rights. Youth will still be served under Directive 1300 even if not found eligible for regional center services.
 - Provide updates as needed while the youth is detained in SYTF.
- Contact the youth's defense counsel to:
 - Inform them that the youth has been referred to the Regional Center. Document contact/contact date and information provided to the Defense Counsel in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Defense Counsel Contact
 - Notifies Defense Counsel if over sixty (60) days have

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passed since the Regional Center Referral Date, and the regional center has not yet made an eligibility determination.

- Within two (2) business days of identification of the youth as a regional center client, mail to parent/guardian permission to request an Individual Program Plan (IPP) meeting. Within two (2) business days of receipt of parental/guardian permission requests that the Individual Program Plan (IPP) occurs within thirty (30) days for youth who are Regional Center clients. IPPs should be held at the facility in a confidential location to discuss the services that the youth will need in the SYTF facility, services that the Regional Center will provide once the youth returns to the community, and SYTF- Discharge Plan for Developmentally Disabled Youth. Coordinate the IPP meeting location. Attend IPP meetings for the youth unless the youth, their parent/guardian, or defense counsel objects. Inform of parent's decision not to grant permission.
 - Participates in the Forensic Assessment Team (FAT) meetings at the South Central Los Angeles Regional Center (SCLARC) for those detained youth assigned to SCLARC. Provide meeting notification to the applicable Field Manager and SDPO (for active supervision cases)
- Notify the youth's defense counsel if the Regional Center case worker fails to schedule an IPP meeting within thirty (30) days of the request; notify the defense counsel of the date, time, and location of the IPP meeting. Document contact date in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Defense Counsel Contact
 - Requests through the DDFSC or DDPC, as applicable, for the Court to appoint a Developmental Services Decision-maker for those youth who do not have a parent/guardian, conservator or authorized representative as defined in WIC Section 4646 for purposes of participating in the IPP meeting to ensure appropriate Regional Center services. Document contact in CaseNotes>DevelopmentallyDisabledJuvenileHall>Developmentally Disabled (Field or Placement) Notification
 - Requests through the DDFSC or DDPC, as applicable, for the Court to appoint an education rights holder for those youth who do not have a parent/guardian or conservator for the purposes of participating in the IEP meeting to ensure appropriate special

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education services; Notifies school principal if the youth does not have but requires the appointment of an education rights holder. Documents contact in PCMS> Case Notes>Developmentally Disabled Juvenile Hall>Developmentally Disabled (Field or Placement) Notification

- Request that the youth's defense counsel obtain a Court order authorizing transportation to the Regional Center for evaluation. For those youth who are not appropriate to transport to the Regional Center, requests via email to the appropriate Regional Center to send a representative to assess the youth at SYTF.
- Attend the IBMP, IHTP, Collaborative Assessment Rehabilitative and Education (CARE), and Enhanced Supervision Unit (ESU) meetings at SYTF.
- Monitor the implementation of the IBMP and/or IHTP case plan, SYTF - Discharge Plan for Developmentally Disabled Youth, programs, and school services. Meets with each detained developmentally disabled youth, regardless of Regional Center eligibility, on a weekly basis, reviews the discharge and case plan, and completes the Weekly Developmentally Disabled Youth Contact Form (Prob. 1576)
- Contact the youth's teacher or Special Education Administrator on a weekly basis to discuss and obtain the youth's progress in school; document information in PCMS. Documents in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Education Contact. If the youth is not identified as a special education student, requests that the SYTF School Liaison complete and submit the Request for Initial Special Education Assessment and IEP Form (Prob. No. 1577) to LACOE for assessment of special education needs.
 - Check to see that this is done within three (3) business days of the request and send in the assessment request if it has not been completed by that time. Documents in PCMS > Notes > Developmentally Disabled Juvenile Hall >Special Education > IEP Contact Follow-up date.
 - Attends (either in person or telephonically) scheduled IEP meetings for the youth unless unavailable due to conflicting IEP meetings or out of the office, in which the IBMP Coordinator shall attend as representative. Immediately notify the defense counsel of any IEP meetings scheduled.

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- Provides the DDFS or the DDPC with Regional Center referral and/or Regional Center acceptance/rejection information (all other case contact updates, behavior, SYTF - Discharge Plan for Developmentally Disabled Youth, etc. included in PCMS>Case Notes> Developmentally Disabled Juvenile Hall>Developmentally Disabled Field Notification or PCMS>CaseNotes>DevelopmentallyDisabledJuvenileHall>Developmentally Disabled Placement Notification.
- Provides DPO of Record with updated information regarding the youth's behaviors and any other relevant information that may assist the DPO with the youth's Case Plan (information also accessible through PCMS>Case Notes). DDMC will document updates in PCMS>Case Notes>Behavior Chart>Daily Behavior if there is not already an existing entry for the month.
- If the youth has an open Mental Health case, contact the youth's therapist on a weekly basis to discuss the youth's progress with their mental health case plan. Documents information received from the mental health therapist in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Mental Health Contact
- Contact the youth's DCFS Social Worker (if applicable) to assist with applicable referrals. Documents in PCMS>Case Notes>Regional Center>Referral Assistance Request to DCFS
- Contact the youth's dependency court counsel (if applicable) to assist with applicable referrals. Documents in PCMS>Case Notes>Regional Center>Referral Assistance Request to Dependency Counsel
- Contact the applicable Regional Center every thirty (30) days for detained youth pending Regional Center acceptance. Documents in PCMS>Case Notes>Regional Center>Referral
- Notify the SYTF Consultant regarding youth detained in SYTF for more than sixty (60) days from the date of the Regional Center referral. Documents In PCMS>Case Notes>Regional Center>Referral Status
- Notify the Developmentally Disabled Field Services Coordinator (DDFSC) or the Developmentally Disabled Placement Coordinator (DDPC) when an active youth is released from SYTF Documents in PCMS>Case Notes>Developmental/y Disabled Juvenile Hall>Juvenile Hall Release Notification
- Scans/emails a copy of the SYTF - Discharge Plan for Developmentally Disabled Youth to the DDFS or DDPC for inclusion in the PDJ file.

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Documents in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Juvenile Hall Release Notification and Scan/Email SYTF - Discharge Plan for Developmentally Disabled Youth to DDFSC or DDPC

- Utilize a tracking mechanism for identified developmentally disabled youth and coordinate the sharing of updated information with the Developmental Disabled Field Services Coordinators (DDFSC) and the Developmentally Disabled Placement Coordinator (DDPC)
- Make the following notifications when a youth is released from SYTF:
 - Contact the youth's parent/guardian within one (1) business day after the release to determine if there are any services that need to be addressed by Probation; inform the parent/guardian that Probation has created a SYTF Discharge Plan for Developmentally Disabled Youth for the youth which details the youth's needs and proposes a follow-up treatment plan for the youth and mails a copy of the SYTF - Discharge Plan for Developmentally Disabled Youth to the parent/guardian. Documents in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Date Mail Juvenile Hall – Discharge Plan for Developmentally Disabled Youth to Parent/Guardian
 - Notify the Regional Center, DMH, DHS, LACOE, and DCFS Social Worker and the dependency court counsel (depending on the jurisdiction) indicating the youth has been released from custody. Documents in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Juvenile Hall Release Notification
 - Notify the youth's defense counsel indicating the youth has been released from custody; provide a copy of the SYTF - Discharge Plan for Developmentally Disabled Youth, if requested. Documents in PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Juvenile Hall Release Notification
- Contact the Regional Center's management staff for youth detained in SYTF for more than sixty (60) days from the date of Regional Center referral to determine the youth's status on eligibility. Documents In PCMS>Case Notes>Developmentally Disabled Juvenile Hall>Referral Status

Multidisciplinary Diagnostic Assessment

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Multidisciplinary staff shall collaborate to complete timely, comprehensive, and individualized multidisciplinary diagnostic assessments for developmentally disabled detained youth as the initial step in the development of an IHTP. A multimodal (multidisciplinary) comprehensive diagnostic assessment shall be initiated on admission and completed within (14) days of admission or subsequent identification and repeated as needed for each youth. The major objective of these assessments is to gain a functional understanding of any potential medical, psychiatric, psychological, and physical/social/family environmental conditions that may contribute to and continue to represent risk factors for the repetition of the maladaptive behaviors of each youth while detained In SYTF. This understanding will provide the basis for the development of an IHTP for each youth that addresses their risk conditions.

Integrated Habilitative Treatment Program (IHTP)⁴

Probation shall provide developmentally disabled youth with integrated habilitative treatment while detained at SYTF. An integrated habilitative treatment plan (IHTP) shall be completed within (28) days of admission or subsequent identification for each youth, except that in no event shall the initial IHTP be held later than 20 calendar days after the completion of the multidisciplinary assessment (MDA). The IHTP Plan shall be reviewed at least every 30 thirty days thereafter, unless otherwise necessary. In the interim, during the completion of the multidisciplinary assessment (MDA) and development of the IHTP, the youth shall be provided services and supports as identified in the IBMP process set forth in the IBMP Directive. Youth shall be provided with a comprehensive IHTP that includes all treatment and training/educational program experiences provided by Probation staff and collaborative partners, which include DMH; LACOE, JCHS, the youth's parents/guardians; the youth's home school district representative, (who will receive notification and a request to participate);

Probation forms are available on *Probnets>Forms>SYTF*

414 NON-ENGLISH-SPEAKING YOUTH

It is the policy of the Department to facilitate communication with all youth while maintaining the safety and security of the institution. Intake officers or the authorized designee will attempt to contact staff or other resource persons who are conversant in foreign languages to communicate with the youth.

⁴ Applicable to BJN facility only.

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Whenever possible, staff conversant in foreign languages shall be assigned to all shifts to communicate with youth non-conversant in English. However, such expertise may not always be available.

Rights of Youth

No staff in any facility shall prohibit the speaking of any language by youth in facilities. Every individual has the right to converse in their primary language without the fear of reprisal. There shall be no practice that restricts such activity or results in formal or informal disciplinary action on this basis.

The only deviation from this policy may occur when, in the staff's professional judgment, a situation has arisen which endangers the safety of youth, staff or the facility. 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, to lessen tension and to keep the situation from becoming volatile. Youth unable to speak English may have to be moved temporarily to lessen tensions.

Procedures for Obtaining Interpretation Services

When youth speak languages which cannot be interpreted by the staff, AT&T Language Line Service shall be contacted at 1 (800) 367-9559 and request a conference call with the appropriate interpreter services. The Superintendent or the authorized designee shall contact the Ombudsman, depending upon the hour, and request the necessary service. Staff shall give the operator the following information:

- Department Name: Los Angeles County Probation Department
- Client ID Number: 501215
- Barry J. Nidorf facility PIN Code: 7170

Once the above information is received, the operator will activate the requested services. Staff shall document the phone call in the youth's Behavior Record and in the Unit Phone Log.

415 ORIENTATION PROCESS

All youth newly admitted to SYTF pursuant to a dispositional order shall receive an

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immediate formal, documented orientation. Both written and verbal information shall be provided and supplemented with video orientation, if feasible, prior to placement in a living area in the facility.

Procedure

The intake screening and orientation shall take place in an area of the facility specifically designated by the facility Superintendent or Director that affords privacy during the orientation process.

English language learner youth shall be orientated through an interpreter or a specialized service as necessary.

Youth with special needs, disabilities, and/or impairments, pursuant to the Americans with Disabilities Act (ADA), shall be assessed and provided accommodation(s) as necessary and appropriate.

(Meets standards set forth in Title 15, Section 1353)

During the orientation process, staff shall continuously assess the youth's behavior. Special attention shall be given to signs of crisis, and an immediate referral to medical or DMH staff shall be made as appropriate.

During the formal orientation process, staff shall provide each youth with information addressing rules, regulations, and procedures to access services available to detained youth. Each youth shall receive a language-appropriate (i.e., English or Spanish) handbook of rules and regulations which outlines the following areas:

- Rules and Regulations.
- Contraband and Searches.
- Disciplinary Procedures.
- Behavior Management Programming.
- Expected Behavior.
- HOPE Center.
- Age-Appropriate information that Explains Policy on Prohibiting Sexual Abuse and Sexual Harassment and How to Report Incidents or Suspicions of Sexual Abuse or Sexual Harassment.

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- Identification of Key Staff and their Roles.
- Grievances: procedures, steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve the issue.
- Access to Care Forms.
- Access to Legal Services and Information on Court Processes.
- Contacting your Lawyer.
- Accessing Routine and Emergency Health and Mental Health Care.
- Nurse's Clinic Lists.
- Educational Services.
- Accessing Religious Services.
- Recreation.
- Housing Assignment.
- Opportunity for Personal Hygiene and Daily Showers, including access to personal items.
- Restroom/Water fountain use.
- Rules and access to correspondence, visits (including Special Visits), and telephone use.
- Library.
- Daily Schedule, including programs and other activities.
- Accessing Substance Abuse Programming.
- Policies on the Use of Force, Use of Restraints, Chemical Agents (OC Warning and Use of OC Spray), and Room Confinement.
- Immigration Legal Services.
- Emergencies, including Evacuation Procedures.
- Non-Discrimination Policy and the right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.
- Processes for Reporting Abuse or Mistreatment.
- Availability of Services and Programs in a Language Other Than English if Appropriate.

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- The Process of Requesting Different Housing, Education, Programming, and Work Assignments.
- Process Youth May Request Access to Title 15 Minimum Standards for Juvenile Facilities.
- Contacting the Ombudsman's Office.
- Probation Officer Assignment.
- Transfers.
- Bail.

(Meets standards set forth in Title 15, Section 1353)

Each youth shall be oriented explicitly as to the various processes available to them to access medical, mental health, and dental services and/or report mistreatment, abuse, or staff misconduct directed toward them or to other youth in the facility.

The Orientation Checklist shall be completed for each youth, ensuring all the components of orientation have been explained to the youth. Once the regulations, rules, policies, and procedures have been explained, and the youth understands without further questions, both the staff and youth must sign the checklist.

In support of familiarizing the youth with these various processes, orientation staff shall demonstrate to the youth the proper way to contact the Ombudsman Office and the proper way to fill out an Access to Care form and a Grievance form, as well as the location of all Grievance boxes within the facility.

A post-test shall be administered to all youth to test their knowledge of the orientation materials and processes.

In addition, each youth shall be assessed regarding disability and/or reading issues using the Americans with Disabilities Act (ADA) test.

416 INTRA-FACILITY TRANSPORT OF YOUTH AND THE TRACKING OF MOVEMENT WITHIN SYTF FACILITY (Cross Reference with Directive 1223)

The intra-facility transport of youth shall be overseen and documented by MC/RS, specifically the OD/RS Supervisor and/or the authorized designee. The Unit Sr. DSO or Supervisor shall contact MC/RS prior to initiating the movement of youth out of the unit or when an Officer leaves the unit for any reason.

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The OD/RS Supervisor shall ensure the safe and timely transport of all youth within the facility. This will be accomplished through the tracking of movements initiated in the facility by ensuring the "Intra Facility Transport " Form is completed and included in the OD packet or Dorothy Kirby Center shift report.

MC SR. DSO at BJN SYTF or RS SUPERVISOR AT DOROTHY KIRBY CENTER

The MC Sr. DSO/RS Supervisor shall coordinate with Unit Senior DSOs/Supervisor to ensure the safe and timely transport of youth within the facility.

BJN SYTF ONLY

This shall be accomplished by tracking all movements (youth and staff) initiated in the facility on the "Intra Facility Transport" List and ensuring the list is included in the documents for the OD packet.

UNIT SENIOR DETENTION SERVICES OFFICER**BJN SYTF**

The Unit Senior DSO of the Lead Officer shall ensure all movements (youth and staff) outside of the unit are reported to the Movement Control Senior DSO prior to initiating the movement and recorded in the Senior DSO logbook and Senior Shift Condition Report. The unit Senior DSO shall ensure that staff of the appropriate gender is assigned to conduct the movement. There should be one male staff for male youth and one female staff for female youth.

Youth are transferred between buildings within a facility for numerous reasons, including facilitation of behavior management, addressing program needs, and balancing the population. The receiving unit coordinates such transfers. In special situations, the respective building supervisors may arrange intra-facility transfers for safety/security reasons. Details and conditions of the transfer shall be noted in the youth's Behavior Record.

When a youth is transferred to another building, staff in the receiving building shall be notified and the PM. board counselor shall prepare the PCMS Unit Verification

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form in order to update the information in the computer system.

Details and conditions of the transfer are noted in the youth's Behavior Record.

Dorothy Kirby Center

The SDPO shall oversee the movement of youth throughout the facility. All movements shall be recorded in the Shift Condition Report. The SDPO shall ensure that staff of the appropriate gender is assigned to conduct the movement. There should be one male staff for male youths and one female staff for female youth.

417 INTER-FACILITY TRANSFERS

Each facility offers specialized programs that may not be offered at the other facilities. To ensure that every youth receives appropriate services while detained, it may be necessary to transfer youth from one facility to another.

Youth identified with medical, mental health, school, or court holds shall not be transferred between facilities unless approved by the Superintendent/Facility Director or the authorized designee. Youth with holds shall be transferred between facilities only for court appointments, medical appointments, or housing needs. If the Superintendent/Facility Director or the authorized designees approve a youth for transfer, the movement coordinator shall notify the agency previously requesting the hold and indicate the reason for transfer.

418 ESTIMATED LENGTH OF STAY

Secure Youth Treatment Facility (SYTF) youth will be advised of their estimated length of stay as determined by the baseline term set forth by the court and is subject to modification. Their program will consist of services from the Probation Department, the Department of Mental Health (DMH), the Los Angeles County Office of Education (LACOE), Probation Education Services and Juvenile Court Health Services (JCHS). Community Based Organizations will also provide supportive and engaging services as needed. During their initial orientation, the Individual Rehabilitation Plan (IRP) will be reviewed with the youth or young person, they will be provided a copy as part of the inclusive process to assist them with monitoring and achieving their service development goals.

(Meets standards set forth in Title 15, Section 1350 (c))

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) DAILY UNIT OPERATIONS	Section Number: SYTF-500
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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501 INTRODUCTION

This section addresses various matters involved in the daily operation of the SYTF.

502 SCHEDULE

Staff shall ensure that daily schedules are adhered to. The following outlines schedules for weekdays, Saturdays (and holidays), and Sundays.

Weekday Schedule (Monday through Friday)

- 5:00 AM BJN SYTF Only: Unless approved by the OD, youth are to be awakened no earlier than 5 AM in preparation for early court and appointments. *Note: For those youth needing medications, youth must be seen by JCHS prior to movements.

- 6:00 AM BJN SYTF Only: Conduct shift turnover by conducting a physical check of the youth population, reviewing the daily log book, exchanging information, and checking Inventory Control. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). Relieve the 10 PM - 6 AM shift. Review Behavior Records on new and existing youth. Review Developmental Stage System (DSS) activity and unit calendars.

- 6:15 AM Awaken youth, conduct a roll call of youth in unit, structure, conduct wash-up and restroom calls, and prepare for breakfast.

- 7:00 AM Eat breakfast, complete after-meal cleanup, clean the dayroom, provide the opportunity to brush teeth, clean sleeping quarters, hallways, storage areas, common areas, and restrooms. Conduct

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nurses' clinic calls, send out youth for AM court, and inspect rooms for cleanliness.

- 8:15 AM School movement
- 8:30 AM School check-in completed, transport youth to the Doctor's Clinic, Mental Health, or the dentist.
- 9:00 AM Return to the unit, complete unit cleanup, clean outside areas, conduct security checks, chart Behavior Record/Case Notes, order supplies, inventory laundry and other items as required, complete Work Orders, and see youth in the HOPE Center.
- 11:50 AM Pick up youth from school, call the roll and count youth, return to the unit, structure, search youth for contraband, and wash up for lunch.
- 12:00 PM Lunch and nurses clinic calls. Youth shall be provided the opportunity to brush their teeth after lunch.
- 12:45 PM Prior to school movement, check rooms for orderliness, check youth for school, for PM court, clinic, and other appointments.
- 1:00 PM School check-in. Return to the unit and complete Daily Log entries, Shift Condition Reports, and Incident Reports.
- 2:00 PM Conduct staff turnover, document unit population, conduct a physical check, conduct a roll call of all youth in the unit, exchange information, post-Safety Check Sheet, review Daily Log (Staff working a 16-hour shift must do this again), and complete Activity Log for the shift. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). AM Shift then relieved. See youth in the HOPE Center, check Inventory Control, review Behavior Records on new and problem youth, inventory laundry received, prepare for outdoor exercise, and conduct security checks. Review Developmental Stage System (DSS) Activity and unit calendars.
- 3:00 PM Pick up youth from school, call roll, count youth, return to the unit,

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structure, check youth for contraband, conduct restroom and water calls.

3:00 PM	Programming, Recreation, and/or Exercise (indoor exercise into 5:00 PM inclement weather must receive OD/Supervisor approval).
5:00 PM	Conduct restroom and water calls and proceed with dinner.
5:30 PM	Post meal cleanup, restroom calls, and Nurse's Clinic. Provide youth an opportunity to brush their teeth.
6:00 PM	Programming, Recreation, and/or Exercise (indoor exercise in inclement weather must receive OD/Supervisor approval).
7:00 PM	Free Time/Scheduled group programming.
8:00 PM	Shower routine as per procedure, clothing exchange, cleanup of utility rooms, shower stalls, and other storage areas. Showers should be completed prior to 9:00 PM.
9:00 PM	Lights out, all doors locked, no TV or radio, check rooms.
9:30 PM	Complete paperwork, logbooks, SIRs, new bed chart, and behavior charts.
10:00 PM	Conduct shift change by making physical checks, document population and location of any sleepers, review Bed Chart(s), clothing exchange information, review Daily Log, and complete Activity Log. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). Relieve the 2 PM - 10 PM shift.

Saturday or Holiday Schedule

6:00 AM	Conduct shift turnover by documenting unit population, conducting physical check, reviewing the Daily Log, exchanging information, check Inventory Control, and. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental

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	Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). Relieve the 10 PM - 6 AM shift. Review Behavior Records on new and problem youth. Review Developmental Stage System (DSS) Activity and Unit Calendars.
7:00 AM	Awaken youth, structure, conduct wash-up, restroom calls, and prepare for breakfast.
8:00 AM	Eat breakfast.
8:30 AM	Clean the dayroom, clean sleeping quarters, hallways, storage areas, and restrooms. Conduct clinic calls, bedding/linen exchange, inspect rooms for cleanliness, and conduct security checks.
9:30 AM	Programming, Recreation, and/or Exercise (indoor exercise in inclement weather must receive OD approval).
11:30 AM	Return to the unit, conduct clinic calls, restroom and water calls, and prepare for lunch.
12:00 PM	Lunch.
12:30 PM	Post meal cleanup, restroom, and water calls. Provide youth opportunity to brush their teeth. Clean restrooms, empty trash, clean office, and prepare for Saturday visiting.
1:00 PM	Visiting. The third staff person in the visiting area. Ensure Medi-Cal Administrative Activities (MAA) are available to visiting parents and youth ¹ .
1:30 PM	Prepare for shift change, complete Daily Log entries, Shift Condition Reports, SIRs, HOPE Center transfers, and charting.
2:00 PM	Conduct staff turnover. Complete physical/population check and review Daily Log. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e.,

¹ Applicable to BJN facility only.

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	Flashlight, cut-down tool, security cameras, etc.). Complete Activity Log for the shift. Relieve the 6 AM- 2 PM shift, see youth in the HOPE Center, review Behavior Records on new and problem youth, document bedding/linen exchange, restroom, and water calls, conduct security checks, and check Inventory Control. Review Developmental Stage System (DSS) Activity and unit calendars.
4:00 PM	Visiting completed: Visiting area searched, conduct head and water calls, roll call and count, structure.
4:15 PM	Programming, Recreation, and Exercise (indoor exercise in 5:15 PM inclement weather must receive OD approval).
5:15 PM	Return to unit. Conduct restroom and water calls and proceed with dinner.
5:45 PM	Post meal cleanup, provide the opportunity for youth to brush their teeth, restroom calls, Nurse's Clinic.
6:00 PM	Programming, Recreation, and/or Exercise (indoor exercise in 7:00 PM inclement weather must receive OD approval).
7:00 PM	Return to unit. Conduct restroom and water calls and begin Free Time.
7:30 PM	Distribute evening snack during Free Time.
8:00 PM	Shower routine as per procedure, clothing exchange, cleanup of the utility room, shower stalls, and other storage areas. Showers should be completed prior to 9:00 PM.
9:00 PM	Lights out, all doors locked, no TV or radio, check rooms.
9:30 PM	Complete paperwork, logbooks, SIRs, new bed chart, and behavior charting.
10:00 PM	Conduct shift change by making a physical check, document population and location of any sleepers, review bed chart(s), exchange information with 10 PM to 6 AM shift, review Daily Log, and complete Activity Log. Verify locations of youth outside of the

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unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). Relieve the 2 PM -10 PM shift.

Sunday Schedule

- 6:00 AM Conduct shift turnover by documenting population, checking Inventory Control, conducting a physical check, reviewing the Daily Log, and exchanging information. Verify locations of youth outside of the unit (i.e., Medical and court movements). Review and sign the Mental Health Log. Verify the presence and functionality of safety equipment (i.e., Flashlight, cut-down tool, security cameras, etc.). Relieve the 10 PM- 6 AM shift. Review Behavior Records on new and problem youth. Post new Inventory Control Sheet. Review Developmental Stage System (DSS) Activity and unit calendars.
- 6:15 AM Awaken youth, conduct a roll call of youth in unit, structure, conduct wash-up and restroom calls, and prepare for breakfast. Pick-up sleepers.
- 7:00 AM Eat breakfast, complete after-meal cleanup, provide youth opportunity to brush their teeth, clean dayroom, clean sleeping quarters, hallways, storage areas, and restrooms, conduct clinic calls, inspect rooms for cleanliness, determine which youth shall be attending religious services.
- 7:55 AM Move to first church service. Catholic youth attend mass; Protestant youth attend Sunday school in the dayroom.
- 9:00 AM Move to the second church service. Catholic youth return to the building and have Bible study in the dayroom. Protestant youth attend services. Conduct security checks.
- 11:00 AM Return to unit. Population counts by name, conduct restroom and water calls, prepare, organize, and structure youth. Conduct Programming, Recreation, and/or Exercise (indoor exercise in inclement weather must receive OD approval).
- 12:00 PM Return to unit. Check youth for contraband and wash up for lunch.

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Complete lunch, provide youth opportunity to brush teeth, nurse call, post meal cleanup, conduct restroom and water calls, prepare for Sunday visiting.

1:00 PM	Visiting. The third staff person in the visiting area . Ensure Medi-Cal Administrative Activities (MAA) are available to visiting parents and youth. The caseworker at Dorothy Kirby Center provides MMA information to youth and parents.
2:00 PM	Conduct staff turnover. Complete physical and population check, check Inventory Control, review Daily Log, and complete Activity Log for the shift. AM shift then relieved. Review Behavior Records of new and problem youth.
4:00 PM	Visiting completed: Visiting area searched, conduct head and water calls, roll call and count, structure.
4:15 PM	Programming, Recreation, and Exercise (indoor exercise during inclement weather, with OD/Supervisor approval).
5:15 PM	Return to unit. Conduct restroom and water calls and proceed with dinner.
5:45 PM	Post meal cleanup, provide youth opportunity to brush teeth, restroom calls and Nurse's Clinic.
6:00 PM	Programming, Recreation, and Exercise (indoor exercise in inclement weather, with OD/Supervisor approval)
7:00 PM	Free Time
8:00 PM	Shower routine as per procedure, clothing exchange, cleanup of the utility room, shower stalls, and other storage areas. Showers should be completed by 9:00 PM
9:00 PM	Lights out, all doors locked, no TV or radio, check rooms.
9:30 PM	Record on Safety Check Sheet (check rooms at more frequent intervals when necessary), complete paperwork, log books, SIR's, new bed chart, and behavior charting.

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10:00 PM Conduct shift change by making a physical check, document population and location of any sleepers, review bed chart(s), exchange information with 10 PM to 6 AM. shift Sheet, review Daily Log, and complete Activity Log.

Note: Safety checks shall be documented at a minimum of every 15 minutes, at random or varied intervals between the hours of 6 AM and 10 PM, whenever one or more youth are in their rooms. Scheduled times are subject to change based on incidents and DSS events/activity calendars.

503 SCHOOL

The Juvenile Courts and Community Schools, operated by the Los Angeles County Superintendent of Schools, are an integral part of the daily program in SYTF. The program complies with the State Education Code, County Board of Education policies, and procedures of the Secure Youth Treatment Facilities. Youth shall be provided with a rigorous, quality educational program that responds to the different learning styles and abilities of students and prepares them for high school graduation, career entry, and post-secondary education.

In response to the request by the facility administrator, the Superintendent of Schools must certify that the facility school programs comply with Section 1370, Minimum Standards for Local Juvenile Facilities.

All detained youth who have not graduated, including those with a General Education Development (GED) certificate, are required to attend school on a daily basis. The course of study shall comply with the State Education Code and include, but not be limited to, courses required for high school graduation. Only the school administration can confirm a youth's graduation status. Information and preparation for the High School Equivalency Test as approved by the California Department of Education shall be made available to eligible youth. To facilitate cooperation between schools and Probation, an ongoing liaison shall be instituted.

(Meets standards set forth in Title 15, 1370 Section (b)(1)(2))

The facility administrator, in conjunction with school staff must ensure that operational procedures of the facility shall not interfere with the time afforded for the instructional day. Absences, time out of class, or educational instruction, both excused and unexcused, shall be documented.

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(Meets standards set forth in Title 15, Section 1370 (b)(6))

In collaboration with the schools, a plan has been implemented to accommodate youth requiring special services. Youth scheduled to take the GED or needing an IEP evaluation, testing, and services at BJN SYTF may remain at the site, providing and/or administering the services. To ensure continuity of services, the on-site school shall provide a list to the Movement Coordinator of all youth taking the GED or needing IEP services. Movement Control staff shall code the youth in PDS as SEPCJ/SEPBJ (School Education Plan). Once services have been completed, the code shall be removed from PDS, and the hold removed².

Youth at Dorothy Kirby Center to take the GED testing and/or IEP evaluation at the facility.

Procedures

Probation and school staff shall cooperate and perform according to the following:

- School movements shall be planned so all eligible youth are in classrooms by the beginning of the school day.
- Unless other arrangements are agreed to, teachers shall be at the classroom door to receive all students.
- Teachers shall check in each student, and a corrected attendance list shall be given to the school clerk by Probation staff.
- School staff shall be culturally responsive and utilize trauma-informed approaches when providing instruction.
- School staff shall collaborate with the facility administrator to use technology to facilitate learning and ensure safe technology practices.
- All youth shall be treated equally, and learning shall be free from discriminatory action. Staff shall refer to transgender, intersex, and gender non-conforming youth by their preferred name and gender.

(Meets standards set forth in Title 15, Section 1370 (a)(b))

- School staff shall be advised of administrative decisions made by Probation that may affect the educational programming of students. This includes any matter or significant data regarding youth that affects the

² Applicable to BJN facility only.

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security of the facility. School staff shall communicate similar information to Probation staff.

(Meets standards set forth in Title 15, Section 1370 (c)(2)

- School staff shall be responsible for notifying Probation of any youth requiring medical attention.
- School staff shall be responsible for taking appropriate disciplinary action within the school setting.
- If a youth is removed from class for disciplinary purposes, a school referral must be prepared by the teacher and submitted to the school office. A copy of the referral must be forwarded to the youth's living unit and the Superintendent's/Director's office no later than the end of the school/workday.
- When the school cannot take effective disciplinary action, the matter shall be referred to the building staff, who shall assume responsibility for further disciplinary action.
- MC at BJN SYTF or School Liaison at Dorothy Kirby Center shall be in charge if school personnel request their assistance in controlling specific behavior. Appropriate staff shall complete all necessary reports.
- Probation staff shall not remove youth from school during group movements and recesses without checking with the teacher responsible and obtaining acknowledgment and release.
- Education shall be provided to all youth regardless of classification, housing, security status, disciplinary or separation status, including room confinement, except when providing education poses an immediate threat to the safety of self or others. Education includes but is not limited to, related services as provided in a youth's Section 504 Plan or Individualized Education Program.

(Meets standards set forth in Title 15, Section 1370 (b)(7)

Definitions

Individual Education Program (IEP): a written statement for each individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Education Code Section 56345 and applicable federal laws and regulations.

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Non-school day: a day when school is not in operation. It also applies when an individual youth is not enrolled in school and is not required to be in attendance.

Homework

It is the intent of the Department, in cooperation with the Los Angeles County Office of Education (LACOE), to ensure youth receive a full complement of educational services. Therefore, in addition to the three hundred (300) minutes of in-school instruction offered during the school day, all youth will be exposed to homework studies.

LACOE shall provide appropriate grade-level areas of study during the time set aside in the unit to complete homework. Unit Probation staff shall ensure youth have sufficient time to complete this work and that they are provided with supplies (pencils, paper, etc.) necessary for the assigned tasks. Probation staff shall monitor the use of all materials and ensure that they are returned to the school the following day. Although tracking is the responsibility of LACOE, Probation shall assist in any way possible.

In addition to the regularly scheduled homework sessions and in concert with the intent to improve the educational skills of detained youth, Probation staff will encourage youth to make use of the unit libraries and check out books and other appropriate reading materials.

Pencils

Youth may use pencils for the purpose of homework, letter writing, or drawing when directly supervised by staff. Staff may issue a pencil to a youth upon the youth's request if the following procedures are met:

- A notation is made on the unit population board next to the youth's name, indicating that a pencil has been issued. The notation is removed only after the pencil has been returned.
- Pencils are used in a common area, e.g., a dayroom, where staff can supervise their use.
- When returned, staff must check to ensure that the pencils are intact and that there are no markings on walls or fixtures in the areas where the youth were using the pencils.
- If authorized by a Sr. DSO/DPO to use a pencil in youth's room, the

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same procedures for common room use must apply.

- Pens are not permitted.

504 HOUSEKEEPING

Housekeeping is essential for any detention setting 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 unit. Youth residing in our SYTF facilities usually complete all 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 Sr. DSO Unit Log Book and DSO Unit Logbook at BJN SYTF and Unit Red Logbook at Dorothy Kirby Center.

Clothing Services**BJN SYTF**

Clothing: Upon admission, all youth are issued a complete set of clean clothing and shoes.

Unless work, climatic conditions, or illness necessitates more frequent exchange, outer clothing, except footwear, shall be exchanged twice a week. Bras, underwear, socks, and T-shirts shall be issued daily. Female youth shall be provided with cloth or disposable underwear. Youth shall receive underwear belonging to them back at the exchange.

Should staff observe a youth's clothes are not suitable for wear, such as excessive dirt or holes/tears, that piece of clothing shall be immediately exchanged.

Clothing exchange shall be documented in the Sr. DSO and DSO Logbooks, indicating the date and time the exchange occurred.

Note: Youth do not have the option of refusing to exchange clothing.

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Dorothy Kirby Center

Youth shall be provided with a mesh laundry bag, which they may utilize to clean their undergarments. Youth are given the opportunity to do their own laundry on a daily basis.

Each youth is responsible for washing their own sheets, blanket, 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.

Bedding Services

Bedding: Upon admission, all youth are provided clean, laundered, suitable bedding and linens in good repair that include but are not limited to one mattress, one pillow and pillowcase, two sheets, one towel, and one blanket (or more, upon request). Sheets and pillowcases are exchanged weekly. Blankets are exchanged once a month. 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 mattress type for pregnant youth or youth with other medical-related needs.

Bedding exchange shall be documented in the Sr. DSO and DSO Logbooks, indicating the date and time the exchange occurred³.

Control of Vermin in Youth's Personal Clothing

To prevent infestations of lice, mites, vermin, and ectoparasites from entering the facility 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.

³ Applicable to BJN facility only.

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(Meets standards set forth in Title 15, Sections 1482-1484, 1500-1502)

Housekeeping Schedule

Housekeeping is a mandatory function that must be completed throughout the day on each shift, excluding the 10:00 PM to 6:00 AM shift. Prior to exiting the building for any movement, the staff are 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)
- Unit office
- Unit office restroom
- Personals closet/ storage area
- Dayroom
- Dining area
- Pantries/Kitchens
- Utility room
- Laundry room
- Breezeway
- Showers
- Restrooms
- Staff restrooms
- Stairwells
- Elevators
- Storage rooms
- Drinking fountains
- Closets
- Areas between screens/ windows
- Outside perimeter of the building
- Non-Living Unit Areas
- Movement Control
- Receiving Unit
- Boys and Girls Admissions
- Court Custody Area

Youth Participation

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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 building supervisor. Assignments shall not be imposed as a disciplinary measure.

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
- 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 building supervisor and division Director.

(Meets standards set forth in Title 15, Section 1373)

Quality Assurance

Upon completing all housekeeping tasks, staff shall check each area for cleanliness and maintenance problems. Thereafter, the Sr. DSO at BJN SYTF

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and DPO II/Lead at Dorothy Kirby Center shall inspect each area to ensure all areas meet acceptable standards of cleanliness. If an area does not meet acceptable standards, the Sr. DSO or DPO II/Lead shall instruct the staff to make the necessary corrections (corrections shall be made by youth). The area in question shall then be re-inspected by the Sr. DSO or DPO II/Lead. This process shall continue until the area meets acceptable standards of cleanliness.

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 the building infrastructure is maintained properly. These functions must be inspected daily by the Sr. DSO or DPO II/Lead 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).

(Meets standards set forth in Title 15, Section 1510)

- Completion of work orders: The staff and/or Sr. DSO 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.
- Ensure emergency supplies and equipment are present and in working condition:
 - Fire extinguisher
 - First aid kit
 - Flashlight
 - Rescue breathing device
 - Cut down tool
 - Handcuffs and physical restraints

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- Ensure the presence of all necessary log books,
 - Sr. DSO log⁴
 - DSO Log⁵
 - Red Logbook⁶
 - Restroom Log
 - Telephone Log
 - HOPE Center Transfer Log
 - Special Incident Report Log
 - Visitation Log
 - SYTF Mechanical/Soft Restraint Log
 - Work Order Log
 - Medi-Cal Administrative Activities (MAA) Encounter Log

505 HOUSEKEEPING: BASIC CLEANING PROCEDURES FOR ALL AREAS**Standard**

The standard of cleanliness that shall be met in all building areas is outlined below.

- The walls, ceilings, floors, doors, doorjambs, 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

⁴ Applicable to BJN staff only.

⁵ Applicable to BJN staff only.

⁶ Applicable to Dorothy Kirby Center staff only.

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- 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.
- 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.
- Personals 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.
- Elevators: shall be visibly clean and free of debris.
- Stairwells: shall be visibly clean and free of debris.

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- 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.

506 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 intercoms are clear of obstructions and operable, and mirrors are in a condition that can be used by youth to contribute to their hygiene, and intercoms are clear of obstructions and operable.

Inspections

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. When discrepancies are noted, work orders shall be submitted.

Water temperatures will be tested during these inspections. The Services Director 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 *Shift Condition Report*, and if repairs are needed, submit a work order through Probation Facilities Management System (PFMS). The email confirmation of the Work Order request shall be filed in a binder in the unit office. The living unit SDSO shall review the email confirmations weekly and contact the PFMS support group (probpfms-support@probation.lacounty.gov) to follow up on outstanding work orders.

Unit supervisors shall conduct weekly inspections of their living unit to ensure that line staff has submitted a work order for each discrepancy related to wash basins, showers, floors and ceiling tiles, lighting doors, mirrors, intercoms, and unit cameras. If the supervisor finds any unreported discrepancies, they shall ensure that work orders are submitted through PFMS.

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Staff shall write a *Special Incident Report* for every act of vandalism or destruction of the County of Los Angeles property, including but not limited to washing 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 will be given to the Management Services Bureau Chief and the facility Superintendent.

The results of the various annual facility maintenance inspections shall be kept in the Services Director's office, along with Corrective Action progress reports.

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 log in to PFMS through Probnets to submit a work order request. Detailed processes for submitting a work order are outlined in the PFMS User Guide located on Probnets.

The system sends automatic notifications via email to the requester at the following stages:

- Request has been Received.
- Request has been Returned (if applicable).
- 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 requestor may reference the form for status checks at any time.

507 HOUSEKEEPING: PERSONAL HYGIENE SUPPLIES

Staff shall ensure that each youth receives adequate personal hygiene supplies, including a toothbrush, toothpaste, soap, comb, shaving implements, deodorant,

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lotion, shampoo, and post-shower conditioning hair products. Each female youth shall be provided with sanitary napkins, panty liners and tampons as requested.

Youth shall not be required to share any personal care items such as toothbrushes, toothpaste, soap, and/or combs. Liquid soap provided through a common dispenser is permitted and shall be available.

Youth shall not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.

(Meets standards set forth in Title 15, Section 1485)

Once a week on the scheduled delivery date, warehouse staff to deliver personal hygiene products to the units where youth are housed. The number of products delivered will be determined by the unit's "par" (supply) level.

Stock Levels

The Probation Department's Director of Facilities Operation shall ensure there are enough personal hygiene products/supplies stored in the Probation warehouse system to maintain the established par levels for each facility living unit.

The Director of Facilities Operation or the authorized designee shall monitor warehouse stock levels of all youth hygiene products (also known as "Critical Supplies") and conduct a weekly audit of the Critical Supply Inventory Report to prevent products from falling below their respective par levels. A copy of the monthly Critical Supply inventory shall be provided to each facility's Management Services Bureau Director for their records. Copies shall also be provided to the Management Services Bureau Chief.

The Director of Facilities Operations, or the authorized designee, shall conduct random audits of the "Critical Supply Ordering and Delivery" process. The audit shall consist of reviewing requisitions or orders for products, comparing the number of products listed on the order form to the respective living unit's population records for the day in question, and determining if the appropriate number of products were delivered. Their findings shall be noted in the Critical Supply Audit Log that is located at each facility's warehouse.

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The AM shift Senior DSOs/DPO II or the authorized designee shall monitor their unit's personal hygiene supply inventory. They shall determine if the warehouse has delivered the appropriate number of products to the living unit by comparing the number of products delivered to the unit's par level and contact the warehouse staff to report any excess or surplus of product found in the unit so the warehouse can make the proper adjustment to the unit's next delivery of supplies. The Unit supervisor shall monitor this process.

Special Requests

A Special Request is a requisition for a number of products or supplies that exceeds the established par level. When this occurs, staff shall complete the warehouse supply requisition form and send the appropriate copy to the facility warehouse during the designated ordering period. The order for supplies must be accurate and based on the population needs of the requesting living unit.

Supervisors shall monitor their unit's special requests for supplies. They shall, as necessary, determine if the requests are justified accurate and whether they were sent to the warehouse by the designated submission deadline. Copies of the requests shall be filed in the living unit.

Once a month, the Director of Facilities Operations or the authorized designee shall prepare a Critical Supply Inventory Report and provide a copy to each juvenile facility's Management Services Bureau Director for review and filing.

Supply Deliveries

The Director of Facilities Operations or the authorized designee shall ensure all critical supply product orders are delivered on a pre-designated day each week. Delivery receipts shall be kept in a Product Delivery file maintained in the respective warehouse.

If there is a discrepancy regarding the shortages, the AM Shift Sr. DSO/DPO II or the authorized designee shall inform the Management Services Bureau Director's office. The Management Services Bureau Director shall contact the Director of Facilities Operations and resolve the issue.

508 HOUSEKEEPING: AUTHORIZED CLEANING PRODUCTS

The purpose of these guidelines is to reduce, if not eliminate, injury and or illness

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related to workplace accidents involving the use of cleaning and sanitation chemicals in facilities where the Probation Department is the proprietor.

To prevent exposing Probation staff, youth, and visitors from the avoidable unacceptable risk factors associated with "aggressive" cleaning chemicals, only environmental and human-friendly non-acid (including citric acid) cleaning products (soaps, multi-purpose degreasers, disinfectants, waxes, air fresheners, etc.) shall be stored and used inside facilities where the Probation Department is the proprietor.

The Department's Procurement Section shall only order authorized cleaning products.

Probation staff, volunteers, visitors, or anyone entering a probation facility are prohibited from transporting and or using unauthorized cleaning products in the facility.

"Aggressive" acid-based cleaning products are chemicals or solutions that contain ingredients or compounds such as chlorine, hydrochloric acid, phosphoric acid, phosphates, or any known caustic, toxin, or corrosive agent.

509 SHAVING AND HAIRCUT PROCEDURES

All youth shall be allowed to properly groom themselves as long as safety and security measures are maintained. Although shaving is not compulsory for youth, it is considered part of a grooming function. All youth shall have equal opportunity to shave face and body hair.

Shaving Procedures

The following procedures shall be adhered to in order to minimize the risk inherent in providing razors to youth:

- Youth shall have access to a razor daily unless their appearance must be maintained for reasons of identification in court.
- Only disposable razors shall be used for shaving.
- The razors shall be kept in the Sr. DSO's office or designated location.
- 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 razors.

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- Shaving may be done as conditions permit, but no later than 9 PM.
- Only one youth at a time shall be permitted to shave. The shower room shall be used with no other youth permitted to enter.
- 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.
- The Superintendent/Facility Director or the authorized designee may suspend shaving procedures if the youth are considered a danger to themselves or others.

(Meets standards set forth in Title 15, Section 1487)

Haircut Procedures

Staff members, as well as licensed barbers and cosmetologists, may give haircuts to the youth. No youth shall be allowed to cut the hair of another youth. The same regulations that apply to barbers in the community shall apply to staff providing hair care services in SYTF. Equipment shall be cleaned and disinfected after each haircut or procedure by a method approved by the State Board of Barbering and Cosmetology.

The following procedures shall be followed when providing haircuts to the youth:

- Youth shall receive hair care services monthly.
- Youth shall receive no less than a minimum universal number 1 (#1) clipper guard as a haircut.
- All equipment shared among the youth must be disinfected according to health and safety regulations before each individual use. Concerns about transmitting HIV and hepatitis are germane for hair care equipment capable of drawing blood.
- All disinfectant solutions shall be stored in secure areas unavailable to the youth and must be registered by the Environmental Protection Agency (EPA) and possess bactericidal, fungicidal, and veridical capabilities.
- All non-electrical instruments and equipment shall be disinfected in the following manner:
 - Remove all visible debris.
 - Clean with soap or detergent and water.

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- 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.
- Protective gloves or use tongs when removing tools from the disinfectant.
- 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 which is labeled "Clean" or "Disinfected".
- 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.
- Electrical instruments shall be disinfected in the following manner:
 - First, removing all visible debris; and
 - Disinfect with an EPA-registered disinfectant spray or wipe with demonstrated bactericidal, fungicidal, and virucidal activity used according to the manufacturer's instructions.
 - All disinfected electrical tools shall be stored in a clean place.
 - All soiled electrical tools used on a youth, or soiled in any manner, shall be placed in a container labeled "Soiled," "Dirty," or "Contaminated" (excluding hot styling tools)

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(Meets standards set forth in Title 15, Section 1488)

510 MAIL

The Probation Department is committed to maintaining the security and confidentiality of mail within the juvenile facilities. All youth have a right to send and receive mail. Mail shall not be read or withheld unless there is reasonable suspicion that the facility may be in danger or a safety and security concern. Withholding of mail or suspension of postal service due to such inspections shall not exceed a period of twenty-four (24) hours (except on legal holidays and weekends). If mail is withheld, the youth shall be notified. Youth may correspond confidentially with state and federal courts, any member of the State Bar or holder of public office, and the Board of State and Community Corrections. However, authorized facility staff may open and inspect such mail only to search for contraband in the presence of the youth. All other incoming and outgoing mail may be read by staff only when there is reasonable cause to believe facility safety and security, public safety, or youth safety is jeopardized.

Fundamental to the right to send mail is the opportunity to write letters to promote communication between youth and their families and interested parties. Scheduled letter-writing periods shall be incorporated into each unit's weekly activity schedule to ensure letter-writing opportunities are made available to all youth. These periods must include access to paper, envelopes, pencils, and ample time to construct a letter. All letter-writing periods shall be documented in the Unit Logbook(s).

(Meets standards set forth in Title 15, Section 1375)

Orientation

At the time of orientation, staff shall advise each youth that they may receive mail and write to parents, relatives, friends, the Courts, attorneys, and the Board of State and Community Corrections, with the following exceptions:

- Court order or the youth's field DPO expressly forbids contact with a particular person.
- Persons in detention or a correctional facility. Written communication between relatives in detention or correctional facilities shall require the field DPO's authorization.

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Ingoing/Outgoing Mail

The following procedures are to be followed in processing mail:

- There are no limitations on the volume of mail that youth may send or receive. The Department shall provide postage.
- All incoming U.S. mail shall be delivered to the mailroom. The mail clerk shall place youth mail in the appropriate housing unit mailbox.
- Staff on the 2:00 PM- 10:00 PM shift shall pick up mail when coming on duty. The mail shall be distributed the same day the building staff receives it unless an inspection of the contents is required for contraband or security reasons.
- Unacceptable incoming mail shall be returned to sender.
- Youth mail shall be sealed and given to the building staff for mailing. Building staff shall check all outgoing mail to determine its destination. All forbidden mail shall be considered contraband and shall be confiscated.
- The 2:00 PM–10:00 PM staff shall deliver all outgoing mail to the mailroom when going off duty.
- The mailroom clerk shall place the mail in the County Messenger mailbag for postage, metering, and mailing.

(Meets standards set forth in Title 15, Section 1375)

Possible Contraband in Mail

Contraband shall be handled according to the established procedures below:

- If there is reason to believe that incoming or outgoing mail contains contraband, it shall be turned over to the Sr. DSO at BJN SYTF or DPO II/ Lead at Dorothy Kirby Center, who shall open the letter in the presence of the youth.
- If contraband is discovered, the envelope and its contents shall be given to the supervisor or OD/RS, who shall forward it to the division Director with a full report of the incident.

511 USE OF TELEPHONE

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It is the policy of the Probation Department to facilitate telephone calls to all youth to enhance the reunification process. The process of reconnecting youth with their families is accomplished through a variety of case management supports and services that include monitored telephone calls. These monitored calls are an essential case management activity that helps each youth, and their families achieve an optimal level of reconnection that affirms a youth's membership in their family.

Structured, monitored, and goal-directed telephonic contact is one of the ways our case management activities can facilitate positive communication between the youth and their families with the goal of reconnecting them and ultimately reunifying them with their families.

Safety and security concerns require that staff adhere to all rules and regulations outlined in this section.

Calls to other facilities, victims, witnesses, or anyone specifically restricted by proper authority are prohibited. The Sr. DSO at BJN SYTF or DPO at Dorothy Kirby Center is responsible for restricting such calls and authorize calls to be made according to the following procedures:

- Youth shall have access to at least one (1) free telephone call per week except for a limited duration while safety and security are a concern.
- Youth may be allowed to complete calls on both the AM and PM shifts. Calls shall be allowed during periods that do not interfere with established programs or with essential health, safety, and security procedures.
- All calls, except those to or from the attorney of record, shall be monitored by the staff, who shall be in close proximity to the youth making a telephone call.
- No youth shall be granted any type of phone call prior to any movements outside of facilities.

Youth shall also continue to have access but shall be discouraged from the use of collect call telephones, following the above procedures.

All telephone calls shall be documented in the telephone log and the Behavior File Record of Supervision (ROS) or PCMS. Documentation shall include the following information:

- Youth's name.

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- Name and number of person to be called.
- Date and time call was attempted and completed.
- Name of staff issuing and monitoring the phone call.

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.
- The OD or the authorized designee is responsible for notifying staff that the court has authorized a telephone call for the youth⁷.
- A log shall be maintained in MC/RS noting the existence of the order, the name of the 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.
- Building staff shall record the completion of the call in the Behavior File Record of Supervision (ROS)⁸, PCMS and/or Building Telephone Log; in addition to the information normally recorded in the log, staff shall also indicate the name of the person receiving notification of the court-ordered call and the date and time of the completion or attempt.
- If, for some reason, the call cannot be completed within forty-eight (48) hours of the judicial order, the building Supervising Detention Service Officer (SDSO) at BJN SYTF or Supervisor at Dorothy Kirby Center or the authorized designee shall notify the court and request further direction.

Telephone Translation Services

It is the policy of the Department to facilitate communication with all youth while maintaining the safety and security of the facility. In the event that a youth requires an interpreter and the staff is unable to interpret, the staff shall follow the procedures for obtaining translation services.

⁷ Applicable to BJN facility only.

⁸ Applicable to BJN facility only.

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(Meets standards set forth in Title 15, Section 1376)

512 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 postage-free, legal correspondence and cost-free telephone access as appropriate.

(Meets standards set forth in Title 15, Section 1377)

Staff shall provide assistance whenever youth request to contact their attorney or the Court by County telephone or by mail. Youth must provide identifying information about the Court and/or attorney before such assistance can be rendered. The address and telephone numbers of the Court and the Public Defender are readily available from IDC.

Staff shall adhere to the following procedures when receiving or placing a phone call to the youth's attorney(s) of record:

- Verify that the call is to or from the attorney by checking the youth's Kardex file/PCMS/PEMRS in Movement and Control.
- Allow the youth to speak in confidence with their attorney cost-free. Staff shall position themselves so they can observe the youth, but they shall remain at a distance where the youth may hold their conversation in private.
- Staff shall inform the attorney to make future contact with their clients in person or by mail. In addition, staff shall inform the attorney that visitation is available Monday through Friday, 9:00 AM to 11:30 AM and 1:00 PM to 4:00 PM.
- Staff shall record the phone call in the youth's behavior file and in the Unit Phone Log.

(Meets standards set forth in Title 15, Section 1377)

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513 SWIMMING POOL USE

The Program Services Office schedules the seasonal use of the swimming pool. Staff shall encourage youth to swim or to learn to swim if they are non-swimmers.

Program Services Responsibilities

The Program Services Coordinator:

- Schedule one building at a time to use the pool.
- Issue the monthly Exercise Schedule to the facility so that the chlorine content can be checked by General Services and the buildings are advised as to when the pool can be used.
- Schedule a Certified Lifeguard to correspond to the swimming schedule.

Staff Responsibilities

Staff always have the primary responsibility for the conduct and supervision of the youth and shall ensure that the following is accomplished:

- Swimwear is obtained from the laundry in preparation for swimming.
- Assistance is provided to the Lifeguard in emergency situations.
- Alternate activities are planned for those who do not wish to participate in swimming.
- Only those youth on full activity status shall be allowed to swim.
- No youth shall enter the pool area (inside the fence) unless the assigned Lifeguard is present.

Lifeguard Responsibilities

The Lifeguard shall adhere to the following procedures:

- Check presence and readiness for use of lifesaving equipment prior to swim activity.
 - Aluminum rescue pole (shall be at least 15 feet long).
 - Life ring attached to the line that is at least 30 feet long.
 - Pool log shall be checked to ensure pool is cleared for use.
 - Pool phone is to be operational.

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- Youth shall not be allowed to swim if placed on a no-swimming activity by health services.
- Specifically 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 pool rules and regulations. Youth are to remain seated when not in the pool. 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.
 - Bring anything into the pool.
 - Horseplay, dunk other swimmers or be allowed to push or throw anyone in the pool.
- Complete the Swimming Pool Use Form indicating those youth who are participating in swimming. The form shall be completed and submitted to the OD/SDPO at the end of the swimming pool session.
- The OD/SDPO shall sign and date the form and submit the form to the Assistant Superintendent/Facility Director. The form shall also be included in the OD packet or Facility Director Folder.

514 HANDLING CONTRABAND

Contraband consists of items whose possession may constitute a law violation. It is the policy of the Probation Department to confiscate all contraband to keep it as evidence, destroy it, or remove it from circulation within the facility.

Contraband Constituting a Law Violation

Possession of this type of contraband is a crime in the community. Typical examples are weapons (guns, shivs), drugs, and drug paraphernalia (needles,

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pencil pipes). Although small quantities of drugs may not be enough to warrant a legal filing, the confiscated items shall be stored for later disposal. Larger quantities, sufficient for filing of additional charges, shall be kept in accordance with chain of evidence protocols.

Procedures include the following:

- An SIR documenting what was found, where it was found, on whom it was found, the youth's name and other identifying information, and the name of the person who found it is prepared in each case.
- Whenever possible, only the staff finding the contraband should handle it to limit the number of staff called as witnesses in later proceedings.
- The contraband shall be placed in a sealed envelope with a Contraband Inventory Summary form filled out and attached. The flap is sealed with tape with the name of the staff-written underneath the tape.
- The contraband and SIR are given to the OD/RS Supervisor for disposition, which must include notification to the Superintendent.
- If the amount or type of contraband merits additional charges, local law enforcement shall be called by the Superintendent/Facility Director, or the authorized designee and the contraband is formally transferred by obtaining a written receipt from the law enforcement agency. Staff shall cooperate in helping the law enforcement compile their report.
- If the contraband does not merit additional charges, the OD/RS Supervisor shall take the sealed envelope to the Superintendent for secure storage or subsequent disposal.

Contraband Constituting a Facility Violation

All contraband in the youth's possession violates the rules of the facility. Examples include but are not limited to, money, matches, tattooing devices, and handcuff keys.

Procedures for disposal vary with the type of contraband. Money, for example, shall be placed in the youth's property to be returned upon release. Other contraband shall be given to the OD/RS Supervisor for disposal. An *SIR* shall be written as above, but there is no need to retain the contraband as evidence or to complete the *Contraband Inventory Summary*.

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It is the responsibility of staff to maintain a safe and secure environment for the youth and staff through compliance with specific procedures. The Superintendent/ Facility Director or the authorized designee shall annually review, evaluate, and document all internal and external security measures of the facility, including but not limited to key control, equipment, and staff training.

(Meets standards set forth in Title 15, Section 1326)

Youth Count

A youth count shall be conducted at the start of each shift. The count is done jointly and is the responsibility of both the incoming and outgoing staff. The results of the physical count are recorded in the unit Logbook and in the *Shift Condition Report*. Youth counts shall also be conducted at the start and end of each activity and each movement. Any discrepancy from the correct count shall be reported to MC immediately. The board DSO at BJN SYTF or DPO II/Lead at Dorothy Kirby Center shall be responsible for maintaining an ongoing record accounting for the location of each youth assigned to the building during the shift. The Sr. DSO or DPO II/Lead shall be responsible for verifying that all youth are accounted for at all times.

Building Security Checks

The board DSO at BJN SYTF or DPO at Dorothy Kirby Center and GSN (10-6 Shift) shall conduct a thorough security check of the unit at least once each shift with close attention given to doors, locking mechanisms, screens, bolts, light fixtures, beds, mattresses, vents, etc. If there is a physical security problem requiring immediate maintenance, Management Services shall be called, and a Work Order submitted. MC/RS shall be notified on the weekends, after hours, and holidays when a service request is urgent.

An Inventory Control Log is to be posted in the utility room and is to be initialed daily by the board DSO/ DPO and GSN (10-6 Shift) at the beginning of each shift and by the Sr. DSO or DPO II/Lead at the end of each shift. The presence of the fire extinguisher, cut-down tool, CPR device, first aid kit, biohazard decontamination kit, handcuffs, flashlights, and metal detection devices are to be confirmed and noted on the log.

Staff shall ensure that doors are locked at the appropriate times. Utility closets,

DAILY UNIT OPERATIONS

linen rooms, staff offices, and recreation rooms are always to be locked. Staff shall directly supervise youth in these areas.

Group Security

Staff shall be responsible for preventing escapes. Roll Call, accompanied by an actual youth count, is to be made before and after each activity or movement. Staff shall position themselves in a location where they can see all youth. On the playing field, youth are to be kept in easy-to-control areas and structured as to their boundaries. Youth are to remain seated if not directly participating in an activity.

516 USE OF CARDIOPULMONARY RESUSCITATION (CPR) EQUIPMENT AND FIRST AID

Youth Supervision staff and health care 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 SDPO or training coordinator to arrange for re-certification. 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 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 shall ensure that AEDs are maintained properly per manufacturer standards.

(Meets standards set forth in Title 15, Section 1412)

517 SAFETY EQUIPMENT

The Sr. DSO at BJN SYTF and DPO II/Lead at Dorothy Kirby Center shall ensure the following:

- The fire extinguisher, cut-down tool, rescue breathing device, handcuffs, first aid kit, flashlights, leather restraints (if applicable), emergency

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alarms, OC canisters⁹, and biohazard kit are operable and properly secured.

- The fire extinguisher is available in the unit, charged, and currently dated.
- The cut-down tool is present in fire hose/extinguisher cases, and all staff in the unit that shifts are aware of its location.
- The handcuffs (or other restraining devices, such as leather restraints, helmets, flex-cuffs, four-man chains, and leg cuffs, as applicable to the unit) are immediately available and in good working order.
- The rescue breathing device is immediately available and in good working order.
- The flashlight is immediately available and in good working order.
- The first aid kits are immediately available and fully stocked. If the first aid kit is in need of restocking, the Supervising Nurse is to be contacted by the Sr. DSO or DPO II/Lead for assistance.
- The bio-hazard kits are immediately available and fully stocked. If the Bio-Hazard kit is in need of restocking, the General Services Director is to be contacted.
- The emergency alarm(s) (panic buttons/knock-off telephones) system is/are in good working order. At the beginning of each shift, the Sr. DSO or DPO II/Lead shall be responsible for testing and ensuring the good working order of the unit's emergency alarm system (i.e., panic buttons and/or knock-off telephone). In instances where the device is not operating properly, the OD/RS Supervisor shall be contacted, and an Emergency Work Order submitted immediately.
- The OC canisters of staff are in their possession and properly secured. Staff shall shake the canister monthly to maintain effectiveness¹⁰.
- The panic alarms are tested by Mental Health staff upon coming on duty in the morning and at the afternoon shift change.
- Cameras and/or video monitoring equipment are operable (Only in equipped buildings).

⁹ Applicable to BJN Facility only.

¹⁰ Applicable to BJN facility only.

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518 TEMPORARY SUSPENSION OF RIGHTS

Nothing contained herein shall be construed to deny the power of any Facility Manager to temporarily suspend any standard or requirement herein prescribed in the event of any emergency that threatens the safety of a local juvenile facility, youth, staff member, or the public. Only such regulations directly affected by the emergency may be suspended.

The Chief Probation Officer or the authorized designee shall authorize only those regulations directly affected by the emergency to be suspended. When a suspension occurs for longer than three (3) days, the Chief Probation Officer or the authorized designee shall notify the Board of State and Community Corrections in writing. In no event shall a suspension continue for more than fifteen (15) days without the approval of the chairperson of the board for a time specified by the chairperson.

Any emergency suspension of rights or privileges must be approved by the Building Supervisor/OD/RS Supervisor or the authorized designee. Approval shall be documented in an SIR and administratively reviewed.

(Meets standards set forth in Title 15, Section 1311)

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) GROUP SUPERVISION	Section Number: SYTF-600
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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	Approved By:  Guillermo Viera Rosa Chief Probation Officer

601 INTRODUCTION

Effective group supervision provides a safe and secure environment for the youth and staff by maintaining order and security, prevents the youth from harming themselves or others, and assist the youth in their adjustment to the facility.

For successful group supervision, staff shall use the following Behavior Management Program (BMP) interventions and techniques to develop effective group control.

602 SETTING LIMITS

Limits must be set and explained to the entire group during each structuring period. Additionally, all staff should be aware of group expectations and understand how to maintain and enforce limits.

603 STRUCTURING THE GROUP

BMP-based structuring is a fundamental technique used to enhance staff's ability to control a group's behavior during an activity. Structuring involves:

- Getting the group's undivided attention.
- Introduce a given activity and the role they can play to ensure successful outcomes.
- Setting guidelines for and reinforcing positive behaviors during the event.
- Discuss the consequences or sanctions which shall be imposed when youth exhibit poor behavior or fail to follow reasonable instructions.

604 ANTICIPATING PROBLEMS

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Often, there are early indicators of trouble, such as specific instances of agitation, horseplay, or arguments. Additional indicators may include a sudden change in the tone of the group or an unusual grouping of youth in one area. Prompt staff action can diffuse potential problems. Merely moving into the area, calling youth from the area, or letting them know staff are observing the situation may be enough. Some form of follow-up should occur to determine what has transpired.

605 OBSERVING THE GROUP

Staff shall incorporate the following techniques into their supervision practices when observing the group:

- The group shall not be left unobserved at any time.
- Staff shall be aware of each other's location at all times. They shall not leave their assigned supervision area without the specific authorization of the Sr. DSO/Shift Leader.
- Staff shall not abandon their assigned post positions within or outside the facility or leave the facility without the specific authorization of the OD. Staff engaging in this activity shall be subject to disciplinary action up to and including discharge.
- Staff shall position themselves so the activity can be observed. The Board DSO is responsible for the primary supervision of the assigned unit. The Sr. DSO and the third DSO shall provide additional supervision¹.
- Supervision methods should not be predictable. Staff shall position themselves at various locations during an activity to provide appropriate supervision. Verbal, non-verbal, and para-verbal supervision techniques should be implemented to ensure proper group supervision.

606 GROUP CONTROL

Certain techniques have been proven to enhance staff's ability to control a group. Listed below are a few of these practices, which staff must incorporate into their daily routines:

- Staff must continually measure the tone of the group.
- Staff shall directly enlist the youth's interests in supporting the program

¹ Applicable to BJN staff only.

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and promoting the group's cooperation.

- If a group cannot follow instructions or handle an activity, staff may find it necessary to restructure the group to unit rules and expectations.
- Evaluate and comment on both the positive and negative aspects of behavior within the group. This will give the youth perspective and encouragement.
- During outdoor activities, youth shall participate in the activity or be seated in their group. Youth with medical restrictions shall be allowed to participate at the level indicated by medical staff.
- During an activity, the group may become disruptive. Staff shall regroup the youth, gain their attention, and redefine the limits of the activity while pointing out the behavior that was not acceptable.
- Staff shall be required to stand while conducting supervision activities.

607 MODIFIED PROGRAM

Modified program (room confinement) shall be enforced in any unit within the facility specified by facility management. (See the Room Confinement policy).

608 TRANSITION PERIODS

Staff shall only place youth in their rooms when necessary for required institutional operations such as shift exchange, transitional periods, and post-incident containment. Once the activities are completed, the youth are to return to the regular scheduled unit programming. Placing youth in their rooms due to the cancellation or lack of programming or education services is prohibited.

Other transition periods include youth changing their clothes for outdoor exercise if they choose to. Youth must be given a reasonable amount of time to change clothes and exit their room. Upon the conclusion of outdoor exercise, 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 beyond what is reasonable for the activity. If a youth requests to go to their room, they shall complete a Self-Separation form. The youth shall document why they wish to go to their room and sign the form.

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If a youth requires room confinement due to their behavior posing an imminent risk to the safety or security of any youth or staff, room confinement protocols shall be followed. (See the Room Confinement Policy)

Youth are not to be placed in a locked room in any unit 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 Senior DSO and DSO's Red Logbook at BJN SYTF and the Red Logbook at Dorothy Kirby Center.

Shift Exchange

Staff shall only use the amount of time necessary to accomplish shift exchange activities but no more than thirty (30) minutes at the end of the AM shift and the beginning of the PM shift. Once completed, the youth must be returned to the program.

Showers

Youth shall not be placed in a room prior to 8:00 PM for the purposes of shower preparation. Staff shall schedule shower times based on the dynamics of the unit, 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 coming out for 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 who necessitate earlier showers. Once youth have showered and taken their medications, they are to return to programming.

Post Incident

In some cases, involved or uninvolved youth may be placed in their rooms to gain control of an out-of-control incident and ensure unit safety. (See the Exclusions to Room Confinement Policy)

609 REDUCTION OF YOUTH-ON-YOUTH VIOLENCE (YOYV)

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In compliance with its mandate to provide a safe and secure environment for the youth, it is the policy of the Probation 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 or assaults upon staff or civilians.

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 Youth-On-Youth Violence and assaults and making appropriate adjustments to unit programming and/or staffing to address increased levels of violence within the unit/facility.
- Filing Detention Observation Reports, 777 WIC Petitions, 602 petitions, and/or Notifications of Potential Violations to the court.
- Referring youth who engage in multiple incidents of YOYV to Individualized Behavior Management Planning or Multidisciplinary Teams 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.

Procedure

Youth's behavior may sometimes be aggressive and/or harmful to themselves or others. These behaviors may result in crisis situations of varying degrees. Staff should be continuously alert and proactive in situations in which the potential for conflict exists. Proper positioning of staff and attentive group supervision assist in anticipating potentially volatile situations resulting from escalating behavior and aid in early detection, intervention, and conflict resolution. This proactive approach to group supervision by staff can help avoid incidents of Youth-on-Youth Violence 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(s) occur, an intervention assessment shall be initiated, consisting of

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the following:

- Assess the behavior being presented.
- Assess the youth involved with the observed behavior.
- Assess the immediate environment in which the behavior is occurring.
- Assess the 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.
- Identify resources and/or interventions that may be needed to resolve the issue(s) as time and circumstance permit.

It is the expectation of the Department that when resolving Youth-On- Youth-Violence situations, only the least restrictive measure(s) necessary to provide for the safety of youth and/or others to resolve the crisis situation and restore order within the custodial setting shall be utilized by staff. These measures may include intervening in a youth's negative behavior utilizing non-threatening, "non-verbal," "para-verbal," or "verbal" intervention techniques, which serve to reinforce the expected and desirable behavior, thus affording the youth an opportunity to "self-correct" and adopt behavior that is within acceptable limits whenever possible. The utilization of Safe Crisis Management Techniques to manage crisis situations shall be employed only as a last resort.

All staff members who are involved in, witness to, and/or on duty in the unit or other location at the time that a Youth-on-Youth Violence or assault incident occurs during the shift shall assist in the de-escalation of the incident. Staff involved in or that witnesses the incident shall complete a Special Incident Report or Physical Intervention Report (if Safe Crisis Management (SCM) Physical or Chemical Intervention was utilized) immediately following the incident but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM; 2:00 PM to 10:00 PM; or 10:00 PM to 6:00 AM) in which the incident occurred or as otherwise directed by the Duty Supervisor. Staff shall be sensitive to the fact that there exists a degree of urgency in completing the SIR/PIR as soon as possible.

Immediately after any incident of YOYV is contained, the Duty Supervisor shall be contacted and advised of the incident's occurrence².

² Applicable to Dorothy Kirby Center staff only.

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Any youth involved in an incident of Youth-on-Youth Violence or assault shall be referred to medical staff for assessment within thirty (30) minutes following containment of the incident. 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 offered, along with the date and time of the youth's examination.

In situations where there is no nurse on duty, upon containment of the incident, the youth shall be referred to the Duty Supervisor for assessment of any injuries. 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 incident into the Duty Supervisor's Logbook or Shift Summary Report 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, 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.

Post-Incident Supervisory Assessment Protocols

Supervisors are required to conduct and formally document post-incident assessments of all Youth-on-Youth Violence and assault incidents and shall:

- Assess the safety of youth involved in the incident.
- Ensure that the youth(s) were assessed by medical staff.
- Determine if SCM 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 Youth-On-Youth Violence 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.

Upon the Division Director at BJN SYTF and Duty Supervisor at Dorothy Kirby Center receiving notification that an incident of YOYV or an assault has occurred, the Director/Duty Supervisor shall, no later than the next business day following

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the incident's occurrence, obtain the assistance of a SDSO/SDPO and:

- Locate the youth involved in the incident.
- Ensure the youth were assessed by medical staff.
- Determine if SCM physical or chemical intervention was used to bring the incident to a conclusion in situations where only SIRs were written.
- Conduct an interactive YOYV Avoidance Contract process with the youth.
- Interview involved youth. If it is determined that SCM physical or chemical intervention was used, conduct and document a Child Safety Assessment (CSA), obtain completed questionnaires from each youth involved as outlined in the Supervisory SCM Review Process, and instruct all staff to complete PIRs.

610 PROHIBITED METHODS OF DISCIPLINE

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.
- Exercise.
- Medical services and counseling.
- Religious services.
- Clean and sanitary living conditions.
- The right to send and receive mail.
- Education.
- Rehabilitative programming.

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(Meets standards set forth in Title 15, Section 1390)

611 RESTRUCTURING

Group movements or work activities done by youth in a careless manner may need to be repeated. Additional instruction or reinforcement of expectations may be required.

612 REMOVAL FROM THE ACTIVITY

It may become necessary to remove a youth temporarily from an activity for disciplinary reasons. Staff should show flexibility with a youth who has little or no self-control and needs the opportunity to learn how to participate. The group's capacity for tolerance of the youth at any specific time must be considered when deciding whether to keep the individual in the group.

A dysregulated youth who is unable to maintain self-control in the group and who, despite structuring and cautions, continues to agitate may also have to be removed from the group.

In situations involving fights, serious arguments, racial or gang-related incidents, or challenges to staff, the youth is to be removed from the area and the presence of the group as quickly as possible. If possible, do not attempt to restrain a youth without assistance.

613 SELF-SEPARATION

If a youth voluntarily removes themselves from participation in a program to stay in their room for any period of time, a Self-Separation form shall be utilized.

Youth shall indicate why they are requesting to go to their room (e.g., need time alone, time to calm down, tired, or any other reason) and sign the form.

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Safety checks shall be conducted utilizing the electronic safety check system that consists of direct visual observation of the youth at random or varied intervals that do not exceed fifteen (15) minutes between observations. Staff shall document any conversations and observations to encourage the youth to rejoin the program on the self-separation form. The safety check must continue until the youth returns to

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the program. Staff shall submit a Mental Health referral form for youth requesting to self-separate.

Once the youth rejoins the program, the staff shall notate in the unit logbooks and PCMS what time the youth joined. If the youth requests to go to their room again during the same day, the self-separation form must be utilized following the above protocols.

For the Enhanced Supervision Level 2 or Level 3 youth, the Enhanced Supervision Observation form shall be utilized. Staff shall indicate on the Enhanced Supervision Observation form the youth's request to self-separate and summarize the observed behavior. All attempts made by staff to reintegrate the youth into regular programming shall be documented on both the Enhanced Supervision Observation Form and in PCMS.

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The Self-Separation form will be placed on the youth's door or in close proximity as a safety check. Safety Check Sheets are not required for youth who choose to self-separate as the Self Separation Form includes an area to conduct safety checks.

At a minimum, a safety check shall consist of direct visual observation of the youth at random or varied intervals that do not exceed 15 minutes between observations. Staff shall document any conversations and observations to encourage the youth to rejoin the program on the self-separation form. The safety check must continue until the youth returns to the program. Staff shall submit a Mental Health referral form for youth requesting to self-separate.

Once the youth rejoins, the staff shall notate what time the youth rejoined, obtain necessary signatures, and place the form in the youth's Behavior Chart, and submit it to the Supervisor for filing.

If the youth requests to go to their room again during the same day, the self-separation form must be utilized following the above protocols.

For the Enhanced Supervision Level 2 or Level 3 youth, the Enhanced Supervision Observation form and Safety Check Sheet shall be utilized. Staff shall indicate on the Enhanced Supervision Observation form the youth's request to self-separate

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and summarize the observed behavior. All attempts made by staff to reintegrate the youth into regular programming shall be documented on the Enhanced Supervision Observation Form

614 CALLING FOR ASSISTANCE

If staff feels the group is becoming uncontrollable and various techniques for regaining control are proving ineffective, the unit Supervisor shall be called to assist. If the SDSO at BJN SYTF or SDPO at the Dorothy Kirby Center are not available, the OD/RS Supervisor shall be called to assist.

615 GROUP MOVEMENTS

Prior to any movement, a roll call and youth count must be taken, and the group/unit must be structured as to how the movement is to be completed.

Escorting Small Groups: Groups of four or fewer shall be moved in a single column. The staff member controlling the group shall walk to the rear and to one side of the group.

Escorting Single Unit Groups: These groups shall be arranged in two adjacent columns for movements. The staff in charge shall walk to the rear and to one side of the group. The other staff member shall walk in the front and on the opposite side of the group.

Escorting Multiple Groups: When moving two units housed in a single building, the individual units shall be arranged in two adjacent columns. The staff member in charge shall walk to the rear and to one side of the group. The other staff member shall walk toward the front and on the opposite side of the group.

If there are four staff assigned, the Sr. DSO shall walk in a position to see both groups and each DSO³.

616 CROSS-GENDER MOVEMENT OF YOUTH

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 local, state, and/or federal legislation, such as

³ Applicable to BJN staff only.

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the Prison Rape Elimination Act (PREA) (2003).

It shall be the policy of the Department that the OD at BJN STYF or RS Supervisor at Dorothy Kirby Center 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 gender as the youth. In the event that officers of the same gender as the youth are not available, an officer of the opposite gender may be assigned with prior approval from the OD/RS Supervisor or the authorized designee.

This only applies when the physical presence of cross-gender supervision personnel is walking with youth from one location to another.

- 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 OD/RS 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 OD/RS 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 OD/RS Supervisor or the authorized designee shall sign the forms and include them in the OD report or the Shift report.

Officers shall immediately notify the OD/RS 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.

617 MOVEMENT SUPERVISION RESPONSIBILITIES

Youth are structured to keep their hands away from other youth, not flash gang

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signs and leave personal items in the building.

The backup DSO at BJN SYTF or DPO at Dorothy Kirby Center is responsible for unlocking doors and gates to permit the entrance or exit of groups. The staff trailing the group is responsible for locking the door or gate after the group passes.

In multiple group movements, the separate units should maintain a distance of 10 to 15 feet from each other.

If four staff are assigned to the building, the third staff shall walk toward the front of the first group, the two Board DSOs at BJN SYTF or DPO at Dorothy Kirby Center shall be toward the rear of their respective units, and the Sr. DSO at BJN SYTF or DPO II/Lead at Dorothy Kirby Center shall walk in a position to see both groups and each DSO/DPO.

If five staff are assigned to the building, the fifth staff shall be located toward the front of the second group, and the Sr. DSO or DPO II/Lead shall be at the rear of the second group on the opposite side of the Board DSO/DPO.

618 MOVEMENT OF YOUTH FROM THEIR ASSIGNED ROOMS AND STAFF POSITIONING IN DAYROOMS AND CORRIDORS/HALLWAYS DURING MOVEMENT ACTIVITIES

To provide a safe and secure environment for Officers and youth in our care, the following protocols and procedures shall be followed.

Officers shall ensure that the following occurs prior to instructing 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 the youth may have shall be answered.
- During the instructional session, which may occur in the dayroom, office, hallway, or recreation area, 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 the assigned rooms may begin.

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- Each youth shall be instructed to stand once their name and room number are called. (The youth shall not proceed toward their assigned room until instructed to do so). Youth shall be sent from the chairs or dining tables to their rooms "on quiet," one room at a time⁴.
- 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 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 times⁵.
- During the movement of youth from their location to the assigned rooms, the balance of the group shall remain on quiet and seated if in the dayroom or standing 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 room first. The youth shall be followed by the youth with the room next furthest and continue until all 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/corridor⁶.
- 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 locked⁷.
- During this movement, the Board Officer shall be in a position that allows

⁴ Applicable to BJN Staff and facility only.

⁵ Applicable to BJN staff and facility only.

⁶ Applicable to BJN staff and facility only.

⁷ Applicable to BJN staff and facility only.

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for the group to be supervised, allows for easy communication and line of sight with the backup Officer, and allows for proximity to emergency phone/alarm. 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 be positioned in an area so that this Officer can observe the youth coming out of the dayroom and walking down to the backup Officer and their assigned room. If an additional Officer is available, that additional Officer shall also be positioned in the hallway/corridor⁸.

- In podular-designed buildings where the bedrooms are located along the perimeter walls of the dayroom, the Board Officer shall stand in front of the group in the dayroom. 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 toward the room and back up the Officer⁹.

This process shall be reversed 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 numbers 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, wherever the group is being directed, and stand at the front of the group. If a third Officer is available, the Officer shall be positioned at the rear of the group so that the third Officer may watch each youth as they exit the assigned room and walk toward the main group in the dayroom¹⁰.

POSITIONING OF OFFICERS**BJN SYTF****Senior Detention Services Officer**

During any movement or activity, the Senior DSO shall be responsible for 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 shall be

⁸ Applicable to BJN staff and facility only.

⁹ Applicable to BJN staff and facility only.

¹⁰ Applicable to BJN staff and facility only.

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staggered so that the movement of youth is occurring only on one side at a time. During the movement of large groups of youth to and from assigned rooms, the Senior DSO shall be positioned outside of the Control Center and in the dayroom of the side being moved.

Board Officer

The juvenile facility 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 them and the backup Officer. During the movement of youth to and from the assigned rooms, the Board Officer shall be positioned in the dayroom or wherever the main group of youth is located.

Back-up Officer

The backup Officer shall make every effort to maintain a clear line of sight between them 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 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 podular-designed buildings where the rooms are along the perimeter of the dayroom, the backup Officer shall be positioned nearest the room to be unlocked.

Additional Officers

When there are additional Officers assigned in the building other than the Board Officer and backup Officer, the Senior DSO or SDPO has the discretion to assign the Officers to assist in the supervision of the movement or assign them 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 podular-designed buildings, the third Officer shall be positioned in the dayroom at the back of the main group. In linear-designed buildings, the third Officer shall be positioned in the T-area just outside of the dayroom so that the Officer may provide a visual link to the line of sight of the Board Officer and backup Officers.

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When there are Two (2) additional Officers: In podular-designed buildings, the fourth Officer shall be positioned in the dayroom along the side of 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.

Dorothy Kirby Center

Supervising Deputy Probation Officer (SDPO):

During any movement or activity, the SDPO shall be responsible for oversight and strategic placement of all officers during activity or movement. In adjoined units, the movement of large groups of youths to and from assigned rooms will be staggered so that the movement of youths is occurring only one side at a time. During the movement of large groups of youths to and from the assigned rooms, the SDPO shall be positioned outside of the control center and in the day room of the side being moved.

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 popboard, 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 youths 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.

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 youths 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.

Additional Officers:

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When there are additional Officers assigned in a building other than the Board Officer and Backup Officer, the SDPO has the discretion to assign the Officer to assist in supervision of the movement or assign to other assignments. Generally, during the movement of youths 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.

When there are two (2) additional Officers:

In the modular-designed buildings, the fourth officer shall be positioned alongside the main group in the clear view of another officer.

619 MOVEMENT OF YOUTH TO SCHOOL**Preparation**

Prior to each school movement, staff in charge of each group shall ensure youth are clean, dressed appropriately, and possess no contraband. Staff shall ensure youth have had an opportunity to get a drink of water and use the restroom prior to going to school. Staff shall structure the group regarding appropriate behavior in school.

School Enrollment

All youth are required to attend school daily unless graduated. Youth shall be afforded the opportunity for post-secondary education college courses. Los Angeles County of Education (LACOE) will enroll youth immediately but no later than twenty-four (24) hours of admission. Educational staff shall conduct an assessment in the facility's receiving unit to determine youth's general academic functioning levels to enable placement in core curriculum classes.

(Meets standards set forth in Title 15, Section 1370 (e)(2))

Arrival at School

Upon arriving at school, the officer shall escort the youth, by name, to their

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assigned rooms and teachers. Time for school check-in and pick-up are generally as follows:

Morning check-in	8:30 AM
Morning pick-up	11:50 AM
Afternoon check-in	1:20 PM
Afternoon pick-up	3:00 PM

No youth shall be allowed to stop at the school office or any other room along the way.

Pick-up from School

At the close of the morning and afternoon school sessions, staff shall pick up youth, by name, from school staff and assume supervision duties. Staff shall verify, by name and youth count, that each youth enrolled in school has been picked up prior to return to the living units.

620 SHOWERS

Youths shall be permitted to shower/bath upon assignment to a housing unit and on a daily basis thereafter (15 CCR 1486). Shower areas shall provide privacy for youths without mitigating a youth supervision staff's ability to supervise youths (24 CCR 1230.2.4).

Staff shall observe the following procedures:

- Paired units are to stagger shower times to permit optimum supervision and utilization of staff; both units/sides shall not shower at the same time¹¹.
- All unit doors, with the exception of the staff office, must be locked. Paired units are to stagger shower times to permit optimum supervision and utilization of staff. If the staffing pattern is sufficient, youth who have concluded their showers and grooming may be supervised in the dayroom.
- Each youth shall shower daily unless there is a medical restriction

¹¹ Applicable to BJN facility only.

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against showering.

- Shower periods shall be directly supervised and conducted in an orderly fashion.
- Staff shall be in such a position as to view the shower room, hallway, and dayroom at all times.
- Staff shall not supervise youth of the opposite sex who are showering.
- Youth shall wear towels upon leaving their room and are to hang them up in the bathroom prior to entering the shower.
- Youth shall be structured regarding laundry exchange and showering process. They shall be sent into the shower room in numbers equal to the available shower stalls, with a maximum of four youth showering and four waiting to shower¹².
- Upon exiting the shower, youth shall wear the towel until they are back in their assigned room/assigned bed areas.
- After drying off, youth shall dress in a location removed from the shower room.
- At the completion of showers, all soiled laundry, including towels, shall be bundled, tagged, and placed in the designated pick-up area¹³.
- The shower room floor shall be mopped dry, shower stalls wiped down, and face bowls cleaned.

Accommodations for youth who may have special needs when using showers, toilets, and dressing/undressing shall be addressed prior to housing assignment and documented. Probation shall work with youth, JCHS, and DMH to ensure that all accommodations are appropriate and can be implemented immediately upon assignment to any living unit. During the shower period, safety checks shall be made at the prescribed intervals.

(Meets standards set forth in Title 15, Section 1413(d))

621 PROGRAMS

SYTF provides the opportunity for programs, recreation, and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday, or other non-school days, of which one hour shall be an outdoor activity, weather

¹² Applicable to BJN facility only.

¹³ Applicable to BJN facility only.

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permitting. (See -Recreation and Exercise)

All youth shall be provided with the opportunity for at least one hour of daily programs with the intent of minimizing the amount of time youth are in their rooms. 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 Individual Rehabilitation Plan (IRP) follow completion of the risk and needs assessment. Such programs may be provided under the direction of the DMH and LACOE, which can be administered by county partners such as community-based organizations, faith-based organizations, or probation staff. A schedule of activities is posted in each unit. Programs may include but are not limited to:

- Cognitive Behavior 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.
- CPR and First Aid training.
- Restorative Justice or Civic Engagement.
- Career and leadership opportunities.
- Other topics suitable to the youth population.

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There will 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 may be suspended only upon a written finding by the administrator/manager or the authorized designee that a youth represents a threat to the safety and security of the facility.

If the Superintendent/Facility Director 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 facility administrator or the authorized designee may suspend, for a period not to exceed twenty-four (24) hours, access to programs. The administrator or designee shall document the reasons why the suspension of programs occurred.

622 RECREATION AND EXERCISE

SYTF shall provide the opportunity for programs, recreation, and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday, or other non-school days, of which one hour shall be an outdoor activity, weather permitting. All youth shall be provided with the opportunity for at least one hour of daily exercise and recreational activities with the intent of minimizing the amount of time youth are in their rooms.

Recreation shall be scheduled for all youth in the daily program and includes activities such as 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 Health Services or Mental Health indicating the youth's health and well-being preclude participation in such activities.

(Meets standards set forth in Title 15, Section 1371 (b)(c))

Staff shall adhere to these procedures:

- During inclement weather, gyms or other available facilities shall be

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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 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 lay 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 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 Sr. DSO at BJN SYTF or DPO/Lead at Dorothy Kirby Center shall be responsible for ensuring exercises are done correctly and youth are

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not being 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 OD/RS Supervisor. The Building Supervisor can request a change in the schedule upon consultation with the OD/RS Supervisor.
- The recreation schedule, with times and specific activities, shall be posted in the staff office and on the BMP boards in living units where youth have access to them visually. It shall be the responsibility of the Sr. DSO or DPO/Lead to ensure compliance with the posted recreation schedule.
- The Sr. DSO shall make an entry into the Sr. DSO logbook, which shall indicate the recreation period start/stop times and the type of recreational activity performed¹⁴.
- MC at BJN SYTF or Facility Director at Dorothy Kirby Center shall record in the Recreation Logbook the start/stop times for each unit's recreation period and also note the type of recreational activity performed.
- Behavioral expectations and boundaries of activities shall be carefully structured and monitored by 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.
- Educational television may be used as an adjunct to regular programming but not in lieu of an active recreation program.
- 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 building 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.
- It is the responsibility of the Building Supervisor to develop and implement a viable indoor recreation schedule.
- Only movies or videos approved by the Building Supervisor may be

¹⁴ Applicable to BJN facility only.

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shown to the youth. The Sr. DSO or DPO/Lead shall ensure compliance with the provision.

- 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.

A youth's participation in recreation and exercise may be suspended only upon a written finding by the facility manager or designee that a youth represents a threat to the safety and security of the facility.

The Superintendent/ Facility Director or the authorized designee may suspend, for a period not to exceed 24 hours, access to recreation. The administrator/manager shall document the reasons why the suspension of recreation occurs.

A written annual review of recreation and exercise shall be conducted by the responsible agency to ensure content offered is current, consistent, and relevant to the population.

(Meets standards set forth in Title 15, Section 1371)

623 MEALS

Staff shall conduct meals as follows:

- Youth shall be provided a wholesome and nutritionally adequate diet based on nutritional standards, which may include the Federal Child Nutrition Meal Program, which shall be served in a pleasant dining atmosphere. Proper hygiene, sanitation, and safety procedures are to be followed.
- Recommended daily caloric allowances for both females and males is a minimum of 2500 calories, not to exceed 3000. Calorie increases, with the exception of a medical diet, may occur collaboratively determined by the facility manager, dietitian, food service manager, and physician.
- Pregnant youth shall be provided with a diet as approved by a physician in accordance with Penal Code Section 6030(e) and a supplemental snack if medically indicated.

(Meets standards set forth in Title 15, Section 1461(e))

- Meals shall be served at least three times in any twenty-four (24)-hour

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period. At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than fourteen (14) hours pass between meals and shall be served to youth on medical diets as prescribed by the attending physician.

- Vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to nutrition standards.

(Meets standards set forth in Title 15, Section 1461)

- A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.

(Meet standards set forth in Title 15, Section 1460)

- Staff shall verify that the number of meals ordered is the number actually received.
- Discrepancies shall be noted in the Unit Log Book, and the OD advised of further problems, including shortages.
- The dining tables shall be washed with disinfectant and warm water before and after each meal.
- Youth shall eat meals at tables in the designated dining area; the only exception would be a medical restriction.
- Staff shall instruct youth assisting in the handling of food plates on specific hygiene and safety procedures. The proper washing of hands and utilization of disposable plastic gloves shall be part of this routine. The selected youth must have no medical restrictions.
- Youth shall be structured regarding appropriate behavior during the dining period. Once tables are set, staff shall assign seating of youth in such a way as to avoid undesirable groupings.
- Serving of food shall be under the direct supervision of staff. In order to maintain recommended food temperatures, hot food items shall be handed directly to the youth from the food cart immediately prior to seating, and cold food items shall be set out no more than ten (10) minutes prior to the actual consumption of the meal.
- Youth shall be allowed to have conversations with other youth at their same table at a volume level that is not disruptive.
- Youth shall be provided an adequate amount of time (minimally (20) minutes) to consume the meal without undue pressure.

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(Meets standards set forth in Title 15, Section 1460)

- A youth who does not eat the meal shall require staff follow-up, which may include a medical or mental health referral.
- Youth shall not be allowed to exchange food or to give food away to other youth.
- During meals, Board DSOs shall be in their assigned dayrooms, the Sr. DSO shall be in the staff office, and the third DSO shall be assigned supervision responsibilities for the dayroom at the discretion of the Sr. DSO¹⁵.
- If a fifth staff is assigned to the building, there shall be two DSOs supervising each dayroom, with the Sr. DSO being the only staff in the office¹⁶.
- The dining procedure shall not be complete until thorough cleanup and disinfection of the dining area is done.
- All trash and garbage shall be disposed of properly and timely.

624 SMOKING

Youth shall not be exposed to the use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.

(Meets standards set forth in Title 15, Section 1511)

625 USE OF CELL PHONES BY YOUTH

Youth are strictly prohibited from using cellular telephones regardless of location.

626 WORKING WITH YOUTH OF THE OPPOSITE SEX

Staff working with Youth of the opposite sex shall always be sensitive to their feelings and privacy concerns. Strip searches, pat down searches, showers, and collection of urine samples shall be conducted only by members of the same sex and/or in accordance with the searches policy.

627 INTEGRATION OF THE UNIT

Whenever possible, the Sr. DSO and Board DSO at BJN SYTF and DPO II/Lead

¹⁵ Applicable to BJN facility only.

¹⁶ Applicable to BJN facility only.

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at Dorothy Kirby Center shall attempt to integrate the unit to ensure that youth are mixed racially, and members of the same gang are not grouped together.

628 PERSONAL HYGIENE AND UNIT HOUSEKEEPING

Staff shall ensure that all youth receive adequate opportunities to maintain personal hygiene by providing them with access to hygiene products, proper water temperatures, and the ability to clean and sanitize their living units daily.

Living unit staff is responsible for supervising the youth's daily personal hygiene and housekeeping activities (including cleaning and sanitation) in the living units and ordering the products and/or supplies needed to accomplish the housekeeping tasks.

Management Services Bureau (MSB) staff are responsible for providing personal hygiene and housekeeping supplies to each unit and providing technical support and guidance for staff in the areas of maintenance of personal hygiene and sanitary conditions within the living unit environment.

Personal Hygiene

Water Temperature - The Services Director or the authorized designee shall select random living units and audit the water temperatures of the showers and washbasins to ensure the temperature is within established sanitary guidelines.

All audit findings shall be noted in the Water Temperature Log. The acceptable temperature range is 105 to 110 degrees Fahrenheit, with 120 degrees indicating that the water's temperature is too high. The Management Services Bureau Director shall immediately notify the Chief of the Management Services Bureau of any discrepancy in water temperature that cannot be resolved via immediate, routine maintenance.

Hygiene Opportunities - 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.

Shower Opportunities - Pursuant to the showering guidelines, staff shall provide youth with sufficient time in the showers for lathering. Additionally, youth shall be

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permitted to shower/bath upon assignment to a housing unit and on a daily basis thereafter.

Unit Housekeeping

Management Services Bureau shall ensure that sufficient amounts of authorized environmental and human-friendly cleaning chemicals, equipment, and supplies are readily available to clean and sanitize the living units, medical housing units, classrooms, and medical infirmary and/or clinic areas.

Staff shall instruct and supervise youth in daily housekeeping activities in accordance with the procedures and standards specified in the manual pertaining to Housekeeping. An emphasis shall be placed on safety, which may include the use of personal protective equipment (gloves, mask, goggles, etc.) as appropriate.

The Department's Office of Risk Management shall conduct random monthly sanitation audits of living units to evaluate the level of sanitation being maintained in each living unit and to ensure that only authorized environmental and human-friendly cleaning products are being stored and used. The findings from these audits shall be noted in the Living Unit Sanitation Report, and a copy will be provided to the Superintendent and the Chief of the Management Services Bureau.

Warehouse staff shall conduct a monthly review regarding the amount of personal protective equipment ordered by and delivered to each unit. They shall also conduct random inspections of living unit equipment inventories to determine the amounts and types of personal protective equipment that are available for the youth. The audit findings shall be forwarded to the Director of Facilities Operations, and a copy provided to the Superintendent. This information shall also be included in the Management Services Bureau Director's monthly report to the Management Services Bureau Chief.

629 SAFETY CHECKS

A safety check shall consist of direct visual observation of youth at a minimum of every fifteen (15) minutes at random or varied intervals. Safety checks shall be conducted during hours when youth are asleep or when youth are in their rooms. 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, or assaultive behavior and to summon aid in emergencies. All

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safety checks shall be documented with the actual time the check is completed¹⁷. 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 youth predicting a pattern.

BJN SYTF**Electronic Safety Check System**

All safety checks must be conducted utilizing the electronic safety check system located in each living unit. Manual safety checks recorded on a Safety Check Sheet shall only be used at the superintendent's discretion or if the electronic safety check system is down or inoperable. The electronic safety check system is comprised 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 youth do not handle or tamper with the RFID scanning device, docking station, or RFID tags.

Missed Safety Check Requirements

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 Sr. DSO or the authorized designee reason for the missed/late safety checks.

Staff Responsibilities

All staff assigned to conduct safety checks must ensure that safety checks are conducted while youth are asleep in their rooms and continued during group programming for those youth remaining in their rooms due to other reasons. 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

¹⁷ BSCC Title XV § 1328. Safety Checks

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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, and not in crisis or experiencing any observable trauma.
- Stop at each room window when youth are sleeping or lying on their bed 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.
- Ensure that any room not occupied by a youth locked to prevent the room from being used.
- 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.

Senior Detention Service Officer (Sr. DSO) Responsibilities

The Sr. DSO or designated shift lead of the unit is responsible for ensuring that safety checks are conducted within their assigned unit in accordance with policy.

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The Sr. DSO or designated shift lead must ensure that the safety check system is operable and that the appropriate safety check time intervals are applied to each room occupied by regular and enhanced supervision youth within the electronic safety check software application. When modifying the time interval requirements within the software application for youth who have changed supervision status, the Sr. DSO must assign required safety check time intervals per Enhanced and Specialized Supervision policy. The Sr. DSO must ensure that youth on enhanced level supervision have the appropriate supervision designation and that the required notifications are made per Enhanced and Specialized Supervision policy.

Sr. DSO shall complete a SIR documenting the timeframe of the missed/late safety check, the officer(s) responsible for the missed/late safety check, and the justifications provided per each shift.

Supervisor's Responsibilities

In the absence of a Sr. DSO, the Supervisor/Officer of the Day (OD) will be responsible for modifying the time interval requirements for youth who have a change in supervision status within the electronic safety check system. When modifying the time interval requirements for youth who have changed supervision status, the Supervisor/OD must assign required safety-check time intervals per Enhanced and Specialized Supervision policy-

During each shift (including the night shift), designated supervisor(s) are responsible for the following:

Safety Check Audit

- 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.
- If a safety check is missed/late, the supervisor will direct the Sr. DSO 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 OD packet.
- Ensure that staff are assigned to complete safety checks in the event of a critical incident or emergency.
- When Safety Check Sheets are utilized to record safety checks,

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supervisors must ensure that a new shift-appropriate Safety Check Sheet is posted at the beginning of each day (6:00 AM to 10:00 PM) and night shift (10:00 PM to 6:00 AM).

- Ensure that staff do not record safety checks outside of the table provided on the Safety Check Sheet.
- Ensure that all Safety Check Sheets completed and utilized during each shift each day are compiled in a file maintained by the facility.

Superintendent Responsibility

It is the responsibility of the Superintendent or the authorized designee to ensure staff accountability for any missed or late safety checks, following departmental disciplinary protocols.

Unannounced Facility Rounds¹⁸

At least once per eight (8) hour shift, as time and circumstance permit, the officer of the day (OD) 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, CCTV cameras, light fixtures, etc.
 - Non-functioning lock mechanism(s).
 - Damaged/broken furniture, CCTV cameras, fixtures, etc.
- Inspect any posted hard copies of Safety Check Sheets. The supervisor shall audit the Safety Check Sheet for accuracy. The review shall be documented under the "Supervisor Audit of Safety Check" portion. The Supervisor shall document the time the audit was conducted, their name, signature, and any pertinent comments.

When conducting required unannounced rounds, supervisors must make every effort to ensure that staff are prohibited from alerting other staff members that

¹⁸ PREA Juvenile Facilities Standards § 115.313 Supervision and monitoring

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these supervisory rounds are occurring.

Manual Safety Check Recording Requirements

The manual safety check recording procedures shall only be used at the discretion of the Superintendent or in an emergency situation when the electronic safety check system is down/inoperable or not available in an area where youth are secured in rooms. 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 to ensure that each youth residing in their room can be appropriately observed by staff at required intervals.

It is the responsibility of the 2:00 PM - 10:00 PM shift and the 10:00 PM - 6:00 AM shift to prepare and place a new Safety Check Sheet on each youth's door 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 exchange and maintain compliance with Title 15 § 1328.

6:00 AM -10:00 PM Safety Check

Safety checks for youth in their rooms shall be entered as an "O" for "Occupied." When the youth exits the room, a "V" for "Vacant" shall be entered.

Should a youth choose to self-separate, the safety checks shall continue under the "SS" column. As soon as the youth rejoins the group, the self-separation column shall be closed with a "V." 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 when the self-separation begins.

Should the youth be placed in room confinement, the safety checks shall continue under the "RC" column. As a reminder, staff shall conduct ten (10)-minute safety checks at random or varied intervals until the youth is released from room confinement.

Discrepancies observed by staff and/or supervisors shall be documented under the "Discrepancies" portion. The time the discrepancy occurred, details, the staff

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documenting the discrepancy, the supervisor's signature, and any pertinent comments shall be entered. An example of a discrepancy is a delayed safety check due to an incident in the unit.

10:00 PM - 6:00 AM Safety Check

Safety checks for youth in their rooms shall include the actual time the check is performed and the initials of the staff.

Discrepancies that are observed by staff and/or supervisors shall be documented under the "Discrepancies" portion. The time the discrepancy occurred, details, the staff documenting the discrepancy, the supervisor's signature, and any pertinent comments shall be entered.

Staff must place the Safety Check Sheet in the appropriate binder for record-keeping once the electronic system is restored, at the end of the shift, or when a youth is no longer secured in the area.

Hard copies of *Safety Check Sheets* are available on Probnets: Probnets>Probation Forms> SYTF Forms.

Dorothy Kirby Center

Safety Check Sheet shall be affixed on the youth's door of each occupied room. Safety Check Sheets placed on the room doors of individual youth shall have the youth's name, any special coding (including Enhanced Supervision and Specialized Supervision statuses), and the date and time the form was placed on the door annotated at the top of the Safety Check Sheet. Safety checks shall be conducted in an unpredictable manner to avoid youth predicting a pattern.

Notations by juvenile supervision staff on the Safety Check Sheet are to be handwritten in ink and shall contain the date, the initials of the staff member conducting the check, the actual time the safety check was completed, and any significant observable conditions.

Notations on the Safety Check Sheet shall only be made by supervision 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

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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.

Notations for the “comments” field on the Safety Check Sheet shall be used to indicate unusual observed conditions. Additionally, staff are required to note the time(s) and indicate in the comments section of the Safety Check Sheet when all youth are removed from units or rooms and/or returned for any reason, for example, field recreation, religious services, special programs, etc. Any room that is not occupied by a youth shall be closed and locked in order to avoid the room being used for unobserved and potentially inappropriate activities by the youth.

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 count shall substitute for safety checks. Safety checks must, however, continue during group programming for those youth remaining in their rooms due to illness or other reasons.

When the entire group of youth is out of their rooms, staff shall, at the time the youth exit their rooms, make a notation just below the last safety check, indicating the time the youth were out of their rooms and the reason for the absence from the rooms. A safety check shall be made immediately upon all youth being returned to their rooms after the activity has concluded.

Missed Safety Check Requirements

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 DPO II/Lead or the authorized designee reason for the missed/late safety checks.

Supervisor Responsibilities

Supervisors must regularly review and audit Safety Check Sheets to ensure compliance. Supervisors shall ensure a new shift-appropriate Safety Check Sheet is posted at the beginning of each day shift (6:00 a.m. to 10:00 p.m.) and night shift

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(10:00 p.m. to 6:00 a.m.) and shall ensure that supervision staff does 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.

Unannounced Facility Rounds

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 building(s) 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 juvenile supervision staff.

As circumstances require, supervisory staff 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.

(Meets standards set forth in Title 15, Section 1328)

Facility Director Responsibility

It is the responsibility of the Facility Director or the authorized designee to ensure staff accountability for any missed or late safety checks, following departmental disciplinary protocols.

630 SUPERVISION OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING AND INTERSEX (LGBTQI) YOUTH

The Department maintains a zero- tolerance policy toward all forms of sexual abuse, discrimination, and harassment. 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 respectful and equitable treatment of LGBTQI youth while recognizing and addressing the individual needs of all detained youth.

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

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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.

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).

Definitions

- Bisexual - A person who is emotionally, romantically, and sexually attracted to two genders.
- Cisgender – a person whose gender identity corresponds to the gender they were assigned at birth (New definition per Title 15, Section 1302)
- Gay - A person who is primarily emotionally, romantically, and sexually attracted to individuals of the same gender.
- Gender Expression – the way a person expresses his or her gender is expressed through clothing, appearance, behavior, speech, etc. (New definition per Title 15, Section 1302)
- Gender Identity – a person's sense of being male, female, some combination of male or female, or either male or female. (New definition per Title 15, Section 1302)
- Gender fluidity – a gender identity which can vary over time. A gender-fluid person may at any time identify as male, female, neutrois, any non-binary identity, or some combination of identities. Their gender can also vary in response to different circumstances. Gender-fluid people may also identify as multi-gender, non-binary, and/or transgender. (Definition per Title 15, Section 1302)
- Gender Nonconforming - A person whose appearance, gender expression, or manner does not conform to traditional masculine and

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feminine norms. (Definition per Title 15, Section 1302)

- 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. (Definition per Title 15, Section 1302)
- 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 Q is for those who identify as queer or are questioning their sexual identity. The letter I stands for “intersex,” which is defined above. (Definition per Title 15, Section 1302)
- 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 to another person.
- Transgender- A person whose gender identity does not correspond with his or her anatomical sex is different from the youth's assigned sex at birth (Definition per Title 15, Section 1302)
- 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 needs of youth.

Confidentiality

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

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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 *Prison Rape Elimination Act (PREA) policy* and other protocols governing the safety of youth.

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 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 operation as determined by the Superintendent at BJN SYTF, Facility Director at Dorothy Kirby Center, or 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 court.

(Meets standards set forth in Title 15, Section 1352.5 (a))

- 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 Probation Case Management System, Probation Electronic Medical Records System, and the Juvenile Automated Index. The youth's legal name will be used along with any preferred name as an Also Known As (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

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bias towards LGBTQI people. In particular, employees shall not imply to or tell LGBTQI youth that they are abnormal, deviant, or sinful or that they can or should change their sexual orientation or gender identity.

Intake

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 Probation Electronic Medical Records System (PEMRS) PREA Risk Assessment form for each youth admitted to the facility. If the youth indicate they are transgender or intersex and requests to be housed in a living unit 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 which houses youth of another assigned biological birth sex of the transgender or intersex youth, the IBMP/MDA/MDT shall be convened to determine how to meet the classification and housing needs of the transgender or intersex youth. Transgender or intersex youth shall not automatically be housed based on their assigned biological birth sex and shall document the reasons for any decision to house youth in a unit that does not match their gender identity. In making a housing decision, staff shall consider the youth's preferences, as well as any recommendations from the youth's health or behavioral health provider. 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.

(Meets standards set forth in Title 15, Section 1352.5 (c))

- If the IBMP/MDA/MDT recommends housing the youth in a living unit or facility which houses youth of another assigned biological birth sex of

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the transgender or intersex youth, a recommendation for housing shall be submitted to the Superintendent/Facility Director /Regional Director or the authorized designee. The final housing determination for a transgender or intersex youth shall be made by the Superintendent/Facility Director /Regional Director or the authorized designee. The Superintendent/Facility Director /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 business days), transgender or intersex youth shall be housed in the medical unit.
- Transgender and intersex youth who request specific clothing and/or undergarments shall be provided with desired clothing regardless of whether the youth is housed in a boy's unit or a girl's unit as approved by the unit Supervisor. These garments shall not be leveraged for purposes of discipline.

(Meets standards set forth in Title 15, Section 1352.5 (b))

- Access to grooming and hygiene products/aids shall not be restricted based on gender.

Bathrooms and Showers

Transgender or intersex youth or any other youth who has been determined is vulnerable to sexual harassment or abuse, shall have the option to shower at a different time from other youth and be afforded reasonable privacy to dress or undress when using the bathroom or shower.

(Meets standards set forth in Title 15, Section 1352.5 (e))

Medical and Mental Health Care

See Juvenile Court Health Services (JCHS) and Department of Mental Health (DMH) policies.

Transgender or Intersex youth shall have access to medical and behavioral health providers qualified to provide care and treatment to transgender and intersex youth. Youth shall not be denied gender-affirming medical and mental health services as a form of punishment or for any other reason.

(Meets standards set forth in Title 15, Section 1352.5 (d))

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- 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.

(Meets standards set forth in Title 15, Section 1352.5)

Reporting and Responding to Harassment and Discrimination

- 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 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 facilities.
- 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 employees, contractors, or volunteers report alleged violations of this policy.

631 PROMOTING DIGNITY FOR FEMALE YOUTH

It is the policy of the Department and to establish a standard of care to ensure that

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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 young women and girls held in the Los Angeles County Probation 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 regarding 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 the female youth to empower them with knowledge and the ability to make their own reproductive choices.

Undergarment Issuance

All female youth shall be given the option of both cloth and disposable underwear upon intake into any juvenile facility as part of the clothing issuance process. Each female youth shall also be issued a new, properly fitted bra.

Each facility housing female youth shall maintain a supply of both cloth and disposable underwear, should they require replacement of any of the above items. Youth who choose to utilize disposable underwear during menstruation for sanitary purposes must be accommodated.

Feminine Hygiene Products

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 unit. 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 for the safely use of 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.

Family Planning and Sexual Health Resources for Female Youth

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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 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 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.

Care Procedures for Pregnant Youth in Probation Facilities

Per JCHS Policy, all pregnant youth are to receive proper pre-natal and post-natal care and are provided with nutrition, guidance, treatment, and counseling.

- 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 who shall refer the pregnant youth to a high-risk clinic at Los Angeles General Medical Center (LAGMC) for prenatal care. The high-risk clinic shall evaluate the youth and provide all appropriate care.
- Youth taking psychotropic medications shall be followed closely by a treating psychiatrist and treating obstetrician.
- Upon release from Probation facilities, appropriate youth are referred to 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 pre-natal information shall accompany the youth to the medical facility, with phone numbers to call if additional information

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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 the Department staff 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 facilities.

All youth who are admitted to Juvenile facilities 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.

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/guardian or social worker. The team shall develop a plan for the youth to assist her with prenatal and post-partum needs.

Once the youth has delivered the baby and returns to the Juvenile facility, probation shall provide the following services to help the youth adjust to separation.

- Baby bonding (Special Visit) with the youth and the baby; visits shall be scheduled through the IBMP Coordinator at BJN SYTF or the Supervisor at Dorothy Kirby Center.
- 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 at BJN SYTF or the Supervisor at Dorothy Kirby Center.

(Meets standards set forth in Title 15, Section 1324 (j))

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) SEARCHES	Section Number: SYTF-700
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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**LOS ANGELES COUNTY PROBATION
DEPARTMENT**

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701 INTRODUCTION

Searches shall be conducted to ensure the safety and security of the facility, as well as that of the public, visitors, youth, and staff. 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. All youth shall be searched upon entry to the facility and prior to being transferred out of the facility. Strip searches and visual or physical body cavity searches shall comply with 4030 PC. Body cavity searches shall be conducted by medical personnel only.

(Meets the standards set forth in Title 15, Section 1360 (a-c))

Searches of youth or their property shall be conducted only by staff and may not be delegated to youth under any circumstances. Youth shall be searched whenever there is probable cause to believe that one or more are in possession of contraband.

702 TYPES OF SEARCHES AND DEFINITIONS

A visual search is a cursory search of a youth who remains fully clothed. Staff shall visually check the youth for possession of weapons and contraband. Staff may require the youth to empty their pockets or to pull their clothing tight to outline any object underneath.

When conducting pat down or strip searches, appropriate safety equipment shall be worn (latex gloves).

Clothing Search

A clothing search is a search of the youth's clothing, including a search of jackets, shirts, pants, pockets, cuffs, etc., while the youth is fully clothed.

SEARCHES**Metal Detector Search**

A metal detector search involves the youth passing through a metal detector, and/or the waving of a metal detector wand over and around a youth while the youth is fully clothed.

Pat-Down Search

A pat-down search requires the placement of a staff's hands on the body of the youth to detect concealed contraband. A pat-down search shall be conducted only by a deputized officer of the same sex as the youth. These searches are conducted at the discretion of staff when they reasonably believe that the youth may be in possession of contraband.

Strip Search

A strip search is defined by Section 4030 of the California Penal Code as:

“A search which 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.”

Youth entering secure youth treatment facilities may not be strip searched unless the offense involves weapons, controlled substances, or violence or if they have a previous arrest involving weapons, controlled substances, or violence.

If the staff suspects that the youth have a concealed weapon or contraband on their person and the youth has not been charged with an offense which allows for a strip search, the staff shall:

- Indicate the specific reason(s) for conducting a strip search.
- Present the Admitting Summary Information form to the OD at BJN SYTF or Facility Director/Supervisor at Dorothy Kirby Center for review and approval prior to conducting the strip search.

The OD or Facility Director/Supervisor shall:

- Review the specific facts indicated by the admitting staff.
- Make a determination as to the reasonableness of the staff's suspicion.

SEARCHES

- Sign the Admitting Information Summary form as approved if in agreement with the reasonableness of the staff's suspicions.
- Instruct the staff to conduct the strip search of the youth.
- If the OD or Facility Director/ Supervisor is not in agreement with the staff's suspicions, the OD or Facility Director/ Supervisor shall decline to sign the Admitting Information Summary form and instruct the staff to comply with existing pat-down, cursory, and clothing searches of the youth.
- Once the youth has been ordered detained by the Court, the youth may be searched in accordance with accepted Secure Youth Treatment Facility Bureau search policies and procedures.

Body Cavity

A body cavity is the stomach or rectal cavity of a person and the vagina of a female.

Visual Body Cavity Search

A visual body cavity search is a more intrusive strip search that includes a visual (only) inspection of a body cavity. It requires documented, specific, reasonable suspicion and prior written authorization of a supervising officer on duty. (Penal Code § 4030; Penal Code § 4031)

Physical Body Cavity Search

A physical body cavity involves the physical intrusion into a body cavity or orifice for the purpose of discovering an object concealed in the body cavity. This requires a Search Warrant issued by a magistrate (judge, not a commissioner or referee) specifically authorizing the physical body cavity search. Only medical personnel shall conduct the search. (Penal Code § 4030; Penal Code § 4031)

(Meets standards set forth in Title 15, Section 1360 (d))

Contraband

Contraband is any item or substance possessed by the youth that is declared illegal by law or not specifically approved for youth's possession. Examples of contraband include weapons, escape devices (drawings), drugs, and/or drug paraphernalia; or authorized items that are possessed in excessive quantities or altered to be utilized in a manner not intended.

SEARCHES**Weapon**

A weapon is an instrument used or designed/altered to be used to injure or kill someone.

Medical Personnel

Medical personnel include physicians, nurse practitioners, registered nurses, licensed vocational nurses, and emergency medical technicians.

Youth

Any person who is in the custody of the Secured Youth Treatment Facility (SYTF). This person may be a youth under the age of 18 or a young adult 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 Section 208.55 of the Welfare and Institutions Code.

Detainee

A youth held in custody or confinement.

703 SEARCHES OF YOUTH HOUSED IN JUVENILE FACILITIES – GENERAL INFORMATION

- Every strip search and/or visual body cavity search requires probable cause and on-duty Supervisor approval.
- When conducting a unit search (rooms, dayroom, bathrooms, or any other common area of a living unit), youth will be subject to pad-down searches, hand-held metal detectors, or clothing searches only.
- Reasonable suspicion must be articulated on the *Strip Search Authorization Form* and approved by the supervisor on duty prior to conducting any strip and/or visual body cavity search at the unit level.
(Meets standards set forth in Title 15, Section 1360 (g))
- In the event a strip search and/or visual body cavity search is authorized at the unit level, it shall be conducted in accordance with the admission strip search and/or visual body cavity search procedures outlined herein.

SEARCHES**704 SEARCHES OF YOUTH**

Staff must physically pick up the youth's clothing and go through it to ascertain that no contraband is hidden in the sweatshirt, t-shirt, pants, underwear, shoes, socks, or any other item of clothing. Never assume that someone else has already searched a youth. Staff shall be cautious regarding the possible presence of sharp objects.

Visual, pat-down, and strip searches, as appropriate, shall be conducted of all youth in accordance with the above guidelines and under the following circumstances:

- When they are first admitted into the facility as part of the intake process.
- When they return to the living unit from any location.
- When they enter the facility from an outside location.
- When they are preparing to leave on movement outside the facility.
- When they have had contact with visitors from the outside.
- When they are suspected of having contraband.

705 CROSS GENDER SEARCHES

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.

(Meets standards set forth in Title 15, Section 1360 (g))

706 TRANSGENDER YOUTH SEARCHES

Transgender youth means a youth whose gender identity is different from their physical gender identification. Transgender youth must be afforded the opportunity to be searched by a staff with whom they feel comfortable. Under no circumstances should a search ever be used as an opportunity to determine a youth's physical gender. Refer to Limits to Cross-Gender Viewing and Searches for detailed policies and procedures.

SEARCHES

(Meets standards set forth in Title 15, Section 1360 (f-g))

707 ADMISSIONS PROCEDURES – NO STRIP AND/OR VISUAL BODY CAVITY SEARCH

To successfully conduct a pat-down search on any youth, officers need to 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)

708 INTAKE SEARCHES

A strip search authorization form (as at the end of this section) shall be completed for all newly admitted youth, regardless of whether or not the youth is strip searched and/or visual body cavity searched. If the youth is not searched, check the “NO” box on the Strip Search Authorization Form.

Intake search procedures are as follows:

- When a youth is brought to the Secured Youth Treatment Facility, receiving staff shall take immediate control of the youth and assume responsibility for their orderly processing.
- A pat-down search shall be performed upon the youth, regardless of offense, immediately upon their arrival by an officer of the same sex.
- An officer may not conduct a strip-down search or visual body cavity search when there is no reasonable suspicion to believe the youth possesses a weapon or contraband.
- When a youth is transferred to the custody of SYTF, the nature of the charge (violence, drugs, and weapons) must be considered prior to conducting any strip search or visual body cavity search. The fact that a youth’s charging offense is a felony does not, in and of itself, give rise to reasonable suspicion justifying a strip search or visual body cavity search. The rule of reasonable suspicion applies to youth charged with felonies as well as those charged with misdemeanors.
- While charges involving weapons, drugs, or violence are strong

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indicators of reasonable suspicion, any decision to authorize a strip search or visual body cavity search must be based on reasonable suspicion that a weapon, drug, or other contraband could be concealed on the youth; that such a weapon, drug or contraband could not be detected by a pat-down search, and that a strip search or visual body cavity search will result in the discovery of the weapon, drug or contraband.

- The reasonable suspicion to conduct an admission strip search and/or visual body cavity search must be articulated on a Strip Search Authorization Form and included in the youth's SYTF facility behavior file.

(Meets standards set forth in Title 15, Section 1360 (e))

709 COMPLETING A STRIP SEARCH AUTHORIZATION FORM

A complete Strip Search Authorization Form must include the following:

- Name, DOB, PDJ, and gender of the youth.
- An indication of whether a strip search and/or visual body cavity search is being requested.
- The justification for the search.

NOTE: Prior arrests for weapons, drugs, or violence may not, in and of themselves, be reasons that rise to the level of reasonable suspicion. Other factors (e.g., the youth's demeanor, circumstances of the arrest, etc.) may contribute to the decision to conduct a strip search and/or visual body cavity search.

- Name and signature of the officer requesting the search.

NOTE: Probation staff shall not search youth on behalf of other law enforcement agencies.

- The name and signature of the supervisor authorizing the strip search and/or visual body cavity search.
- An indication of whether or not the supervisor approved the search (if denied, the supervisor shall include the reason for their decision. If approved; the supervisor shall indicate "N/A" in this section).
- Date, time, and location of the search.
- Name, signature, and gender of the officer conducting the search.

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- Results of the search, including a description of any contraband discovered or an indication that no contraband was discovered.

710 ADMISSIONS PROCEDURES FOR SEARCHING NEWLY DETAINED or TRANSFERRED YOUTH ADMITTED INTO SYTF – NO STRIP SEARCH OR BODY CAVITY SEARCH

- An officer of the same sex shall escort the youth to an appropriate dressing/shower area and issue them a towel.
- Direct the youth to remove their clothing and cover up with the towel.
- Direct the youth to alert you once this task is completed.
- Remove yourself from the area while the youth is undressing/ dressing.
- Once alerted that the youth has disrobed and is covered by the towel, return to the shower/dressing area.
- Carefully examine each piece of clothing for contraband and bag the items the youth has removed. The youth's clothing shall be stored in accordance with procedures for storing personal property.
- Use a hand-held metal detector (wand) to sweep over the towel to examine the youth.
- Issue the youth facility clothing and remove yourself from the area after directing them to shower. Instruct the youth to alert you when they are finished showering and are clothed.
- Once clothed, escort the youth back to the admissions area for further processing.

711 ADMISSIONS PROCEDURES – STRIP SEARCH AND/OR VISUAL BODY CAVITY SEARCH

Admission strip searches and/or visual body cavity searches shall not be conducted without prior written authorization using the *Strip Search Authorization Form*. ***The decision to conduct a strip search and/or visual body cavity search shall be made by a supervisor on duty.*** The following procedures shall always be adhered to:

- The strip search and/or visual body cavity search shall never be conducted in a group setting.
- All strip search and/or visual body cavity 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.

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- All strip search and or visual body cavity searches shall be conducted without touching the youth's body.
- The officer conducting the search shall be of the same sex as the youth being searched. No person of the opposite sex shall be allowed to view the search.
- Officer safety is vital; have same-sex backup staff ready to assist.
- If a visual body cavity search has been approved, have the youth remove each article of clothing, one piece at a time, and hand it to you.
- Carefully examine each article of clothing for contraband, weapons, etc., and place it into the clothing bag provided.
- Once the clothing has been bagged, immediately remove the bag from the shower area and begin the search. Upon completion of the search, the youth's clothing shall be stored in accordance with the procedures for storing personal property.
- 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., which may indicate physical abuse, medical conditions etc.
- Physical body cavity searches are never to be performed by Probation staff.

712 STRIP SEARCH AND/OR BODY CAVITY SEARCH PROCEDURES

Once a strip search and/or body cavity search is authorized by a Supervisor, the search shall be conducted as follows:

- Direct the youth to stand and face you.
- The visual strip search shall begin at the head and work down to the feet and shall be conducted sequentially, as follows:
 - Hair and Scalp: All hair must hang loose. The youth must take all hair arrangements (dreadlocks, 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 on duty.
- If a youth requires a hairpiece due to a medical condition, it must be

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cleared by medical staff and the Probation Supervisor on duty.

Ears: Visually inspect behind ears, under lobes, and into the ear canal.

Nose: Direct the youth to tilt their head back and visually inspect their 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 their upper lip up and lower lip down.

Upper Torso - Anterior: As the youth continues to stand and face you, direct them to extend their arms to the side with fingers spread apart. Have them rotate their hands front and back.

- Direct obese youth to raise rolls of excess skin for visual inspection.
- Direct the youth to extend arms towards you 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". youth will be directed to clip 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 separate 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 them to lift each foot so that the bottom of the foot is exposed. Inspect the bottom of the feet and toes.

IMPORTANT: If at any time during the strip search and/or visual body cavity search procedures, you have reasonable suspicion to believe that the youth you are searching may still be concealing contraband and that said contraband could be discovered through a more thorough search, then you may include the following:

- Male youth will be instructed to lift their penis and, subsequently, their scrotum. If the youth is uncircumcised, instruct them to pull the foreskin

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back.

- Female youth will be instructed to raise their breasts.
- Visually inspect the youth's buttocks area, looking for any string or thread leading into the anus.
- Instruct the youth to assume a squatting position and cough deeply. This should expel most items of contraband secreted in the rectal area.
- The strip search and/or visual body cavity search is now concluded, and you may direct the youth to shower.
- Once the shower is completed, staff shall issue facility clothing to the youth and direct them to dress.
- Escort the youth back to the admissions area for further processing.

NOTE: In the event any contraband is discovered during 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 a Special Incident report shall be completed.

713 SEARCHES OF YOUTH ON MOVEMENT OUTSIDE OF THE FACILITY

- 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 unit or dorm.
- Staff shall perform a thorough search of the youth's personals, where applicable, prior to leaving the unit or dorm.
- Staff shall search youth before transportation staff take over supervision to reduce the chance that contraband was missed.

714 YOUTH ON ENHANCED LEVELS OF SUPERVISION

Youth on Level 3 and Level 4 supervision are prone to self-injury and suicidal behavior. As such, these youth must be carefully supervised and searched if staff observe them with an object that could be used to hurt themselves or others. Staff shall search that youth immediately to retrieve the object.

715 SEARCHING YOUTH'S ROOM

SEARCHES**BJN SYTF**

Staff shall search youth's rooms daily. At the minimum, two (2) random room searches shall be conducted per each AM and PM shift. Searches should be scheduled in a manner that does not create a pattern for the youth to predict such searches. During the search, if any weapons or contraband are found, Staff shall complete a Special Incident Report (SIR) and follow the procedures per the Crime Scene Evidence Preservation policy.

Dorothy Kirby Center

Staff shall search youth's rooms daily. Staff shall search the entire room or camp dorm area; bed area, sheets, blankets, desks, any personals that are in the room, door jams, windows, and light fixtures. They shall ensure that doors lock properly and that no obstructions are present.

Searches should be scheduled in a manner that does not create a pattern for the youth to predict such searches. During the search, if any weapons or contraband are found, Staff shall complete a Special Incident Report (SIR) and follow the procedures per the Crime Scene Evidence Preservation policy.

716 SEARCHES OF THE FACILITY

Upon the direction of the unit supervisor, director, assistant superintendent, or the superintendent, facility perimeters (inside and outside), school, and other areas of the facility shall be searched for any contraband.

717 SEARCHES OF VISITORS

All visitors to the facility shall be subject to limited administrative searches. All visitors are required to go through a metal detector and/or visual scanner. If contraband is detected, the visitor may be asked to empty their pockets of all objects before passing through the detector/scanner again. If the presence of contraband is still detected, a hand-held wand may be used to isolate the specific area and determine if the contraband is an integral part of the clothing or surgically implanted. In those cases where it is not possible to verify that the object is not contraband, it may be necessary to deny entry until the visitor can pass through the detectors without triggering them.

All items brought into the facility by visitors are subject to search. Inappropriate items shall not be allowed inside the facility.

SEARCHES**Visitors in Wheelchairs**

Prior to being allowed in the facility, visitors in wheelchairs shall be asked to place all loose objects into a tray and remove any blankets and/or non-clothing coverings. All packages, including purses, in their possession shall then be searched for contraband. A hand-held metal detector is then used to scan the visitor's body.

The large metal detector placed at the hall entrance shall not be used for wheelchair access¹.

718 NARCOTICS DETECTION CANINE

It is the policy of the Department to have narcotic detection canine searches conducted by a vendor or the Special Enforcement Operations (SEO) Canine unit at all juvenile facilities. "Passive Alert" narcotic detection canines will be utilized to search to ensure the safety and security of the youth, staff, and visitors in the facility.

Narcotic 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 within the Department's 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.

DIRECTOR OR SUPERVISOR²

A Director or Supervisor shall:

- Escort the canine handler/canine while searching the facility.
- Remain with the canine handler/canine at all times.
- Monitor visitors waiting to enter the facility if the canine alerts a visitor and ensure the Vapor Tracer or itemizer is used on visitors.
- Ensure that the canine handler/canine has no physical contact with

¹ Applicable to BJN facility Only.

² Applicable to BJN facility only.

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youth or staff.

- Complete a "Proof of Service 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 Superintendent/
- Follow the guidelines set forth in the Public Safety Officer's Procedural Bill of Rights Act- Government Code Section 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 Bureau Chief via a Preliminary Incident Notification (PIN).
- Follow the guidelines outlined in the Crime Scene Evidence Preservation policy if an illegal substance is found during the search.
- Notify the Project Manager of any issues related to the canine handler or the canine.
- Contact the Project Manager if an unscheduled search is requested due to suspicion that narcotic substances may be in the facility.
- Complete the K9 Search Form (Attachment A) at the conclusion of the visit and immediately submit it 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 Project Manager in conjunction with the Bureau Chiefs.

UNIT STAFF

Staff assigned to the unit shall:

- Avoid physical contact with the canine handler and the canine.
- Ensure youth do not have physical contact with the canine handler or canine.
- Minors are to be taken to another location of the unit/dorm or staged

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outside while the canine is searching.

- 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 a Peace Officer or the personal belongings of a Peace Officer during the course of the search.

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 Secure Youth Treatment Facility in an unobtrusive manner using "passive alert" canines.
- Notify the escorting Director or Supervisor of possible narcotics substances located by the canine,
- Be responsible for the proper collection and disposal of all canine waste.

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.

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- Gymnasiums- including rooms therein.
- Hallways in all buildings.
- Infirmary- Nurses' offices.
- Janitorial closets and storage areas.
- Kitchen and rooms therein.
- Laundry room.
- Library.
- Linen closets.
- Lockers and cubbyhole areas (youth only).
- Lounge areas.
- Miscellaneous storage rooms.
- Pantry areas.
- Parking lots.
- Perimeter and grounds near visiting area.
- Personals.
- Recreational areas.
- Restrooms and portable toilets.
- School Building - all classrooms and restrooms in the school area.
- Shower areas.
- Supply closets.
- Trash bins, trashcans, and wastebaskets.
- Tool storage areas.
- Utility rooms.
- Vehicles used to transport youth.
- Visitors in line waiting to enter the facility.
- Visiting areas.
- Warehouse.
- Youth living areas.

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Attachment A



**DETENTION SERVICES BUREAU
LOS ANGELES COUNTY PROBATION DEPARTMENT**



Facility: _____

K-9 Searches

Date: **Time:** **Time In:**
Time Out:

Escorting Supervisor or Director:

Name of Handler:

☐ Contract Canine ☐ SEO Canine Unit

Areas Visited by Canine		Any contraband found Yes or NO. If Yes, what was found?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

COMMENTS:

Form to be completed after each K9 visit and sent to Bureau Chief Mark Garcia and Jeffrey Chang within 24 hours of the visit.

Rebuild Lives and Provide for Healthier and Safer Communities

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) TRANSPORTATION OF YOUTH	Section Number: SYTF-800
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) TRANSPORTATION OF YOUTH	Section Number: SYTF-800
	Effective Date: May 10, 2024
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801 INTRODUCTION

Youth are not to be transported from the Secured Youth Treatment Facilities (SYTF) for private appointments except when:

- Transported for emergency care.
- Court Order
- Scheduled by the Department of Health Services – Juvenile Court Health Services 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.

802 ORANGE TRANSPORTATION UNIFORMS

All youth being transported by staff to or from another Probation facility, court, medical appointment, or other appointments outside the facility shall wear an orange transport uniform consisting of a shirt and pants prior to being transported. Youth are not to have medical appointments scheduled on the same day youth are scheduled to attend court. If conflicting, non-emergency medical appointments are to be rescheduled with Juvenile Court Health Services (JCHS).

The following procedures shall be implemented:

All youth exiting the facility shall be routed through a designated receiving unit or controlled area away from the general population. The receiving unit staff shall be responsible for ensuring that all youth on transport are changed into orange uniform before exiting the facility.

Staff shall be mindful of the daily movement schedules, which are not flexible and shall allow sufficient time for the clothing exchange to be conducted; therefore, staff shall escort youth on transport to the receiving unit or controlled area

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at least 35-40 minutes prior to their scheduled departure time. Staff escorting the youth to the receiving unit or controlled area must remain with the youth being transported to assist with the clothing exchange.

Staff shall ensure that County-issued pants are placed in the soiled laundry, and staff shall give each youth 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 escorting the youth to the receiving unit or controlled area may return to their assignment.

Youth Returning to the Facility

BJN SYTF

Transportation Deputies returning youth to the facility from outside appointments shall escort the youth to the receiving unit or controlled area and shall remain with the youth until they are thoroughly searched and the clothing exchange is completed.

Staff shall ensure that youth place their orange uniform, sweatshirt, underwear, t-shirt, and socks in the soiled laundry and shall provide each youth with a clean set of facility clothing and inspect the youth's shoes before returning the youth to the general population.

Staff conducting the clothing exchange shall search all of the orange uniforms for contraband before they are sent to the laundry¹.

Intake Coordinators shall work collaboratively with the Management Services Bureau to ensure that each facility is allocated a supply of orange uniforms.

The supply of orange uniforms shall be maintained at an established supply level commensurate with the average number of youth that attend outside appointments on a daily basis plus ten (10) percent. In the event the average daily number of youth that attend outside appointments drastically changes, the Movement Coordinators shall notify the Assistant Superintendent or the Management Services Director at the facility immediately so that adjustments can be made.

The authorized use of the orange uniform is limited to the stated purpose, and youth shall not wear the orange uniform at any other time other than during

¹ Applicable to BJN facility only.

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transportation.

Dorothy Kirby Center

Transportation deputies returning youth to the Dorothy Kirby Center from outside appointments shall escort the youth to the designated receiving area and shall remain until the youth is 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 soiled laundry area and provide each youth with a clean set of camp clothing. Staff shall inspect the youth's shoes before returning the youth to the general population. Staff conducting the clothing exchange shall search all of the orange uniforms for contraband before they are sent to the laundry.

803 APPOINTMENTS

Youth shall never be informed in advance of the date and location of their appointment. If there is reason to believe a youth is aware of an appointment, the appointment shall be canceled and rescheduled.

804 TELEPHONE CALLS

Youth shall not be allowed to use the telephone nor have visitors when they have prior knowledge of an appointment. If a youth having prior knowledge of an appointment is found using the telephone, the appointment shall be rescheduled. Staff shall dial the youth's outgoing calls from County telephones and shall not leave the youth unaccompanied while the youth is talking on the telephone. Youth should not have an expectation of privacy while they are on the telephone, except when speaking with their attorney or clergy.

805 TRANSPORTING YOUTH

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 arms-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.

TRANSPORTATION OF YOUTH**806 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 door, all doors not covered by transporting staff are to be locked. Staff shall consult the OD/Facility Director if they believe the layout of the examination room compromises their ability 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. Youth may be transported to police facilities to participate in line-ups or to be booked on additional charges. The security precautions outlined above shall be followed.

807 TRANSPORTATION OF ENHANCED SUPERVISION YOUTH

Based on Continuity of Care for At-Risk Youth, youth being transported during a step-down period (ex. Level 3 Enhanced Supervision status youth stepped-down (released) from Level 3 to Level 2 Enhanced Supervision status), shall maintain Level 3 Enhanced Supervision requirements for a minimum of twenty-four (24) hours. Facilities are required to provide a designated staff member (Level 3-Enhanced Supervision Requirements) until the youth has been reassessed by DMH and cleared when appropriate for release to a regular living unit on Level 2 Enhanced Supervision status.

808 TRANSPORTING OF PERSONAL PROPERTY BETWEEN DETENTION FACILITIES

Youth shall be allowed the following approved items to be transported with them between facilities:

- Five (5) appropriate family pictures.
- A combination of three (3) soft-covered reading/composition materials

TRANSPORTATION OF YOUTH

(paperback books, composition books, and appropriate magazines).

- One (1) soft-covered religious text.
- Five (5) letters.
- Five (5) pieces of paper with personal phone numbers.
- Inside Out Writers materials, which includes the youth's portfolio of writing assignments.
- Graduation or facility release packet, which includes instructions on the reporting area office, listing of service providers in the community, immunization records, Medi-Cal letter, and education transcripts.
- Medical devices, such as eyeglasses or dental appliances.

The sending facility receiving unit staff shall ensure that only the approved items listed are being transported in a 10x15 sealed and labeled manila envelope or sealed paper bag with the Transmittal – Transport of Youth's Property form. When using recycled Transmittal and envelopes, the receiving unit staff shall ensure the previous youth's name is crossed out. Transportation Deputies shall ensure that the personal property envelopes are given to the receiving unit facility staff. Receiving facility staff shall ensure that the property is sent to the youth's assigned living unit for distribution as soon as possible.

The receiving unit staff shall ensure that excess items are placed in a paper bag and placed in the property room with the youth's other items. A property slip shall be completed and attached to the paper bag.

Note: This does not apply to youth going to court or medical appointments unless they are being moved to another facility.

809 THE USE OF MECHANICAL RESTRAINTS FOR MOVEMENT AND TRANSPORT WITHIN THE FACILITY

The Department, in cooperation with DMH and JCHS, authorizes staff to utilize mechanical restraints in an effort to keep youth safe in crisis situations within the facility where the youth's behavior cannot be controlled through less restrictive means, as well as for transportation purposes. Mechanical Restraints refer to any device that immobilizes an individual's extremities. Only departmentally approved handcuffs and leg irons for youth assigned to the compound unit may be used for this purpose. Flex-cuffs are "hard restraint" devices intended to be utilized only in emergent situations within the facility to restrain youth who are in imminent danger

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to 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 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.

Per Title 15, Section 1358.5, an individual assessment of the need to apply restraints for movement or transportation must be completed. 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:

- A safety risk to youth, staff, others, or the facility.
- A substantial risk of flight.

Youth may be placed in restraints for the purposes of transport and/or movement within the facility. At the conclusion of transport, staff shall document the circumstances that lead to the application of the restraints via a SIR, PIR, or 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 inadvertent tightening and potential injury to the youth. They 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 or falls under Welfare and Institutions Code Section 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 6030(f) and Welfare and Institutions Code Section 222. If necessary, the restraints shall be applied in the front.

(Meets standards set forth in Title 15, Section 1358.5)

810 USE OF MECHANICAL RESTRAINTS DURING TRANSPORT (Cross reference with Directive 1433)

It shall be the policy of the Department to use the least restrictive form of restraints

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necessary when transporting youth outside of juvenile facilities. Additionally, it shall be the policy of the Department that 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 which 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.

Mechanical Restraints During Transport

The use of mechanical restraints on youth during transportation outside of a local secure juvenile facility shall require the completion of the *Mechanical Restraint Worksheet for Transportation* (Prob. 1676). This requisite documentation shall be completed by the MC staff and authorized by a Supervisor. The final decision to use or not use restraints shall be in consultation with the sending facility and the Transportation Section. Ultimately, mechanical restraints shall be used only when the absence of restraints jeopardizes 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):

- Once the *Mechanical Restraint Worksheet for Transportation* is completed, the 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.
- The *Transfer Transmittal* form (Prob. 1675) shall be provided by the sending facility to the receiving TD.
- The *Transfer Transmittal* form shall be completed and signed by both the sending facility and receiving TD.

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 juvenile court proceeding if the court

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determines that the individual juvenile'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 for 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 circumstance.

Note: The above does not apply to mechanical restraints used by medical care providers during the course of medical care or transportation.

811 METAL HANDCUFF SANITIZING PROCEDURE

Pursuant to BSCC Title 15 § 1510, specific sanitation procedures have been established when the use of restraint devices has been authorized. It is the policy of the Department that restraint devices shall be sanitized and cleaned after every application.

Sanitation Procedures

Any staff that places and/or removes restraints devices from a youth must adhere to the following sanitizing and cleansing protocol:

1. Wear disposable gloves.
2. Clean or spray the restraint device(s) using department-approved disinfectant that is effective against Methicillin-resistant Staphylococcus aureus (MRSA)
3. Allow to remain wet for ten (10) minutes prior to wiping dry.
4. Allow the restraint devices to air dry before using or storing.

It is the responsibility of the shift supervisor or the authorized designee to ensure that steps 1 through 4 are followed.

Metal Handcuffs exposed to bodily fluids:

When metal handcuffs are contaminated with bodily fluids, the following procedures must be adhered to:

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 a department-approved disinfectant that is effective against Methicillin-resistant Staphylococcus aureus (MRSA).
5. Allow to remain wet for ten (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 biohazard containers.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) EMERGENCY PROCEDURES	Section Number: SYTF-900
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) EMERGENCY PROCEDURES	Section Number: SYTF-900
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901 INTRODUCTION

In order to ensure the safety and security of youth and staff during emergency and disaster situations, the 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 facility shall have facility-specific procedures that shall include, but not limited to:

- Fire and natural disasters
- Escape, disturbances, and the taking of hostages.
- Active shooter, terrorist attacks, and civil disturbances
- Periodic testing of emergency equipment
- Emergency evacuation of the facility
- Annual review of emergency procedures for all staff

(Meets standards set forth in Title 15, Section 1327)

902 SECURITY OFFICER

The Assistant Superintendent /the Camp Director, Assistant Director, or the authorized designee is the Chief Safety and Security Officer and is in charge during emergency situations. In case of a major emergency where additional personnel is needed, the Director in charge is authorized to contact off-duty staff and require them to report for duty.

Under no condition shall any staff take it upon themselves to contact a law enforcement agency for assistance without first following the chain of command, starting with the Superintendent/Facility Director or the authorized designee.

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903 REPORTING EMERGENCIES

It shall be the responsibility of all staff to immediately notify MC/RS when an emergency occurs by using the telephone system or the county-issued radio. In reporting emergencies, staff are to give the appropriate code (Example: Code Blue, Code Red, Code Green, or Code Yellow). The essential facts must be given concisely and logically, such as indicated below:

- As soon as MC/RS responds, state: "This is an emergency" or "Code Blue".
- Give the location of trouble. Example: "This is Boys' Unit V, DSO Smith".
- Explain the nature of the emergency in a few words. Example: "A/B trying to escape".

In extreme circumstances, where it is impossible to stay on the telephone to talk to the MC/RS staff, unit staff shall maintain communication by radio.

904 FACILITY LOCKDOWN PROCEDURES

It is the responsibility of the OD/RS Supervisor and/or the authorized Designees to notify all units and all ancillary agencies (i.e., Security, DMH, LACOE, JCHS, MSB, ISD, etc.) that a facility-wide lockdown is in effect. No movement is allowed within the facility until Facility Lockdown is lifted.

Staff Responsibilities

OD/RS Supervisors or the Authorized Designee

Once initial facility lockdown notifications have been made to the facility, the following personnel should be contacted and notified:

- Director on Duty or the authorized designee on duty
- Superintendent
- Assistant Superintendent/Assistant Director In some cases
- Special Enforcement
- Local Law Enforcement Agencies
- Local Emergency Services

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In all emergency situations, the OD/RS Supervisor or the authorized designee needs to maintain a detailed, continuous, and chronological summary of all pertinent information in the OD report at the BJN SYTF and Shift report at Dorothy Kirby Center. The OD/RS Supervisor or the authorized designee must also generate a Preliminary Incident Notification (PIN) and follow procedures outlined in the Manual.

Once the emergent situation(s) has been resolved, an official "All Clear Notification" should be given to all notified personnel. Each unit must submit an SIR/PIR by the conclusion of the shift relating to emergent situations and/or facility lockdown.

Senior Detention Service Officer (Sr. DSO), Supervising Deputy Probation Officer (SDPO) or the Authorized Designee

Once notified of facility lockdown, Sr. DSO/ SDPO or the authorized designee is responsible for the following:

- Ensure that all youth are secured and accounted for. If the unit is participating in an outside activity, immediately return to the unit.
- Report physical count of youth to Movement and Control immediately.
- If required by an emergency situation, deploy additional staff to predesignated locations based on facility emergency plan procedures.
- Ensure that Safety Checks are completed.

Once "All Clear Notification" has been made, Sr. DSO/SDPO must submit a SIR/PIR by the conclusion of the shift relating to the emergent situation and/or Facility Lockdown.

Detention Service Officer (DSO)/Group Supervisor, Nights (GSN) Deputy Probation Officers (DPO)

Once notified of facility lockdown, DSO/GSN/DPO is responsible for the following:

- Secure all youth. If the unit is participating in an outside activity, immediately return to the unit.
- Obtain a physical count of youth.
- Confirm locations of youth outside of the unit.

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- Report confirmed counts to Sr. DSO, SDPO or OD.
- Ensure that Safety Checks are completed.

NOTE: 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 only resume once an official "All Clear Notification" has been made by the OD/RS Supervisor or the authorized designee.

905 MEDICAL EMERGENCIES (CODE BLUE)

When staff encounter a medical emergency, each second of elapsed time required to obtain professional assistance becomes critical in the saving of 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 in 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 MC/RS 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 CPR devices shall take them to the site of the incident and assist in administering first aid.
- Once control of the situation has been transferred to MC and any known details transmitted to them, MC/RS staff shall ensure that paramedic assistance has been summoned through telephoning 911. Additionally, MC/RS Staff shall arrange for immediate dispatching 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.

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Medical emergencies include, but are not limited to, the following situations:

- Unconsciousness
- Suicide attempt
- Drowning
- Heart attack
- Respiratory arrest or extreme respiratory distress
- Electrical shock
- Seizures

906 ESCAPES (CODE GREEN)

When staff observes a youth attempting to escape or escaping from the facility, the staff shall immediately notify the MC/RS Supervisor via two-way radio. If staff does not have a primary responsibility for supervising a group. The staff member shall maintain visual contact of youth and report to MC/RS via two-way radio.

The OD/RS Supervisor shall order the escape (Code Green) plan to be implemented immediately. The OD/RS Supervisor shall order a thorough search of the grounds if it has not been established that the youth have actually escaped.

In response to a successful escape, the OD/RS Supervisor or the authorized designee shall take the following actions:

- Identify each escapee by name, AKAs, offenses, gender, age, race, height, weight, clothing, identifying marks, parent's contact information (parent's home address and telephone numbers), gang affiliation, and court information. Use the booking photos available on PCMS and 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.
- 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.

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- Notify the Superintendent, facility Director, and the MC/RS of the unit involved. The Superintendent/facility Director shall notify the SYTF Bureau Chief as appropriate and submit a written report.
- Contact the Director of the Probation Department's Special Enforcement Operation and provide pertinent information requested to assist in the apprehension of the youth.
- Contact each youth's parent or guardian by telephone. If this is not possible, use other means such as night letter or telegram.
- Contact the assigned field Probation or Parole Officer of record for each escapee via telephone and follow up with written documentation.
- Record the escape in the Shift Condition Report, SIR/PIR, Preliminary Incident Notification (PIN), MC/RS Log Book, document the incident in PCMS, or card file and "Red Tag" the youth in the computer system;
- Immediately notify the Court of each youth's escape and request a Bench Warrant be issued.
- The MC Director/RS Supervisor shall verify that the Bench Warrant is placed in the automated system within 24 hours of issuance. If it is not in the system, contact the Probation officer of records for assistance.
- Collect unit call logs for youth's call history.
- Collect the youth's personal property from property storage and the youth's room for any information regarding potential escape plans or potential escape locations.

The Supervisor of the building from which the escape occurred or, in the case of the Supervisor's absence, the OD/RS Supervisor shall prepare a detailed Preliminary Incident Notification (PIN) for the Division Director, the Superintendent, or the Facility Director.

907 OUTSIDE INTRUDERS (CODE YELLOW)

To prevent unauthorized persons or intruders from entering the grounds through the front entrance, the OD is to keep the main lobby locked when the key center is not staffed.

Any unauthorized persons are to be addressed immediately and escorted to MC/RS Supervisor or have the MC/RS team report to the scene.

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The OD/RS Supervisor shall investigate to determine who the person is and why they are on the grounds.

If the unauthorized person is creating a disturbance, the highest-ranking staff member on duty may call local law enforcement for support and assistance.

MC/RS shall be notified if it is determined that the intruder is armed and dangerous; staff shall keep a safe distance, and the OD/RS Supervisor shall immediately call the police for assistance.

908 MAJOR DISTURBANCES (CODE RED)**BJN SYTF**

In the event of a major behavioral disturbance, staff shall immediately notify Movement Control (MC) and indicate the location and the number of youth involved in the incident.

Every effort shall be made to move the youth not involved in the disturbance to a safe distance from the incident. (e.g., secure them in individual rooms, secure them in the dayroom, or, if outside, have youth not involved drop to the ground on one (1) knee.

Those youth who are most active in the disturbance should be immediately separated and isolated from the group by the safest available means.

The Officer of the Day (OD) shall contact the on-duty Director to provide information regarding the situation. If the OD is unable to contact the on-duty Director, they shall contact the Assistant Superintendent. If the Assistant Superintendent is not available, the OD shall contact the Superintendent. The OD shall complete a Preliminary Incident Notification (PIN) once the incident is contained.

If the Superintendent is not available, contact the Bureau Chief. If contact is still unable to be made, contact the Chief Deputy or the Chief Probation Officer in that order. If still unable to reach anyone, attempt to contact another Bureau Chief.

Dorothy Kirby Center

In the event of a major disturbance, staff shall immediately notify the SDPO and indicate the location and the number of youth involved in the incident.

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Staff shall make every effort to move youth not involved in the disturbance a safe distance from the incident. (For example, move them out to the blacktop or secure them in a dayroom or, if outside, have those youths not involved drop to the ground on one (1) knee. In camp, staff will secure youths in a safe area such as the (HOPE Center), gym, classroom, indicated area, etc. and ensure there is adequate supervision before responding to emergency.)

Those youths who are most active in the disturbance should be separated and isolated by the safest available means.

The SDPO shall make person-to-person contact with the camp Director. If the Director is unavailable, the SDPO shall contact the Regional Director. If the Regional Director is unavailable, the SDPO shall contact the Bureau Chief or the Chief Probation Officer, in that order. If still unable to reach anyone, the SDPO shall attempt to contact another Bureau Chief.

Outside Law Enforcement

The Superintendent/Director or the authorized designee may, after careful analysis of the situation, seek assistance from the local law enforcement agency. This step is to be taken only after the conclusion has been reached that a situation is beyond the control of an all-out response by staff.

In the absence of the Superintendent/Director or the authorized designee, a Director or OD is authorized to call for law enforcement assistance.

If law enforcement is called for assistance, the highest-ranking staff member is to meet them at the entrance and explain the nature of the assistance needed such as to patrol outside to protect the community and isolate the facility or contain a building inside. If asked to actually use physical force, make an arrest, or put down a riot, law enforcement and Probation shall work cooperatively until order has been restored.

909 BLOOD-BORNE PATHOGENS

The Department has established safeguards and procedures to protect staff and youth who come in contact with blood-borne pathogens (including 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.

EMERGENCY PROCEDURES**Decontamination Kit**

To protect youth and staff from possible infection, living units will be provided with a decontamination kit for use in cleaning up any blood or other body fluids.

The decontamination kit shall contain hydrogen peroxide, rubber/latex gloves, gauze cloth, plastic bags for disposal of cleanup materials, and a CPR airway device with backflow. The kit shall be stored in a specified location in the unit.

Additionally, post positions, the Chapel, gymnasium, and MC/RS shall be provided with decontamination kits for the staff's use.

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.
- 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. (The bags shall be obtained from the Medical Unit, and the containers shall be centrally located within the institution.)
- To prevent exposure when cleaning up blood/bodily fluids, staff shall wear protective gloves (rubber/latex) 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 OD/RS Supervisor.
- Staff shall immediately notify the supervisor of the incident, reporting the names of the persons involved.

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- 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 JCHS Medical Director/Chief Medical
 - Officer (CMO) to test the youth.

Staff shall complete an Industrial Accident Report (IA packet), as well as a Stated Departmental Health Services Form (DHS) 8459. The SIR and Industrial Accident Report and DHS 8459 shall be submitted to the supervisor/OD 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 JCHS Medical Director/CMO no later than two days after the incident. An exception can be made if staff requested a petition and if it was rejected by the DA's office or dismissed by the court. The JCHS Medical Director/CMO officer shall be contacted to determine if the request will be accepted.

Staff 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 testing, which should be completed in the sixth week and the third, sixth, and twelfth month following the incident.

In the event that staff experiences an occupational exposure and requests to be tested, both pre-and post-test counseling is available through the Los Angeles County Department of Health Services and/or the individual's private physician. It is highly recommended that the staff seek such counseling as soon as possible.

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

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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 individuals blood tested for the AIDS virus and other communicable diseases.

The authority for requesting an HIV test through the JCHS Medical Director/CMO resides in 7510 PC.

In either event, no one may disclose the results of an HIV antibody test except physicians 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.

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 over can sign the consent form. Parents or guardians need to sign for all youth under the age of 12.

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, 653 WIC. Staff will complete the Juvenile 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 his or her 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; and
- Identification of the bodily fluid that may have been exchanged, such as blood, saliva, semen, or other bodily fluids.

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The supervisor shall review the JIR and witness list and submit an original and three 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 Superintendent Facility 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.

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 JCHS Medical Director/CMO conduct a test. The incident is reported to the JCHS Medical Director/CMO via a completed DHS 8459, a request for testing, and a copy of the SIR within two days of the incident.

Pursuant to 7514 PC, the youth shall receive pre- and post-testing counseling regarding HIV at a location determined by the JCHS Medical Director/CMO. The JCHS Medical Director/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 7511 PC.

Youth's 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 7512(A) PC have been met.

When a request is filed on behalf of the youth, the supervisor shall notify the parents or guardian 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 Superintendent/ Director will approve or disapprove the request for the test and submit it to the JCHS Medical Director/CMO. If the youth's parents or guardians refuse permission, the Superintendent/Director may request the Court to rule on whether the test shall be given.

The Juvenile Court shall make a ruling within five days of receipt of the request.

Appeal Process

Either the person requesting the test, the youth to be tested, or the youth's parents or guardians may appeal the decision of the JCHS Medical Director/CMO. The

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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 JCHS Medical Director/CMO, the staff, the youth, and their parents or 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 filing. The decision of the panel may, in turn, be appealed to the Superior Court pursuant to 7516.5 PC.

Dissemination of Test Results

The JCHS Medical Director/CMO shall inform the Superintendent/ Facility Director or Assistant Director of the test results. The Superintendent/Facility Director or the authorized designee shall, in turn, inform the person tested, the person requesting the test, and the parent or guardian of the youth tested of the results.

The JCHS Medical Director/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 Superintendent/Facility Director or the authorized designee and shall be maintained in a confidential file. It shall be the responsibility of the Superintendent/Facility 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.

910 FIRE SAFETY PLAN

It is the policy of the Department that fire prevention and fire response strategies are a high priority. All staff members of each facility are responsible for reducing the risk of fires and for responding appropriately in the event of fire.

The Superintendent/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 to be included as part of the juvenile institution

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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.
- Fire prevention inspections as required by Health and Safety Code § 13146.1(a) and (b).
- An Evacuation Plan (see the Emergency Evacuation Policy)
- Documented fire drills at least quarterly.
- A written plan for the 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.

INSPECTION

The juvenile institution facilities shall be inspected monthly by the Management Services Bureau (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 years (15 CCR 1325).

The MSB Management 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.

Staff shall conduct fire inspections of the living units daily on each shift as a part of each living unit's security check in accordance with Manual Section- Security Procedures. The inspection shall include ensuring emergency exit signs are lit and operable, floor-tripping hazards are removed or reported for repair, fire extinguishers are fully charged, and emergency evacuation plans are properly posted.

Copies of the formal Fire Department and Safety Officer's manual, as well as the Management Services Bureau's monthly inspections, are to be kept on file in the

EMERGENCY PROCEDURES

Management Services Bureau Director's office.

The monthly fire inspection conducted by the Management Service Bureau at each facility shall ensure that:

- 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 off hallways and aisles).
- Fire alarms, smoke detectors, and suppression systems, as required by law, are installed, maintained, and operating properly and periodically tested.
- 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 (see the Fire and Life-Safety Policy).
- The Internal Services Department shall conduct a monthly test of the Fire Alarm Systems and emergency equipment. More frequent inspections may be requested by the facility Services Director. The Services Director or the authorized designee shall submit work orders to MSB 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 Management Service Bureau Director's office.

EMERGENCY PROCEDURES

- A copy of the report shall be attached to the Services Director's Monthly Report that is sent to the MSB Bureau Chief.

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 Superintendent/Facility 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).

Designated MSB staff responsible for conducting the monthly inspection shall submit a written report to the Management Services Bureau Director within 48 hours of completing the inspection.

The Management Services Bureau 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 facility superintendent/Facility Director and the MSB Chief.

INSPECTION PROCEDURES

MSB staff are required to examine fire equipment on a monthly basis to determine readiness for use by checking the following:

- Fire Extinguishers
 - Plastic seal is in place.
 - The needle on the gauge is in the green zone.
 - Hose (if applicable) is in good condition.
 - Annual maintenance check date (on the extinguisher tag) has not

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expired.

- Fire Hoses (Standpipes)
 - Hose is in good condition.
 - Nozzle in place.
 - Hose properly hung on the rack.
 - Glass or plastic window (if applicable) is intact.

MSB staff shall sign and date the back side of the extinguisher tag after each inspection and note the date of examination on the Fire Equipment Operability form. The MSB staff shall retain the Fire Equipment Operability form for a period of two years. (15 CCR 1325 (b))

MSB staff shall ensure that the fire alarm boxes connect to a master fire alarm system that alerts MC when activated, giving the coded location of the activated alarm box. The proper operation of the coding device will be checked regularly by MC.

FIRE SUPPRESSION PROCEDURES

BJN SYTF

In case of any fire, staff will take the following actions:

- Activate the fire alarm system immediately.
- Make telephone/two-way radio contact with MC.
- 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 is of primary concern.
- The building Sr. DSO is to ensure all youth and staff are out of the building.

The MC Sr. DSO shall immediately notify the OD. The OD shall determine the location of the fire and its severity, then take the following action:

- Telephone the fire department and state the precise location of the fire and of the exterior access gate.

EMERGENCY PROCEDURES

- Ensure all youth and staff have been evacuated from all endangered buildings.
- Dispatch staff to the gate with the appropriate key to allow access by the fire department. The OD shall also ensure that the staff-assigned gate posts have lanterns after dark.

The building supervisor, or if absent, the OD, shall write a detailed report and provide it to the Superintendent.

If there are any vehicles blocking any of the emergency gates or fire lanes, law enforcement shall be called.

Dorothy Kirby Center

In case of fire, staff shall take the following actions:

- Activate the alarm system immediately.
- Make telephone or radio contact with the SDPO.
- If a building that houses youth catches fire, immediately evacuate all youth from the building, evacuating first those who are in that portion of the building threatened by smoke or flames.
- Exercise sound judgment, keeping in mind that the safety and welfare of the youth and staff are of primary concern.

The SDPO 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 fire department access and to direct emergency personnel. The SDPO shall also ensure that the staff assigned to the gate post shall have a flashlight after dark.

The SDPO shall provide a detailed written report to the facility Director.

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FIRE DRILLS

Fire Drills shall be coordinated by the Assistant Superintendent's office at BJN SYTF or Assistant Director's office at Dorothy Kirby Center. Fire Drills shall be conducted facility-wide at least quarterly. The OD shall coordinate and document the drill on an SIR and document any deficiencies or problems.

The documentation shall be retained in the Assistant Superintendent's office at BJN SYTF or Facility Director's office at Dorothy Kirby Center.

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))

FIRE TRAINING

The Superintendent/ Assistant Director or the authorized designee is responsible for ensuring that within the first six months of assignment to the facility, all staff members receive training. While staff members are not trained as fully qualified firefighters, the Superintendent or the authorized designee will 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.

EMERGENCY PROCEDURES

Attachment A

PROBATION DEPARTMENT FACILITIES

PHYSICAL PLANT INSPECTION – FIRE SAFETY

FACILITY: _____ DATE: _____

UNIT: _____ INSPECTED BY: _____

FIRE PROTECTION AND MEANS OF EGRESS

DESCRIPTION	X	DISCREPANCY	FOLLOW-UP STATUS	DATE
Fire extinguisher has current inspection tag (annual)				
Condition of fire extinguisher (seal intact, fully charged, no damages)				
Monthly check and initialed on back of tag.				
Fire extinguisher not blocked or obstructed				
Doors functioning properly (closing/locking properly)				
Exits properly marked and unobstructed				
Exit lights functioning properly				
Emergency lights functioning				
Evacuation Plans posted and visible				
Sprinkler heads not blocked (min. clearance of 18 inches. Sprinkler heads free of decorations)				
Fire hose in good condition, racked properly				
Fire extinguisher mounted appropriately				
911 Tool in Locked Fire Cabinet				

EMERGENCY PROCEDURES**FIRE PREVENTION**

DESCRIPTION	X	DISCREPANCY	FOLLOW-UP STATUS	DATE
No evidence of excessive paper/materials cluttering areas				
No evidence of smoking within the complex. (Stairwells, Behind Buildings etc.)				
Flammable/combustible liquids are labeled and properly stored in Fire Safe Cabinets.				

ELECTRICAL HAZARDS

DESCRIPTION	X	DISCREPANCY	FOLLOW-UP STATUS	DATE
Extension cords – no evidence of excessive use				
Extension cords/plugs properly grounded				
Condition of cords/plugs (not taped/spliced)				
Condition of light switches – cover plates not broken/missing				
Electric panels clear and accessible (min. 30 in. clearance) Panels locked. Voltage identified on outside of panel.				

ELECTRICAL GENERAL

DESCRIPTION	X	DISCREPANCY	FOLLOW-UP STATUS	DATE
Ceiling light fixtures-missing/broken diffusers				
Fluorescent lights-missing or burned out				
Room Night Light Operational				

EMERGENCY PROCEDURES

*County of Los Angeles
Probation Department*

***Fire Extinguisher
Inspection Procedures***

MONTHLY PORTABLE FIRE EXTINGUISHER INSPECTION GUIDELINES

The following guidelines are intended to give reasonable assurance that fire extinguishers are fully charged and operable:

1. Every fire extinguisher must be visually inspected on a monthly basis.
2. Every fire extinguisher should be mounted, identified and readily accessible.
3. Fire extinguisher type must be appropriate for the work area/location:
 - a. *Class A:* Wood, paper, cloth, trash and other ordinary materials
 - b. *Class B:* Gasoline, grease, oil, paint and other flammable liquids
 - c. *Class C:* Live electrical equipment
 - d. *Class D:* Metal fires (not common)
4. Pressure gauge (or other indicator) must be in the operable range and position.
5. Hose and/or nozzle must be free of obstructions.
6. Seals and tamper indicators must not be broken or missing.
7. Operating instructions on nameplate must be legible and facing outward.
8. Examine the fire extinguisher for physical damage, corrosion or leakage.
9. If a dry chemical fire extinguisher is provided, invert the unit to prevent caking of the material.
10. Check the tag and ensure date of service is current. The date of service is considered current if less than 365 days have passed since the date punched on the tag. Initial/date the tag and state the condition of the fire extinguisher (based on the visual inspection).

NOTE: Remove fire extinguishers failing the visual inspection from work areas and replace with fire extinguisher in good operating condition. If a fire extinguishers' service date is over 365 days from the date punched on the tag, the unit must be serviced and/or recharged.



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911 POWER FAILURE

In the event of a power failure, the emergency power system shall be activated. Each building is equipped with a switch that will activate the system if it is not automatically activated.

Youth are to be in their rooms, dormitories, or dayrooms until the power is restored. If youth are elsewhere at the time of a power failure, such as the school auditorium, they shall remain in that area, and an immediate unit youth count shall be conducted.

All units and MC/RS's office shall maintain a supply of lanterns/flashlights.

NOTE: Restroom usage may be conducted during power failure as needed. Only one youth at a time per unit, and it shall be documented in the unit Restroom Log book.

912 BOMB THREATS

If someone contacts juvenile facility 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?

BJN SYTF

The staff member receiving the call shall notify the OD or the Assistant
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EMERGENCY PROCEDURES

Superintendent, who shall notify the Superintendent. The Superintendent or highest-ranking officer shall then notify law enforcement.

The OD 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 OD shall decide whether to evacuate any buildings at any point in this process.

Dorothy Kirby Center

The staff member receiving the call shall notify the AD, who shall notify law the Facility Director. The Facility Director or highest-ranking officer shall then notify law enforcement.

The SDPO 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 SDPO shall decide whether to evacuate any part of the facility at any point in this process.

913 EARTHQUAKES

In the event of an earthquake, staff shall take the following steps:

BJN SYTF

- 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 remain in their rooms 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. Check for gas and water leaks, fires, or loose objects. Staff shall render immediate assistance to the injured.
- Avoid using the telephone except for emergency purposes.
- When the earthquake is over, conduct a youth count and await further

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instructions before moving the group. The buildings must be checked for safety. Youth should put on shoes, if possible. No more than one door should be opened at any one time to avoid panic.

- Contact MC/RS to report the condition of the group and building and to obtain further instructions.

Dorothy Kirby Center

- 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.
- Maintain a calm atmosphere during and after the earthquake. Staff shall render immediate assistance to the injured.
- When it is safe, the SDPO 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 head count and await further instructions before moving group. The buildings and grounds must be checked for safety.
- Complete the "Earthquake Building Damage-Initial Assessment form.
- Email the completed form within one hour of the incident occurrence to: EmergencyManagement@probation.lacounty.gov
- The forms are located on Probnets under the Facility Level Emergency Response Forms tab.
- Avoid using the telephone, except for emergency.

914 HOSTAGES

In the event that hostages are taken, the primary object 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 taker(s) 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.

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BJN SYTF

- Isolate all youth involved as much as possible with the goal of containing the incident.
- Notify the OD and Superintendent as soon as possible.
- Staff shall maintain control of the situation until, in the judgment of the Superintendent or the authorized designee, there is no alternative but to seek assistance from 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). If the hostage taker(s) is on active probation, contact the field DPO to obtain information. Contact anyone who knows the hostage taker(s) and may have a favorable impact.
- Upon instructions from the Superintendent or the authorized designee, the OD shall assign a negotiator and responsibility for the administration of the routine facility functions during the emergency.
- The OD shall provide staff as necessary.
- The Bureau Chief 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 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 head or the authorized designee.
- When parents, 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 Probation Officer or the authorized designee.

Note: If necessary, the OD shall assign staff to stay beyond their assigned shift or call additional staff in early. There should be enough staff on site to do everything necessary to resolve the emergency.

Dorothy Kirby Center

EMERGENCY PROCEDURES

- Isolate all youth involved as much as possible with the goal of containing the incident.
- Notify the SDPO and Facility Director as soon as possible.
- Probation staff shall maintain control of the situation until the camp Director or designee determines that assistance from outside law enforcement is necessary 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 camp Director, the SDPO shall identify a negotiator. In the event that outside law enforcement responds, its negotiator will lead the negotiation process.
- The SDPO shall deploy staff as necessary.
- The Bureau Chief and Chief Probation Officer shall be notified as soon as possible. Lines of communication shall be kept open with top administration.
- No information shall be given to the press unless first cleared with the Chief Probation Officer or the authorized designee.

Note: If necessary, the SDPO 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. The Probation Department's Office of Security Management shall be notified as soon as possible.

915 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

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the lead of staff and the facility manager during an active shooter situation.

- Evacuate
 - Have an escape route and plan in mind.
 - When appropriate, evacuate as quickly as possible.
 - Leave your belongings behind
 - Help others escape, if possible
 - Prevent individuals from entering an area where the active shooter may be by using furniture barricade doors and/or windows.
 - Keep your hands visible.
 - Follow the instructions of any police officers.
 - 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. Your hiding place should:
 - Be out of the active shooter's view.
 - Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
 - Not trap you or restrict your options for movement.
 - To prevent an active shooter from entering your hiding place:
 - Lock the door.
 - Blockade the door with heavy furniture.
 - If the active shooter is nearby:
 - Lock the door(s)
 - Silence your cell phone
 - 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 police to the active shooter's

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location

- If you cannot speak, leave the line open and allow the dispatcher to listen.

(Meets standards set forth in Title 15, Section 1327 (b)).

916 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.

917 MAJOR EMERGENCY INCLUDING CIVIL DISTURBANCES

In the event of a major emergency and/or civil disturbance, the Department's Emergency Operation Center (EOC) is activated; it is staged at Probation Administrative Headquarters.

If relocation of the EOC becomes necessary, the Probation Training Center (PTC) serves as the backup site.

EOC provides centralized direction and coordination of Department resources during a major emergency. Decisions to close offices and/or re-deploy staff to meet legal responsibilities for the care and control of youth in physical custody are made at this level. The Department's Emergency Communication Center (ECC), a component of the EOC, is designed to provide the Chief Probation Officer, Disaster Services Deputy/Coordinator, and Bureau Chiefs with continuous information and response capability. Individuals have been pre-designated as coordinators representing each Bureau at the Department's Emergency Communication Center, which is manned 24 hours when activated.

(Meets standards set forth in Title 15, Section 1327 (b)).

918 EMERGENCY EVACUATION

The Department maintains an evacuation plan to be implemented in the event of a

EMERGENCY PROCEDURES

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/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 Superintendent/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 facility management and in the Movement Control/RS's office of the facility.

EVACUATION PROCEDURES

In the event of a major emergency, such as a fire or bomb threat, or loss of essential resources like water or power, it may be necessary to evacuate one or all of the buildings. It is essential that those in charge of the movement remain calm and ensure that all occupants have been removed from the buildings.

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'

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ability to observe or use any exit.

Staff shall assemble youth in the 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 Sr. DSO or third DSO at BJN SYTF and SDPO at Dorothy Kirby Center will verify a youth count of their unit and immediately report any missing youth to the OD/RS Supervisor.

Each facility shall designate primary assembly areas in the event evacuation of buildings becomes necessary and are to 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.

BJN SYTF

The chapel is considered the assembly area for the evacuation of only one building. In an evacuation of all buildings, staff and youth will assemble as indicated below. Assembly Areas – Living Units:

- Units A/B - field 2, east side
- Units C/D - field 2, center
- Units E/F - field 2, north side
- Units G/H - field 5, north side
- Units J/K - field 5, west side
- Units L/M - field 5, center
- Unit P - field 5, directly in front of the unit
- Unit Q - field 6, directly in front of the unit
- Medical Unit - field 6, directly in front of the unit
- Unit N/O - field 6, directly in front of the unit
- Units R/S - field 7, directly in front of the unit
- Units T/V - field 6A, directly in front of the unit
- MODULE 1 - play area, blacktop
- MODULE II - play area, blacktop

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- Unit W - on the blacktop behind Units W & X
- Unit X - on the basketball courts (enclosed area)
- Unit Y - on the blacktop behind units Y & Z
- Unit Z - on the basketball courts (enclosed area)

TRAINING DRILLS

The Assistant Superintendent/ Assistant Director is the Chief Safety and Security Officer of the facility and is in charge during emergency situations. The Assistant Superintendent/Assistant Director or the authorized designee shall ensure that all staff members in the facility are aware of the Building Emergency Plan and Evacuation Procedures.

(Meets standards set forth in Title 15, Section 1325 (d))

Assistant Superintendent/Assistant Director Responsibilities:

The Assistant Superintendent/Assistant Director or the authorized designee shall ensure:

- All staff annually review the Building Emergency Plans during their Performance Evaluation, and staff have signed the Acknowledgement of Review and Understanding Form (Attachment A) documenting their review; copy to be retained in Section File.
- All partner agency staff shall be required to review Building Emergency Plans and sign the Acknowledgement and Understanding Form (Attachment A); a copy to be retained in a binder in the Assistant Superintendent's/ RS's office.
- All non-sworn staff, including contract workers and clerical staff, shall be required to review Building Emergency Plans and sign the Acknowledgement and Understanding Form (Attachment A) upon their initial visit. A copy will be retained in a binder in the Assistant Superintendent's/RS's office.
- Volunteers shall be required to review Building Emergency Plans through the facility orientation process and sign the Acknowledgement of Review and Understanding Form (Attachment A); copy to be retained in a binder in the Assistant Superintendent's office/RS office.

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Attachment A

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

ACKNOWLEDGEMENT OF REVIEW AND UNDERSTANDING FORM

On _____, I reviewed the Building Emergency Plan that includes the Detention Services Bureau Evacuation and Emergency Procedures.

I have read and understood the information included in the Building Emergency Plan.

_____ Employee Name/Title (Print)	_____ Employee Signature	_____ Date

*All Sworn officers must annually review the Building Emergency Plans during their Performance Evaluations and sign the Acknowledgment of Review and Understanding Form documenting their review.

*Partner Agencies and Volunteers must review and sign the DSB Acknowledgment of Review and Understanding Form annually, one year from the initial sign-off date of their initial orientation.

C: Section File, Sworn Officers
Binder in Assistant Superintendent's Office, Partner Agencies/Volunteers

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BJN SYTF

OPERATION F.L.E.E. (FIRST LEAVE EMERGENCY EVACUATION)¹

In the case of a catastrophic event, such as an earthquake, fire, or toxic spill, requiring the evacuation of an entire facility, the Superintendent will order the implementation of Operation F.L.E.E. This will result in the dispatch of all transportation vehicles. On-duty staff will begin an immediate evacuation of the facility rather than awaiting a response from the department's transportation division, Metropolitan Transportation Authority (MTA), or backup transportation services. An Operation F.L.E.E. locker containing keys to all vehicles garaged at the facility shall be located in the OD's office.

<u>Location</u>	<u>Rated Capacity</u>	<u>Emergency Capacity</u>
Barry J. Nidorf SYTF	584	946

(Meets standards set forth in Title 15, Section 1325, (f))

Dorothy Kirby Center

In the event of a "Mandatory Evacuation" requiring the evacuation of the entire facility, such as an earthquake, out-of-control fire, or toxic spill, should result in the dispatch of all transportation vehicles.

On-duty staff will begin an immediate evacuation of the facility rather than awaiting a response from transportation, the MTA, or backup transportation services. The immediate notification must be relayed to all deputized and non-deputized personnel. The youths' behavior charts and medical files must accompany the youth to the receiving facility.

The youth will be evacuated to other camps or juvenile halls, with evacuation sites communicated to the Regional Director and Downey Headquarters. An accurate accounting of all youth and proper parental notifications shall take place. The Probation Department's Office of Security Management shall be notified as soon as possible.

¹ Applicable to BJN facility only.

EMERGENCY PROCEDURES**919 SERIOUS ILLNESS OR INJURY OF A YOUTH WHILE DETAINED**

The Facility Administrator, in cooperation with JCHS, will ensure that immediate notifications of all serious illnesses or injuries are reported to the following parties forthwith:

- Juvenile Court
- Parent, guardian, or person standing in loco parentis.
- Youth's attorney

(Meets standards set forth in Title 15, Section 1341(2))

920 CRIME SCENE EVIDENCE PRESERVATION

Every on-site incident involving criminal behavior must be fully investigated, and all evidence must be preserved and protected. The Superintendent/Facility Director or the authorized designee shall ensure that staff adheres to this policy and that all evidence and property coming into the possession of Probation Department personnel are accounted for and processed in accordance with the procedures set forth in this section. Any misappropriation, authorized destruction, or confiscation for personal use shall be grounds for disciplinary action.

Following an incident where a serious assault or other criminal activity has occurred, the Director or the authorized designee shall ensure staff follow these guidelines in order to secure the crime scene for possible criminal filing. The Director shall immediately report the incident to the Bureau Chief.

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

EMERGENCY PROCEDURES

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.

Responsibilities of First Person on Scene

The first person on the scene is any staff who witnessed or responded to the location of the alleged crime. The first staff on the scene shall:

- Survey the scene and address any urgent threat to their own safety, the safety of youth, and other staff or 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 victims of 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 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 staff 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.

Responsibilities of First Supervisor on Scene

The first supervisor or the authorized designee on the scene shall assume control of the crime scene and immediately notify the Superintendent/ Facility Director or the authorized designee that a serious crime may have occurred. The Superintendent or the authorized designee 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.

EMERGENCY PROCEDURES

- If it appears that a youth has committed an incident of vandalism, then Probation can investigate it and file as a new charge of probation violation.
- 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 Probation 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 shall 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 for handling at (562) 760-0715.
- Record all observations and initial findings on a Preliminary Incident Notification (PIN) report. Ensure all staff involved complete a Special Incident Report (SIR) and a Physical Intervention Report (PIR) as needed.
- Forward a copy of the Probation Department incident report to the Probation Office of Security Services and Emergency Preparedness (at Downey headquarters). The latter shall forward copies of the report to the Probation Risk Management Unit.

EMERGENCY PROCEDURES

- Record all relevant findings (who, what, where, and how) on the Master Evidence Ledger.

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 is 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, or 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 on the Evidence Ledger, providing a description of the seized item, when and where discovered, and the name of the person who collected the evidence. The ledger shall include a chronological listing of those involved in handling the evidence that tracks correctly with the information written on the evidence label.
- 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.

EMERGENCY PROCEDURES**Responsibilities of the Evidence Custodian**

The Superintendent/ Facility 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 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 on the evidence ledger on the appropriate date of incident page.
- Segregating all evidence held more than three (3) months, or as determined by the Superintendent/Facility Director, and transporting this evidence to the local L.A. County 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 (3) 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.

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 so that the evidence label will not be separated from the container, bag, or envelope that is holding the seized item.
- DO NOT place labels where they may cause damage when removed.
- Handguns, money, and other items of similar size shall be placed in reinforced manila property envelopes, with completed evidence labels securely affixed to the envelope.

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EMERGENCY PROCEDURES	

Training

The Superintendent/Facility 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.

EMERGENCY PROCEDURES

**COUNTY OF LOS ANGELES PROBATION DEPARTMENT
CRIME SCENE EVIDENCE PRESERVATION
CHECK LIST**

- ☐ SECURE SAFETY OF EMPLOYEES/PUBLIC
- ☐ CALL EMERGENCY RESPONSE TEAM ACCORDINGLY
- ☐ CORDON CRIME SCENE USING YELLOW DESIGNATE TAPE
- ☐ REPORT INCIDENT TO FACILITY/AREA OFFICE HEAD
- ☐ PACKAGE EVIDENCE IN CONTAINER/ENVELOPE/STORAGE BAG
- ☐ COMPLETE CRIME SCENE EVIDENCE LABEL & PLACE ON EVIDENCE PKG
- ☐ RECORD SEIZED EVIDENCE INFORMATION ON MASTER EVIDENCE LEDGER
- ☐ REPORT INCIDENT TO APPROPRIATE BUREAU @ PROBATION HDQ's
- ☐ INTERVIEW WITNESSES/CONDUCT INVESTIGATION
- ☐ COMPLETE PRELIMINARY INCIDENT NOTIFICATION REPORT (PIN) ACCORDINGLY
- ☐ COMPLETE SPECIAL INCIDENT REPORT (SIR) ACCORDINGLY
- ☐ COMPLETE PHYSICAL INTERVENTION REPORT (PIR) ACCORDINGLY
- ☐ COMPLETE COUNTY SAFETY REPORT & FORWARD TO SAFETY OFFICER @ 562/940-2080
- ☐ EVIDENCE CUSTODIAN SHALL DISPOSE EVIDENCE QUARTERLY BY ENSURING
THAT ALL EVIDENCE IS FORWARDED TO LOCAL LAW ENFORCEMENT AGENCY
- ☐ EVIDENCE CUSTODIAN SHALL MAINTAIN EVIDENCE KIT

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**COUNTY OF LOS ANGELES PROBATION DEPARTMENT
EVIDENCE LABEL**

FACILITY/AREA OFFICE:		
LABEL NUMBER:		
DATE:		
MINOR / PROBATIONER NAME:		
PDJ / X NUMBER:		
DESCRIPTION OF EVIDENCE:		
STAFF HANDLING EVIDENCE:		
SEQ	EMPLOYEE NO.	EMPLOYEE FULL NAME
1	_____	_____
2	_____	_____
3	_____	_____
DISPOSITION:		
☐ HOLD	PENDING	_____
☐ RELEASE	AGENCY	_____
DATE _____	TIME _____	_____
AUTHORIZED SIGNATURE: _____		

EMERGENCY PROCEDURES

**COUNTY OF LOS ANGELES PROBATION DEPARTMENT
CRIME SCENE EVIDENCE PRESERVATION
KIT**

The Crime Scene Evidence KIT shall contain the following items:

- ☐ EVIDENCE LABELS
- ☐ YELLOW CRIME SCENE TAPE
- ☐ LATEX GLOVES
- ☐ PERMANENT INK PENS
- ☐ PERMANENT INK MARKER
- ☐ SCOTCH TAPE
- ☐ LARGE MANILA ENVELOPES 12 X 15 1/2"
- ☐ CLEAR PLASTIC STORAGE BAGS
- ☐ CONTAINER/STORAGE BOX
- ☐ SECURITY INCIDENT REPORT
- ☐ CRIME SCENE EVIDENCE CHECK LIST
- ☐ EMERGENCY PHONE LIST
- ☐ HAND SANITIZER

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH FACILITY TREATMENT (SYTF) PHYSICAL INTERVENTIONS	Section Number: SYTF - 1000
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH FACILITY TREATMENT (SYTF) PHYSICAL INTERVENTIONS	Section Number: SYTF - 1000
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1001 INTRODUCTION – PHYSICAL INTERVENTIONS

This policy articulates the department's policy for handling crisis situations that may result in the use of force. In every situation (preceding, during, and following a physical intervention, including Oleoresin Capsicum (OC) Spray¹, youth shall be continually treated with dignity and respect regardless of their gender, race, ethnicity, national origin, sexual orientation, 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 or chemical intervention, is appropriate given the situation and environment. Use of force, including but not limited to physical or chemical 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.

LEGAL MANDATE

This policy is consistent with the expectations set by California's Board of State and Community Corrections (BSCC) Title 15 Minimum Standards for Juvenile Facilities, Section 1357, and is aligned with the United States Supreme Court's

¹ Applicable to BJN staff only.

PHYSICAL INTERVENTIONS

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 order².

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 motivation³.

OVERVIEW

The Department is committed to facilitating safe, secure, and healthy environments for the youth and staff. Ensuring the safety of the youth while in the department's care is a priority. 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, the application of OC spray⁴, where authorized, and the application of mechanical or soft restraints.

1002 TRAINING REQUIREMENTS

All sworn officers that are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved training (initial training and annual refresher training) on de-escalation, physical intervention, and chemical intervention/decontamination techniques prior to being authorized to utilize force⁵. This includes training for officers related to:

- Permitted use of force techniques and methods.
- De-escalation and prevention techniques.

² Cal. Code Regs. Title 15 § 1357(a)(1)

³ Cal. Code Regs. Title 15 § 1357(c)(4)

⁴ Applicable to BJN staff only.

⁵ Cal. Code Regs. Title 15 § 1357(c) (1-6)

PHYSICAL INTERVENTIONS

- 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 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.

1003 OBJECTIVELY REASONABLE DETERMINATIONS

When determining the necessary and reasonable level of physical intervention, including OC Spray⁶, "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 order⁷. Officers shall evaluate each potential physical intervention situation, including, but not limited to:

- Whether the youth present 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 youth to carry out threats made.
- Size and physical strength of youth vs. officer.
- Number of youth involved and the number of officers available or present.

⁶ Applicable to BJN staff only.

⁷ Cal. Code Regs. Title 15 § 1357(a) (1)

PHYSICAL INTERVENTIONS

- 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.

Pregnant and Post-Partum Recovering Youth

Officers shall ensure that every effort is made to avoid applying any type of physical, chemical, or mechanical restraint on youth who are pregnant, laboring, delivering, or recovering post-partum (Juvenile Justice Reform Act of 2018). Use of force in 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 a 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 Section 6030(f)*, *Welfare and Institutions Code Section 222*, and *BSCC 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 necessary⁸.

⁸ Cal. Code Regs. Title 15 § 1357(a)(8)

PHYSICAL INTERVENTIONS**1004 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.

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 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.

Extended Arm Assist –Officer secures the arm and/or shoulder (or shirt/sweatshirt) of the youth for the purpose of inducing a youth that is acting out to cease their involvement in negative behavior and/or to assist them in moving to a safer area.

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, restructuring, and/or problem-solving to assist in the development of

PHYSICAL INTERVENTIONS

positive officer/youth relationships.

Crisis Intervention Team (CIT)⁹ – teams composed of Probation and Mental Health staff deployed to address and de-escalate behavioral and mental health crisis situations.

A. 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.

B. 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 (i.e., recognizing early signs of behavior-related concerns or the housing unit's tone to provide early intervention techniques). Officers shall closely supervise 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

⁹ Applicable to BJN staff only.

PHYSICAL INTERVENTIONS

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, and extended arm assist, 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 crises¹⁰.

Officers shall strive to de-escalate crises by maintaining effective awareness and communication skills and by 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 or chemical intervention¹¹.

NOTE: Disengagement (Step Between) and Extended Arm Assist are non-physical techniques and, therefore, will not be considered a use of force. When a “disengagement step between” or “extended arm assist” is utilized, the individual should complete a Special Incident Report (SIR).

Officers may utilize the following de-escalation strategies:

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.

¹⁰ Cal. Code Regs. Title 15 § 1357(a)(2)

¹¹ Cal. Code Regs. Title 15 § 1357(c) (1)

PHYSICAL INTERVENTIONS

Mental Health Assistance: As part of the CIT¹², Mental Health staff shall serve a more direct role in engaging youth in crisis to assist with de-escalation. Mental 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 crises 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 backup 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 un-involved 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. (see the Exclusions to Room Confinement and Cool-Down Status Policies).

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.

¹² Applicable to BJN staff only.

PHYSICAL INTERVENTIONS

Other Officers/Volunteers: Probation 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.

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 the youth when conducting unit-wide activities until the behaviors of concern are resolved. Upon resolution, youth shall be reincorporated into programming.

Crisis Intervention Team (CIT)¹³

Probation and Mental Health will use CIT whenever emergency or crisis situations arise. The primary objective is to create a trauma-informed environment and foster a therapeutic approach to minimize the need for forceful intervention in critical situations and assist youth in crisis. The CIT team's primary focus is to provide an immediate therapeutic-oriented response to de-escalate situations, attempt to resolve underlying issues, and minimize the reliance on forceful interventions or segregation. During normal business hours, the CIT team members are comprised of two (2) Probation Staff and, if available, one (1) clinician from the Department of Mental Health (DMH). After business hours, designated officers to serve as members of the CIT team. Each designated officer is assigned to the CIT team one day a week. Consideration will be taken when identifying staff to serve as CIT team members to ensure that only those staff known to have a good rapport with youth and who have demonstrated the ability to de-escalate youth shall be assigned as CIT team members.

The hours of the CIT team will be scheduled to cover both AM (6 AM – 2 PM) and PM (2 PM – 10 PM); an EM (10 PM – 6 AM) expanded shift will be implemented if the operation's needs deem so.

¹³ Applicable to BJN staff only.

PHYSICAL INTERVENTIONS**CIT TEAM MEMBERS¹⁴**

During normal business hours, the CIT team members are comprised of two (2) Probation Staff and, if available, one (1) clinician from the Department of Mental Health (DMH). After business hours, designated officers to serve as members of the CIT team. Each designated officer is assigned to the CIT team one day a week. Consideration will be taken when identifying staff to serve as CIT team members to ensure that only those staff known to have a good rapport with youth and who have demonstrated the ability to de-escalate youth shall be assigned as CIT team members.

The Superintendent/Director or the authorized designee is responsible for developing a shift schedule for the designated CIT team members one month in advance.

CIT TEAM RESPONSE¹⁵

The on-site staff is to immediately request the assistance of the CIT team when the de-escalation methods with youth in crisis are unsuccessful. It is important for staff to recognize when their efforts are not productive and may be escalating the situation. At times, staff may need to step away from a situation to allow the CIT team to assist.

To initiate the request for the CIT team:

- The on-site staff is to notify the Movement Control (MC) via radio communications by announcing “CIT team” and the location.
- The Movement Control (MC) to dispatch the assistance of the CIT team and record the request in the daily shift report.

The CIT team, upon arrival, are to assess the safety and security and gather critical information about the situation and the youth in crisis. The CIT team members shall identify the primary communicator and the secondary responder. Whenever possible, the CIT team should encourage the youth involved to relocate to a different area away from on-site staff and other youth. If the youth is unwilling to do so and other youth are present, the other staff in the area should remove or redirect the other youth away from the situation so that the CIT team can focus its

¹⁴ Applicable to BJN staff only.

¹⁵ Applicable to BJN staff only.

PHYSICAL INTERVENTIONS

efforts on de-escalating the youth.

The CIT team is to use de-escalation techniques and skills, such as Motivational Interviewing (MI) and Dialectical Behavior Therapy (DBT), when engaging with the youth. The CIT team shall maintain a calm demeanor, speaking in a low and controlled tone, displaying patience, maintaining a safe personal space, and remaining objective.

It is crucial to emphasize that the CIT team's role is not to discipline the youth nor to use any forms of force but to assist them in calming down, focusing on resolving the situation, and complying with staff requests to restore a safe and secure environment.

If the youth remains unresponsive to de-escalation efforts and the CIT team is concerned about the safety of the youth and staff members, additional assistance from the facility response team may be called.

If the situation escalates to an imminent risk of injury, and as a last resort to prevent serious injury and other responders are not immediately available, the CIT team shall follow the Department's established use of force continuum. (See the Physical Intervention Policy)

REPORTING REQUIREMENTS¹⁶

The CIT team members shall complete the CIT team response reporting form and submit the report to the Officer of the Day (OD)/Supervisor prior to the end of the shift. The CIT team members are to comply with additional departmental reporting mandates not included in this directive.

TRAINING¹⁷

The designated CIT team members are required to complete specialized training every six (6) months consisting of de-escalation techniques and trauma-informed care provided by the Department's Staff Training Office (STO).

The facility staff training coordinator is responsible for scheduling, tracking, and monitoring of required specialized training. The specialized trainings are included

¹⁶ Applicable to BJN staff only.

¹⁷ Applicable to BJN staff only.

PHYSICAL INTERVENTIONS

but not limited to:

- De-escalation techniques
- Crisis intervention
- Trauma-informed Care
- Adolescent brain development

QUALITY ASSURANCE AND DATA COLLECTION¹⁸

The Superintendent/Director or the authorized designee is responsible for developing performance measures to determine the effectiveness levels of the CIT team. The performance measures are included but not limited to:

- Number of CIT team responses
- Time needed to de-escalate.
- Strategies used to de-escalate the situation.
- Trends (youth demographics, identified staff members, locations, etc.)

The Superintendent/Director shall regularly review the data to identify and address any necessary adjustments.

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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.

Definitions and Explanation of Terms

¹⁸ Applicable to BJN staff only.

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- **Use of Force:** Use of direct physical contact or chemical spray¹⁹ applied to youth to restrict movement or to disengage from harmful behavior.

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 BSCC Title 15, Section 1302 *Definitions – Reasonable and Necessary Force*²⁰.
- **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 upon preventing 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,

¹⁹ Pursuant to the County Board of Supervisors motion "Phasing Out the Use of Oleoresin Capsicum (OC) Spray in County Juvenile Facilities (February 2019)" this policy shall be updated to remove Oleoresin Capsicum (OC) once phase out is complete. Applicable to BJN staff only.

²⁰ Cal. Code Regs. Title 15 § 1357(a)(1)

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physical restraint devices, and OC spray)²¹.

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 standard²². 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 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 contraindicated from being exposed to OC (Refer to Alert log policy)²³.

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. 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 present 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 and capability of a youth to carry out threats made.

²¹ Cal. Code Regs. Title 15 § 1357(a)(2). Applicable to BJN Staff only.

²² Cal. Code Regs. Title 15 § 1357(a)(1)

²³ Applicable to BJN staff only.

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- Size and physical strength of youth vs. 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 Control Holds.
- Take-downs.
- Restraint Devices.
- Oleoresin Capsicum (OC) Spray²⁴.

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, delivering, or recovering postpartum (Juvenile Justice Reform Act of 2018). If a situation occurs that requires restrictive alternatives to prevent injury to the 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.

Escalation Prevention

²⁴ Applicable to BJN staff only.

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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.).

Physical Intervention Training

All officers who are authorized to utilize physical intervention techniques in the performance of their duties shall receive department-approved initial and annual refresher training on de-escalation, physical intervention, and chemical intervention (if permitted) techniques prior to being authorized to utilize force²⁵. This includes:

- Physical Intervention.
- Prevention and De-escalation.
- Oleoresin Capsicum (OC) Spray.
- Restraints.
- Post Physical Incident/Post Use of Force.
- Physical Intervention Process Quality Assurance.

²⁵ Cal. Code Regs. Title 15 § 1357(c)(6)

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- Physical Intervention Notifications.

Managers and supervisors shall ensure all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy²⁶.

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 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, and 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 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, show signs of difficulty breathing, or vomit, 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 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

²⁶ Cal. Code Regs. Title 15 § 1357(c)(5)

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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 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 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.

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 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 to remain 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 officer(s)), 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.

The following are examples, however, not inclusive, of what may be considered

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directed physical intervention scenarios:

- Youth 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 placing the youth on cool-down status. (see the Cool-Down Status Policy)

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.

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- 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 harm²⁷.
- Failure to immediately decontaminate a youth exposed to OC spray when the incident is controlled.
- Leaving youth in an enclosed structure where OC spray has been used, and the location has not been decontaminated.
- Use of OC spray²⁸ on youth in mechanical or soft restraints.
- 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 and may result in discharge, criminal prosecution, and/or civil sanctions²⁹.

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 and may result in discharge, criminal prosecution, and/or civil sanctions³⁰.

Non-Engagement

²⁷ Hudson v. McMillian, 503 U.S. 1 (1992)

²⁸ Applicable to BJN staff only.

²⁹ Cal. Code Regs. Title 15 § 1357(a) (3)

³⁰ Cal. Code Regs. Title 15 § 1357(a) (3-4)

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Non-engagement or failure to act is defined as “deliberate indifference” to a crisis, wherein an officer intentionally fails to physically intervene and aid another officer, youth, or civilian or fails to stop incidents of excessive, inappropriate, unnecessary force or abuse and/or 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.

Transporting Youth Following a 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, HOPE to a supervisor for assessment or another safe/secure location. They shall not be transported by the officer(s) 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.

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 youth³¹. (See the Room Confinement policy).

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 Supplemental Physical Intervention Report (SUP-PIR) via PCMS. Officers shall clearly

³¹ Cal. Code Regs. Title 15 § 1354.5

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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 youth had conditions that contraindicated the use of physical intervention.
- Efforts to de-escalate prior to 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.
- Documentation of immediate mental health referral, contact, and response after 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.

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

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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 Bureau Chief 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 Section 5.02.060** may file a complaint with a supervisorial staff, contact the Ombudsman Hotline (877-822-3222), and submit written documentation pursuant to current department policies regarding Workplace Violence/Threat Management.

Supervisors and Managers must ensure staff, youth, partners, and visitors understand their responsibility to report acts of violence, threats, and suspicious activity.

1006 OLEORESIN CAPSICUM (OC) SPRAY³²

This section notes the department's policy for handling crisis situations that may result in the utilization of chemical intervention³³. It establishes the roles and responsibilities for all sworn and non-sworn staff to be followed before, during, and after applying Oleoresin Capsicum (OC) spray.

To promote safety, youth shall be provided an OC. Warning Form to read and sign upon admission into the juvenile facility that utilizes OC Spray. The OC Warning Form shall advise the youth that OC Spray is used at the facility and that if and officer(s) instruct them to get down, take a knee, or use the words "OC Warning/Spray", they are to immediately drop to one knee and then move to a prone position (body lays flat with chest down and back up) on the ground with their hands behind their back. Failure to do so may result in chemical intervention.

Training

All sworn Probation officers assigned to juvenile facilities who are authorized to utilize OC Spray in the performance of their duties shall receive department-approved perishable skills training (initial training and annual refresher training.)

³² Applicable to BJN staff only.

³³ Pursuant to the County Board of Supervisors motion "Phasing Out the Use of Oleoresin Capsicum (OC) Spray in County Juvenile Facilities" this policy shall be updated to remove Oleoresin Capsicum (OC) once phase out is complete.

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This includes the use of chemical intervention, medical and behavioral acceptable chemical agents, and application methods.

Only appropriately trained and sworn Probation Officers are permitted to use chemical intervention. Additionally, these trained and authorized officers may only use chemical intervention if their facility has issued them OC spray and only when there is an imminent threat to the youth's safety or the safety of others and when de-escalation efforts have been unsuccessful, and it is objectively reasonable to do so³⁴.

Managers and supervisors assigned to juvenile facilities shall each ensure that all sworn officers within their reporting hierarchy remain current in their training and receive periodic briefings concerning this policy³⁵.

Prevention Strategies

Officers shall strive to prevent escalating crises through effective communication, warnings, asking other officers to assist, and other non-physical methods to minimize the need to utilize chemical intervention insofar 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 chemical intervention. Officers shall make every effort to avoid deploying OC spray onto 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 (The use of OC spray on a pregnant or postpartum recovering youth should only be used as the final authorized alternative).
- Developmentally disabled.
- Medically obese.

³⁴ Cal. Code Regs. Title 15 § 1357(b) (1-2)

³⁵ Cal. Code Regs. Title 15 § 1357(c) (5)

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- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.).

Oleoresin Capsicum (OC) Spray Interventions

Chemical interventions, such as OC Spray, are regulated by Penal Code sections 4574 and 22820, as authorized by the Chief Probation Officer for on-duty officers to use upon satisfactory completion of the Peace Officer Standards and Training (POST) course³⁶. Chemical interventions should only be considered when objectively reasonable and when there is an imminent threat to the youth's safety or the safety of others, and only when de-escalation efforts have been unsuccessful; it shall never be applied as punishment, discipline, retaliation, or treatment.

If de-escalation and physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical intervention, staff shall provide a warning regarding the intended use of chemical intervention. If the warning fails to achieve the desired cessation of escalating behavior, OC spray may be deployed.

Officers shall provide a warning regarding the intended use of chemical intervention. Only use the minimum amount of OC spray necessary to gain control of a situation and/or subdue the youth. If the youth fails to respond to verbal commands and continues to exhibit physically aggressive, violent, and/or threatening behavior, a 'one-second' burst/spray shall be directed at the facial area of the aggressive youth³⁷. Following the use of OC Spray, circumstances permitting, the officer shall verbally redirect the youth, provide further OC warnings, and reassess whether the burst/spray successfully gained compliance. If the youth fails to comply and the severity of the immediate threat justifies further use of OC Spray (objectively reasonable standard applied), an additional one-second burst/spray may be deployed to each involved youth, still presenting an active threat to others. After two (2) short bursts of spray, the officer must continue to reassess the situation to gain compliance using all available physical intervention strategies.

Once the incident is safely contained, officers shall ensure all youth are removed from the affected area and decontamination protocols are adhered to immediately for all youth exposed to the OC Spray. Decontamination protocols include flushing

³⁶ Cal. Code Regs. Title 15 § 1357(b)

³⁷ Cal. Code Regs. Title 15 § 1357(b) (1-2)

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the facial area with cold water and giving clean/non-contaminated clothing to the youth. The affected area shall also be decontaminated. Youth who have been exposed to chemical agents shall not be left unattended until they are thoroughly decontaminated or are no longer suffering the effects of the chemical agent. The medical staff shall be called for assessment immediately after the incident is contained and safe.

Hot or warm water shall never be used for decontamination purposes as it aggravates the effect of the spray. However, warm water may be used after several hours have elapsed, but only after a thorough rinsing with cold water.

Following an incident involving the use of OC spray, the Officer of the Day (OD) or Supervising Deputy Probation Officer (SDPO) or the authorized designee shall take all officer's canisters who deployed OC, note the serial number, the assigned officer's name of each canister, and take post-deployment canister weights (each one-second burst approximates one-tenth to two-tenths of an ounce of OC propellant). After this information is captured, the supervisor shall ensure that the weight of each officer's canister is subsequently noted on the PIR Safe Crisis Management (SCM) Review reports.

Oleoresin Capsicum (OC) Spray Issuance and Accountability

Staff members authorized to carry OC spray shall be issued a hand-held, four-ounce OC spray canister and belt pouch³⁸ (The OC canister and belt pouch are the property of the Los Angeles County Probation Department and must be returned to the department if the staff member terminates employment or transfers to another assignment in which the possession and use of OC spray are not authorized). The issued canister shall have an identifying number for each staff member printed on the bottom of the canister using indelible ink. Staff shall not deface or remove this identifying number or the canister serial number for any reason. Upon issuance, the canister shall be weighed, and the canister's weight, serial number, and the staff's identifying number are recorded in an electronic database maintained by the facility. Staff are required to maintain secure possession of their individual assigned canisters at all times. Staff shall not have more than one canister issued to them. Canisters are not to be loaned or possessed by anyone other than the staff member to whom the canister was issued.

³⁸ Cal. Code Regs. Title 15 § 1357(b) (1)

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In every occurrence a staff member deploys OC spray, the staff member shall immediately surrender the canister to a supervisor or director, who shall verify that the canister belongs to the respective staff, weigh the canister, and record their findings into the facility's electronic database and entry into the SCM PIR. Additionally, supervisory staff shall document the following in the SCM Review report related to the incident:

- The date of the previous weighing of the canister.
- The weight of the canister at the last weighing.
- The date of the most recent deployment of the canister.
- The new weight of the OC canister after its use by the staff.
- The amount of spray discharged from the canister by weight.

Every six (6) months, the Superintendent or Director of a facility authorized for OC Spray use shall account for each OC Spray canister issued, the re-weighing and recording weights of each canister, verify at the time of weighing that the serial number and staff's identifying numbers are present and verify the numbers recorded at the time of issuance/re-issuance. The semi-annual weights for each staff member's canister shall then be confirmed/updated with the facility's electronic database. Changes in weight between weighing dates shall be administratively reviewed as appropriate.

Security of OC Spray Canisters

Staff authorized to carry OC Spray are required to bring their OC Canisters and related equipment to work each day. Each staff member shall maintain secure possession of the canister on their person while in the facility. The canister shall be secured in an upright position on a department-issued utility belt or other department-approved belt that is buckled securely around the staff member's waist in such a manner as to prevent anyone from pulling the pouch and/or canister away from the staff member's body.

Securing the canister to a lanyard or other retention device on the person is strictly prohibited. Canisters are not to be placed in or on top of a desk or in other areas potentially accessible to youth. Staff shall take all necessary precautions when not on duty to keep their canisters out of the reach of children, as children are particularly vulnerable to the effects of OC.

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Lost or misplaced canisters must be reported immediately via telephone to the OD/SDPO or the authorized designee. A SIR is immediately completed if on duty or upon return to duty if the loss was detected while the staff was off duty.

Distribution of the SIR shall follow department policy involving such reports of lost county-issued equipment, and a copy will be sent to the facility's Management Services Bureau (MSB) Director.

If the canister is stolen, the theft is to be reported immediately to the local law enforcement agency with jurisdiction in the city where the theft occurred. Upon returning to duty, the staff member shall immediately notify the duty supervisor of the theft and complete a SIR outlining the circumstances of the theft, the name of the local law enforcement agency the theft was reported to the date and time the police report was filed, and police report number. Distribution of the SIR shall follow department policy involving such reports of stolen county-issued equipment, and a copy will be sent to the facility's MSB Director.

Maintenance of Canisters

OC Spray Canisters are sealed devices with pressurized contents and are activated through the gentle shaking of the canisters once each day.

In the event a staff member suspects that their canister is empty or not functioning correctly, the staff member shall immediately bring the matter to the attention of the duty supervisor or, in the absence of a facility supervisor, the director via a written SIR. Staff are to seek authorization to test spray their canisters to verify operability. Approval is required from the staff's immediate supervisor or director prior to a test spray. The supervisor or director may authorize a test spray to be performed in a safe outdoor area to verify its operability.

At the completion of the test, if the canister is operable, the supervisor or director will capture the new canister's weight and record the finding in the facility's electronic database. If the canister is malfunctioning or otherwise significantly depleted of its contents, the canister shall be replaced, and the new canister information (i.e., weight, serial number, staff member's identifying number entered into the canister) is to be recorded and entered into the facility's electronic database, and on the SIR submitted by the staff member.

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Empty, lost, or malfunctioning canisters shall be replaced upon preparation and submission of an SIR by staff outlining the circumstances necessitating the canister replacement. The SIR shall then be forwarded to the staff member's immediate supervisor (or director in the absence of a supervisor) for review. The supervisor shall review and approve the request and forward it to the director for final review and approval. Upon director approval, a copy of the SIR shall be submitted to the MSB Director. The MSB Director shall provide a replacement canister to the staff and ensure that the new canister issuance information, including weight, serial number, and respective staff's identifying number, is entered into the facility's electronic database.

Post OC Spray Application Protocols

Under no circumstances shall officers delay decontamination of a youth exposed to OC Spray for the purpose of punishment, retaliation, discipline, or due to a lack of attention. Youth shall be decontaminated immediately but no later than ten (10) minutes after containment of the incident. If decontamination within ten (10) minutes is not feasible, justification must be provided in the PIR. The failure to immediately affect the timely decontamination of the youth upon concluding the chemical intervention and

containment of the incident will result in disciplinary action. If there is a reason that a youth cannot be safely decontaminated immediately, the officer must clearly articulate this in the PIR. All youth exposed to OC Spray shall be directly supervised until the youth are thoroughly decontaminated and no longer suffering the effects of the OC Spray. Youth exposed to OC. spray shall not be left unattended. Officers must ensure that all post-OC Spray application protocols are followed immediately after each use of the chemical intervention.

Secure Youth: Handcuffs or other mechanical restraints (flex-cuffs) may be applied after OC Spray deployment in accordance with the mechanical/soft restraints section(s) of this policy and only, if necessary, to maintain control. All post-OC Spray application protocols (including immediate removal using cold water) must be followed and cannot be delayed. The restraints shall only remain in place until the youth is under control and calm.

If the youth is placed in a prone position during or after chemical intervention, the youth shall be re-positioned into an upright sitting position or a standing position as soon as possible once the restraints have been applied. The youth shall be

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directly monitored to prevent the possibility of positional asphyxia.

Move Youth to a Safe Area: In all cases where OC Spray is deployed, and the youth is under control, the youth must immediately be removed to a safe area where decontamination can occur. Uninvolved youth shall also be moved from contaminated areas. An uninvolved officer shall escort contaminated youth unless exigent circumstances create an undue delay in decontamination. Such circumstances may include major incidents where all available officers responded to assist. Under no circumstances shall a youth who has alleged unnecessary or excessive force by the officer during the intervention be escorted by said officer following the incident.

Decontamination: Decontamination for OC Spray is exposure to fresh air and the application of cold water. After the youth is removed to a safe area, only cold water shall be gently sprayed or splashed into the facial area of the contaminated youth. A water spray bottle, cold-water spigot, or cold shower works well for decontamination purposes. However, care shall be taken to avoid runoff down the body as it will cause further irritation. Each unit in the Juvenile Institution has a cold-water decontamination unit and/or a cold-water shower. These should be used for decontamination purposes. The exact time in which decontamination was initiated shall be noted in the PIR.

Officers shall be responsible for the immediate and thorough decontamination of youth. At no time shall it be permissible for any of the following:

- Youth to be decontaminated by another youth.
- A youth to self-decontaminate without the presence and supervision of an officer.
- Upon containment of an incident, leaving youth in a room where OC Spray was used when the location and youth was not decontaminated.
- Confining a youth to a room without running water at any point following an OC Spray application when the youth is still suffering the effects of exposure to the OC Spray.
- Turning off the water to a room occupied by a youth who was exposed to OC Spray.
- Providing a wet towel to youth who are attempting to decontaminate and allowing those youth to rub their face.

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- Using facility showers or faucets to decontaminate youth when officers cannot control the temperature of the water.

Change of Clothing: As soon as possible following decontamination with cold water, the youth's clothing must be changed as chemicals on the clothing will continue to cause irritation. The clothing exchange shall occur before the youth is taken to the Medical Unit for assessment unless the youth is in respiratory or another type of medical distress. The time the youth's clothing was changed is to be clearly noted in the PIR.

Medical Assessment: Medical staff shall assess the youth immediately after decontamination but under no circumstances later than thirty (30) minutes after the incident's conclusion. Pending assessment by medical staff, the youth must be continually monitored/supervised by an assigned officer, and the times of monitoring shall be documented on a PIR.

Mental Health Consultation Request: All youth who are involved in an OC Spray incident shall be referred for Mental Health Assessment per protocols indicated in the *Mental Health Involvement and Assessment of Youth* section of this policy.

Enhanced Supervision Observational Monitoring of Youth: In line with Title 15 Minimum Standards for Juvenile Facilities, Title 15 §1357(b)(3), any youth exposed to OC spray "shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the OC Spray." Immediately after the application of OC Spray, regardless of where the incident occurred, and during the period where mechanical restraint, decontamination, clothing exchange, and medical assessment occurs, the youth shall be placed on L-3 status for no less than one hour in accordance with *Enhanced and Specialized Supervision Requirements for Youth in Juvenile Facilities*. In any instance where a youth, upon whom OC Spray was deployed, begins to show signs of distress or other respiratory problems, the officer shall immediately summon medical assistance to the location.

Under no circumstances shall the officer who deployed the OC Spray be used to monitor the youth.

Youth Sprayed by Outside Law Enforcement Agencies

Youth brought into a facility that has been contaminated with OC Spray by outside law enforcement agencies, and not at the request of the Deputy Probation Officer,

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are not allowed into the facility unless they have been treated by a physician at a medical facility and have been determined to be “okay to book” by a physician. However, should a youth arrive at the facility who appears to be in medical distress, facility medical staff (if available) and/or paramedics shall immediately be summoned to the facility admission area to render immediate aid as necessary and appropriate (which may include a clothing change, cool shower, etc.). The youth’s health and well-being are the department’s primary concern.

Officer Contaminated with OC Spray

Officers contaminated with OC Spray shall follow the same basic decontamination procedures outlined for youth. Probation shall monitor any other officers inadvertently sprayed and be alert to any changes in the officer’s physical condition, including but not limited to emergent respiratory difficulties. If respiratory or other medical problems arise, officers shall immediately summon facility medical assistance and/or call paramedics.

Mandatory Reporting Requirements**Physical Intervention Report (PIR) / Supplemental Physical Intervention Report (SUP PIR)**

When OC Spray is deployed, officers shall clearly document all de-escalation/intervention efforts initiated prior to and during the application of OC Spray, according to guidelines established in the PCMS. Officers shall clearly document in their PIR or SUP PIR:

- Date, time, and location of use.
- Staff involved (including witnesses).
- The youth sprayed.
- Whether a warning was given and, if so, how it was given.
- The number of bursts/sprays deployed (per youth if applicable).
- The justification for each additional deployment of OC Spray.
- Whether officers had knowledge at the time they used OC Spray that the youth had conditions that contraindicated the use of OC Spray.
- Efforts to de-escalate prior to use.

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- Identification of any injuries sustained as a result of OC use.
- Decontamination procedures applied, including the date, time, and place of decontamination and time of clothing change.
- Date and time of immediate medical referral, contact, and response after the incident.
- Documentation of immediate Mental Health Referral, Mental Health Staff contact, and response after the incident.

NOTE: Officers shall document their pre-incident knowledge of the medical and mental health of exposed youth for whom OC Spray is determined to be potentially harmful and justify why it was necessary and unavoidable that youth with known conditions were sprayed with OC Spray.

1007 RESTRAINTS

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 reveals the intent to cause self-inflicted physical harm³⁹. 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 manager 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. Movement within the facility shall be governed by Use of Mechanical Restraints for Movement and Transport Within the Facility.

Definitions and Explanation of Terms

Physical (Hard) Restraints – mechanical devices (metal handcuffs and plastic

³⁹ Cal. Code Regs. Title 15 § 1358

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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.

Training

All sworn officers assigned to juvenile custodial or transportation duties that are authorized to utilize physical restraint in the performance of their duties shall receive department-approved initial and annual refresher training on de-escalation and physical intervention techniques prior to being authorized to use physical restraints⁴⁰.

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 shall receive periodic briefings concerning this policy.

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)⁴¹. Department-issued restraints are authorized 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 harm⁴².

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

⁴⁰ Cal. Code Regs. Title 15 § 1357(c) (6)

⁴¹ Cal. Code Regs. Title 15 § 1358(c)

⁴² Cal. Code Regs. Title 15 § 1358(f)

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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 PIR⁴³.

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 Section 6030(f) and Welfare and Institutions Code Section 222⁴⁴. Restraining a pregnant youth in a prone or supine position is expressly prohibited.

In accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222, 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.

- 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,

⁴³ Cal. Code Regs. Title 15 § 1358

⁴⁴ Cal. Code Regs. Title 15 § 1358

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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 are prohibited⁴⁵.

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 necessary⁴⁶.

Application of Physical Restraints

The use 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. Restraints should only be used 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 manager or the authorized designee. 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. However, the restraint must be immediately reported to the Facility Manager 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 hour⁴⁷.

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 fifteen (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 possible⁴⁸.

Officers shall obtain information regarding known medical conditions that would contraindicate certain restraint devices and/or techniques (i.e., such as known asthma, pregnancy, seizures, etc.). Officers shall ensure youth receive hydration

⁴⁵ Cal. Code Regs. Title 15 § 1358

⁴⁶ Cal. Code Regs. Title 15 § 1357(a) (8)

⁴⁷ Cal. Code Regs. Title 15 § 1358

⁴⁸ Cal. Code Regs. Title 15 § 1358

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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 staff⁴⁹.

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 called⁵⁰. 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

⁴⁹ Cal. Code Regs. Title 15 § 1358 (b)(e)(g)(h)

⁵⁰ Cal. Code Regs. Title 15 § 1358 (d)

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hour⁵¹.

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 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 they 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 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.

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 manager or the authorized designee as defined in *BSCC 15, CCR § 1358*. The facility manager or the authorized designee shall 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.

⁵¹ Cal. Code Regs. Title 15 § 1358

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NOTE: It is permissible to place the youth in a prone position for applying soft restraints; however, once placed into soft restraints, 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 mechanical “hard” restraints were utilized for fifteen (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 fifteen (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 the Department’s 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

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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 fifteen (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 fifteen (15) minutes and assess the need for continued restraint until the restraints are removed⁵².

Medical Assessment for Youth in Restraints

Medical assessment for youth placed in physical restraints following a 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 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).

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 placement, to assess the need for mental health treatment⁵³. When a youth experiences a serious mental health crisis, which requires placement in restraints during DMH duty hours, the on-duty mental health therapist shall be summoned as soon as possible but in no case longer than four hours from the time of placement 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.

⁵² Cal. Code Regs. Title 15 § 1358

⁵³ Cal. Code Regs. Title 15 § 1358

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Should an incident occur after-hours, and no mental health clinician is on duty in the facility, a mental health clinician or 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.

Reporting Forms

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 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. Observation of the youth's behavior and any staff interventions shall be documented at least every fifteen (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 fifteen (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 Supervision⁵⁴.

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,

⁵⁴ Cal. Code Regs. Title 15 § 1358

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those activities that occurred while the restraints were in use on the youth, and immediately following their removal. The shift leader is responsible for ensuring that the *Juvenile Institutions Mechanical/Soft Restraint Log* is properly completed.

Juvenile Institutions Mechanical/Soft Restraint Log

When a youth is placed in soft restraints, staff supervising the youth shall complete the *Juvenile Institutions Mechanical/Soft Restraint Log*. The shift leader 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 at the conclusion of the youth's removal from restraints. Additionally, the facility manager 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 youth's *Behavior File*. The manager shall maintain copies of all *Juvenile Institutions Mechanical/Soft Restraint Logs* and *Enhanced Supervision Observation forms* (stapled together) in a file for twenty-four (24) months from the time of the occurrence. This file shall be subject to audit review⁵⁵.

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 PIR⁵⁶.

A PIR shall be prepared by all participating officers, indicating why the restraints were applied and the date and times in which the restraints were applied and removed. Further, officers shall also notate their respective PIRs who authorized the restraints to be utilized and all de-escalation/intervention efforts initiated prior

⁵⁵ Cal. Code Regs. Title 15 § 1358

⁵⁶ Cal. Code Regs. Title 15 § 1358 (a-h)

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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 the Officer had knowledge at the time of the use of force was initiated that youth had conditions that contraindicated the use of the physical intervention.
- Efforts to de-escalate prior to 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.

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All staff members who are involved in, witness to, or are given an assignment wherein a crisis is resolved using physical, chemical intervention or 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 a witness to or on the shift in a unit where the crisis was resolved using the physical or chemical intervention. A SUP-PIR is also utilized by staff who completed a PIR and has supplemental information to be included with their initial PIR. The completion and submission of these reports shall adhere to the requirements outlined in the Instructions for completing the PIR / SUP-PIR located at:

Probnets> Forms> DSB Forms> Physical Intervention Report (PIR) or Supplemental Physical Intervention Report (SUP-PIR).

Physical Intervention Report / Supplemental Physical Intervention Report

All Physical Intervention Reports (PIR) and Supplemental Physical Incident Reports (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

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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 in 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 it occur; 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 and/or chemical intervention); and a description of precipitating factors that led to the use of physical, chemical intervention 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 Probation Caseload Management System screens pursuant with the Department's current policies and procedures regarding PIRs, SUP-PIRs, SIRs, SUP-SIRs, and BMP documentation.

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, chemical 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 eight (8)-hour shift (6:00 AM to 2:00 PM; 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.

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Within fifteen (15) minutes of containing or as soon as possible without compromising the health and safety of the youth, the shift leader (or other officers as designated by the shift leader) shall contact the duty supervisor and advise them that a physical, chemical 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, SCM Soft Restraint Logs, etc.) generated by officers as a result of this incident. Each facility shall also receive a facility generated SCM 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 or chemical 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, chemical 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.
- Full description of OC spray post-deployment decontamination protocols observed clearly articulated in the PIR(s) whenever chemical intervention occurs. Provide for the documentation of each incident of

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use of chemical agents, including⁵⁷:

- The reasons for which it was used.
- Efforts to de-escalate prior to use.
- Youth and staff involved.
- Date, time, and location of use.
- Decontamination procedures applied, including but not limited to:
 - Confirmation of cold-water usage.
 - Clothing exchange.
 - Time that medical assessment was completed.
 - Start and end time of one (1) hour observation requirement.
- Identification of any injuries sustained as a result of such use.

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, 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.

⁵⁷ Applicable to BJN staff only.

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- **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 report on behalf of another officer.

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*.

Post-Incident Debriefing for Involved Youth and Staff and Witnesses:

All use of force incidents must include a post-incident debriefing with any staff or youth who was involved or witnessed the use of force to mitigate the effects of trauma and training⁵⁸. These debriefings must be conducted by a supervisor or higher within four (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 SCM Coordinator for review. If trauma has occurred, the following is required:

- All youth who have experienced trauma as a result of a use of force shall be referred to the Department of Mental Health (DMH) using the Mental Health Consultation Form. Any youth who experiences trauma will be allowed access to the Hope Center and given an opportunity to

⁵⁸ Cal. Code Regs. Title 15 § 1357 (a) (5)

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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 a 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.

SCM Coordinator Review: Each physical intervention (i.e., physical, or chemical intervention) shall be formally reviewed by the facility's SCM coordinator as soon as practical after its occurrence. The SCM coordinator shall thoroughly review the completed PIR packet generated by the duty supervisor and shall interview the involved youth, other youth present (possible witnesses), 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 SCM coordinator shall determine if the physical intervention was objectively reasonable. Incidents involving an intervention (i.e., physical, chemical, 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 fail 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.

Medical Assessment of Youth

Any youth involved in a physical intervention incident in facilities shall be referred to medical staff for assessment no later than thirty (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 thirty (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 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

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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 supervisory officer that assesses the youth and determines 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, the supervisor shall contact on-duty medical staff at the nearest juvenile facility for direction as to whether to send the youth to a local hospital or to send the youth to the nearest juvenile facility 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 or chemical 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 other area designated for the performance of medical examinations or upon the nurse's arrival at the incident location.

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

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attach a copy of the submitted Request for Mental Health Consultation form to the PIR. During the post-incident review period, supervisory officers 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 current Department policies regarding *Enhanced and Specialized Supervision*, a Specialized Supervision Plan (SSP) may be necessary.

1009 QUALITY ASSURANCE

In accordance with Title 15 *Minimum Standards for Juvenile Facilities, Use of Force, section 1357(a)(5)*, debriefing shall occur following incidents “for the purposes of training as well as mitigating the effects of trauma that may have been experienced by the officer and/or the youth involved.” Debriefing is not intended to be a substitute for the post-physical incident review, post-use-of-force review process or 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 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

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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 Safe Crisis Management (SCM) review.

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 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:

- Physical Intervention Reports (PIRs).
- Supplemental Physical Intervention Reports (SUP-PIR).
- Medical Assessments (PEMRS printout).
- Child Safety Assessment Report(s)(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.

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- 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 manager and forwarded to the departmental force review committee⁵⁹.

Force Intervention Response Support Team (FIRST)

The Force Intervention Response Support Team (FIRST), as part of the Systems Accountability Bureau, has been established as an independent reviewing entity for the department with the priority of reviewing all Physical Intervention Packets (PIP) (formerly Safe Crisis Management), ensuring staff documentation and evidence collection provide a strong factual account of the incident and complies with departmental policies, protocols, and state law. Through oversight and guidance, in addition to timely comprehensive reviews of all PIPs, the FIRST will assist staff in strengthening the integrity of the physical Intervention process, which will also help improve staff and youth well-being. The FIRST of the Systems Accountability Bureau is responsible for an independent and comprehensive review of all physical intervention incidents occurring in Juvenile Institution. The FIRST Team shall conduct timely reviews of all use of force incidents for compliance with State law and probation policy. In the event that a use of force incident is accepted for review by Internal Affairs, the FIRST Team review shall occur after the Internal Affairs investigation is completed.

The FIRST will examine documentation and review relevant video footage, conduct inquiries to analyze and track the quality of preventative efforts, triggers, de-escalation, and actions taken during and after a use of force incident.

Once the FIRST unit completes an independent review and assessment of the PIP identifying non-conformities, preventable risks, and/or proactive measures taken, the Juvenile Institution will be provided with the *FIRST Physical Intervention Review Summary Form* and receive an email confirmation that the PIP either had:

- **No Significant Findings/Deficiencies** – The packet meets the criteria identified in the respective policies.

⁵⁹ Cal. Code Regs. Title 15 § 1357 (a) (6)

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- **Deficiencies/Non-Compliance Issues Noted** – the independent review discovered areas in the packet that the operation needs to address/follow- up.
- **Direct Referrals to Internal Affairs Bureau-** Referrals shall be made directly to Internal Affairs when deemed applicable and appropriate.

The *FIRST Physical Intervention Review Summary Form* will detail areas of discrepancy/concern requiring amendment(s) or correction(s) for all PIPs not accepted by the FIRST. In addition, the FIRST will make recommendations for corrective action, including for Juvenile Institutions to take specific action that should have been completed in accordance with Departmental policies and procedures.

Force Review Coordinator

Documents pertaining to each use of force incident are submitted to the facility's force review coordinator. The coordinator ensures the completion of all documentation, reviews any video footage of the incident, and makes a recommendation to the facility management or the department's Special Investigation Unit, as appropriate.

Departmental Force Review Committee/ Critical Incident Review Coordinator

The Critical Incident Review Committee (CIRC) will also serve as the Departmental 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, facility manager, and other executive leadership team members. Use of force incidents that rise to the level of a DFRC review shall be reviewed within thirty (30) days of occurrence⁶⁰.

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⁶⁰ Cal. Code Regs. Title 15 § 1357 (a) (5)

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When force is used on youth, the supervisor or the authorized designee shall contact the parent/guardian/caregiver, attorney, and caseworker. A minimum of three (3) telephonic contacts with the parent/guardian/caregiver need to be attempted within twenty-four (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/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/guardian/caregiver along with information about the grievance process and the rights of the youth in the process⁶¹.

Youth Seriously Injured or Allegation of Excessive or Inappropriate Force.

The superintendent or facility manager (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 or violations of policy/law by staff during the use of force incident, the superintendent will immediately report this to the assigned Bureau Chief responsible for assessing and addressing any interim protections for youth who report, such as unit changes, safety plan updates, and protection orders.

Assaults Against Officers

The Supervisor assigned to the incident shall immediately contact the On-Duty Facility Manager, the victim's supervisor, the facility superintendent, and the Bureau Chief 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.

⁶¹ Cal. Code Regs. Title 15 § 1357 (a) (7)

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The on-site 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 on-site 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 Staff Assistance Program.

(<http://employee.hr.lacounty.gov/employee-assistance-program/>).

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) DISCIPLINE OF YOUTH	Section Number: SYTF-1100
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) DISCIPLINE OF YOUTH	Section Number: SYTF-1100
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1101 INTRODUCTION

Youth are expected to abide by certain standards of behavior. Those standards establish the orderly and efficient operation of the Secure Youth Treatment Facilities and ensure the safety of both staff and youth. Discipline is a means by which those standards are maintained.

1102 ABUSIVE INSTITUTIONAL PRACTICES

While supervising and interacting with youth, 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 contact with fellow staff members and youth while at the same time setting and enforcing clearly defined limits and boundaries, ensuring that rules and regulations are followed.

Care must be taken to avoid harsh scolding, directing personalized criticism, intentional embarrassment, antagonizing a 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 for misconduct, it should be done without critical or derisive comments being personalized to the youth by staff.

Staff shall not use sarcasm, ridicule, profanity, or threats in their interactions with youth. Praise and encouragement, on the other hand, are proven to help promote desired behavior.

Staff shall clearly understand that it is considered to be a violation of Departmental policy to engage in any of the following inappropriate and/or abusive acts towards youth.

Verbal Abuse Toward Youth

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- 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.

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 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 or sitting on metal bed rails, pipes, or surfaces 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.

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 explicit act.

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- Other behaviors that a reasonable person would view as threatening to the well-being of youth.

Creating or Maintaining a Threatening or Intimidating Environment

- Intentional behaviors or statements made by staff that would cause youth to fear 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 a reasonable person may view as punitive or abusive.

In accordance with Probation Department Policy in regard to Employee Conduct, staff are also expected to work cooperatively and harmoniously with other staff. Physical confrontations, vulgar language, profanity, sarcasm, or ridicule constitute a violation of Probation Department policy.

1103 DISCIPLINE GUIDELINES

Discipline shall be imposed at the least restrictive level that promotes desired behavior and shall include the use of positive behavior interventions and supports. It does not include corporal punishment, physical or psychological degradation, or deprivation of the following:

- Bed and bedding.
- Daily shower, access to drinking fountain, toilet and personal hygiene items, and clean clothing.
- Full nutrition.

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- Contact with parent or attorney.
- Exercise.
- Religious services.
- 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.

No youth may be deprived of education, counseling, rehabilitative programming, religious services, recreation, exercise, visitation, or phone calls as a disciplinary measure.

The reason for denial of programming, recreation, exercise, outside activity, religious services, visitation, or phone calls shall be documented. The aforementioned denial shall be signed and approved by the unit supervisor, OD/RS Supervisor, facility superintendent/Director, or the authorized designee and submitted to the OIG for review.

(Meets standards set forth in Title 15, Section 1390)

1104 CORPORAL PUNISHMENT

Corporal punishment is defined as any use of force intended only to inflict pain or suffering on a youth. Secure Youth Treatment Facility staff are prohibited from paddling or choking any youth. Psychological punishment, including verbal abuse intended to demean and degrade youth, is considered Child Abuse and is also prohibited.

1105 DISCIPLINARY PROCESS

The disciplinary process is an administrative process. The facility rules and disciplinary guidelines must be clear, consistent, and uniformly applied. The Department has developed policies and procedures for the administration of

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discipline.

1106 RULES AND REGULATIONS

Policies and procedures for the administration of discipline shall include, but not be limited to, the following:

- Only deputized staff are authorized to impose discipline for violation of rules.
- The imposition of discipline shall not be delegated to any detainee.
- Trauma-informed approaches and positive behavior interventions shall be utilized.
- A SIR shall be written on all violations and shall be reviewed by a supervisor. The youth may appeal the imposition of a sanction to the supervisor as described in Section 1107 – Due Process.
- Mildly and moderately disruptive behavior shall be considered as Minor Rule Violations. Minor Rule Violations may include, but are not limited to:
 - Verbal abuse, profanity, racial remarks, name-calling, or creating excessive noise or complaints.
 - Failure to follow instructions and participate in scheduled activities or programs.
 - Repetitious acts of misconduct.
 - Instigating others to cause disruptive behavior.
 - Lying or misleading staff, falsifying information, or making irrational demands to staff.
 - 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.

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- Tattooing.
- Theft.
- Littering.
- Improper dress.
- Possession of minor contraband such as extra clothing, sheets, books, etc.
- Other (as deemed by the Probation Director or the authorized designee) Discipline shall be accompanied by written documentation.
- Severely disruptive behavior by the youth shall be considered as Major Rule Violation. Major Rule Violations may include, but are not limited to:
 - 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, assaulting, or committing physical abuse on other youth or staff.
 - 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.
 - Smoking.
 - Possession or ingesting of drugs, vape paraphernalia, and/or alcohol.
 - Other (as deemed by the Probation Director or the authorized designee).
 - Rule Violations.

In the instance of a Minor Rule Violation, which includes mild and moderate disruptive behavior, court action may be taken, and the following consequences may be given:

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- Verbal warning.
- Re-clarification of the rules and expectations.
- Merit ladder/DSS points lowered.

In the instance of a Major Rule Violation, court action may be taken, and the following consequences may be given in addition to consequences for Minor Rule Violations listed above:

- Referral to the Individualized Behavior Management Plan (IBMP) /DSS.
- Administrative Hold pending filing of additional charges with administrative approval (e.g., 1111, 602, 777, etc.).
- Detention Observation Report (DOR) to the court.¹
- Filing of new Adult Charges

1107 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 supervisor, OD/RS Supervisor, Assistant Director, or Division Director.
- Opportunity for the youth to be heard and present evidence and testimony.
- Provision for assistance in the hearing process by staff who can explain the procedures.
- Provision for administrative review.

It is intended that due process shall occur in a timely manner. However, staff may need to immediately isolate youth in need of control and who pose immediate

¹ Applicable to BJN facility only.

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threats to themselves, staff, or other youth. At the end of the emergency, the disciplinary due process shall occur.

Sanctions and Appeals Process

In all instances where a youth is involved in a Special Incident Report (SIR) or Physical Incident Report (PIR) that involves a behavior issue, a Sanctions, 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 the staff to recommend sanctions against the youth and allow him/her their right to due process. Staff shall complete Sections A, B, C, and D detailing the incident resulting in the sanctions and recommendations. The youth involved shall then initial, check, and sign section E as acknowledgment.

Appeal Process for Minor Rule Violations

If the youth was involved in an incident that constitutes a Minor Rule Violation, they shall be given the right to appeal any sanctions to a Supervisor under Section F of the Sanctions 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 a facility Director.

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 Sanctions and Appeal form. 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 and 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, additional staff must be present and bear witness to the refusal and additionally note their name on the form.

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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 four (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 defense.

During the formal hearing, the youth shall make their case to the Hearing Officer, presenting any relevant evidence or testimony on their 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 a facility Director. The youth shall be provided a copy of the Sanction and Appeals form after their appeal with the Director has concluded.

Administrative Review and Quality Assurance

The Division 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 by a Director within three (3) business days.

(Meets standards set forth in Title 15, Section 1390)

1108 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 a sanction require a SIR and Sanction 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).

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. However, the loss of an opportunity

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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 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.

LOS ANGELES COUNTY PROBATION DEPARTMENT

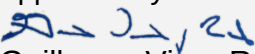
Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) DEVELOPMENTAL STAGE SYSTEM (DSS)	Section Number: SYTF-1200
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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1207	DSS PROGRAM SERVICES COORDINATOR

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) DEVELOPMENTAL STAGE SYSTEM (DSS)	Section Number: SYTF-1200
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1201 INTRODUCTION

The Developmental Stage System (DSS) is a high-intensity approach to behavior modification that is designed to effect positive lifestyle change in a relatively short period of time. The DSS 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 Secure Youth Treatment Facility 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 DSS 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 weekly basis that are valuable to the youth. Every interaction that occurs 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 DSS 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 youth from the larger group whenever appropriate. Consequences for such lower-level behaviors might include not earning points for a grading period, temporary tier downgrade, thinking reports, privilege suspension, etc. The DSS consists of the following elements:

- Points for desired behavior.
- Daily rewards for youth who achieve a minimum threshold of points by a designated time each day.

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- “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.

Designated staff in the living unit assess behavior, and issue points to each youth on the Daily Merit Ladder grading sheet. School staff will award points during the school periods. 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 during Court, Medical, and Mental Health appointments.

Daily points are awarded in order to acknowledge and encourage small increments of progress in youth's overall positive behavioral change. Daily points are earned when a point threshold (a minimum number of points) is achieved 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 rewards from an approved list of options each week. Weekly 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 Special Incident Reports (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 Tier, their privileges will increase.

ACCOUNTABILITY OF UNDESIRED BEHAVIOR

Within the DSS, the use of sanctions or the removal of privileges should be considered and utilized in response to the youth who demonstrate defiant or disruptive behavior that does not meet the minimum standard of compliance.

Privileges may be suspended for various behavior infractions. Within the DSS, the use of sanctions or the removal of privileges should be considered and utilized as a response to undesired behavior. All DSS 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

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dropped to lower stages until they earn their way back. 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.

The effectiveness of the DSS is contingent upon the consistent implementation of the system and a collaborative effort among all staff. The Developmental Stage System Handbook provides the necessary instructions to effectively implement and maintain the DSS.

1202 ROLES AND EXPECTATIONS

The following details the roles and expectations of staff as it pertains to the DSS Program.

DSS Program Supervisor is responsible for delegating all tasks, vetting all facility programs, and ensuring all program heads have submitted and cleared the Volunteers in Service to Others (VISTO) application process. All temporary clearances have to clear background checks before entering the facility. The DSS Supervisor randomly performs program audits to ensure validity. The DSS Supervisor provides support to the DSS Coordinators and ensures the Coordinators are maintaining communication with their assigned units and Community-Based Organizations (CBOs). The Supervisor is responsible for the planning of special programs and events, providing proper notification (memo) to security, and communicating all programming tasks to the DSS Director. The DSS Supervisor provides all unit audit results to Unit Supervisors and Facility Managers. The DSS Supervisor ensures the facility maintains compliance with programming mandates required by Title 15.

The DSS Coordinator or the authorized designee schedules recreational activities, programming, game room activities, and all special programming for assigned units. The coordinator provides the unit staff with E-tickets, acknowledgment tickets, and other programming needs. DSS Coordinators or the authorized designee are the direct line to programming, concerns, and/or issues regarding programming. The DSS Coordinator or the authorized designee facilitates the Youth Council meetings and maintains the minutes for records. The DSS Coordinator or the authorized designee is responsible for maintaining accurate records of programming, including sign-in sheets and signature/initials from every youth service(s) provided (DSS snacks, haircuts, nail clippings, beauty bar, swimming, game room, CBO programming, all group activities, resource fair, family council meetings, etc.).

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The DSS Coordinator or the authorized designee will be responsible for scheduling and facilitating weekly BMP Special Activities. The activities must relate to the youth's age, interests, and current trends. Prior to scheduling activities, the DSS Coordinator or the authorized designee and Representative will meet with the Youth Council to determine the preferred activities to further inspire each youth to earn access.

The DSS Coordinator or the authorized designee will collaborate with the unit DSS Representative to ensure the youth attending special activities are indeed eligible. The DSS Coordinator or the authorized designee is responsible for ensuring each youth receives verbal praise for the week-long work completed to earn access to the activity.

The DSS Coordinator or the authorized designee shall also collaborate with LACOE to implement positive behavior management to reduce the need for disciplinary action in the school setting and integrate it into the facility's overall behavioral management plan.

DSS Program Auditor is responsible for maintaining open communication with the assigned DSS Representative for the units. The DSS Program Auditor conducts audits for programming (Merit Ladder, Recreation Audit, Unit Board Audit).

(Meets standard set forth in Title 15, Section 1370 (c)(1))

DSS Unit Representative is assigned by the DSS Coordinator or the authorized designee on each shift in every unit. The DSS Representative is responsible for communicating concerns regarding programming, damaged DSS boards, E-tickets, acknowledgment tickets, Tier promotions, and Tier downgrades. The DSS Coordinator or the authorized designee welcomes all new ideas for programming. The DSS Representative assists with the Youth Council elections. They also ensure the Tier Three (3) youth have their Tier Status placed on the doors_T and all youth are dressed in the correct Tier attire.

1203 DEVELOPMENTAL STAGE SYSTEM (DSS) STAFF TRAINING

All supervision staff shall be required to participate in training to ensure the implementation of the DSS process. LACOE, DMH, and Medical personnel shall also be provided with training to familiarize them with the program, specifically the behavioral and rehabilitation components and their relevance to their particular

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areas of endeavor.

A DSS handbook shall be available in each living unit.

SYTF shall continue to provide all staff with DSS training that includes a behavior management component, as follows:

- Reinforcement Systems and Practices
- Rewards and Incentives
- Accountability System

In addition to the above programming mandates, other legally mandated rehabilitative efforts shall be collaboratively undertaken on behalf of the youth by the DMH, the LACOE, and JCHS as appropriate.

All staff are required to participate in a training session to familiarize themselves with the DSS process. A training manual shall be issued to each unit, and a copy shall be retained by each Supervisor.

1204 MONTHLY ACTIVITY CALENDAR

The Monthly Activity Calendar is the official schedule for all DSS meetings, programs, recreation and exercise activities, and other related activities pertaining to the unit. The calendar shall be posted in the living units, which provides staff with the dates and times that specific activities are to be conducted.

The activity calendar ensures the consistency of DSS programming but is custom-designed to fit the needs of each individual living unit.

(Meets standards set forth in Title 15, Section 1371)

1205 STRUCTURED READING ACTIVITY

Youth will be encouraged to read during free time to promote learning and enhance literacy.

1206 PROCEDURES TO PROMOTE READING

The following procedures are designed to promote reading among detained youth:

- Each building shall have a library containing appropriate reading materials.

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- All unit libraries should maintain a selection of books in Spanish. When necessary, efforts shall be made to provide books in other languages for those youth who do not speak English. The facility Program Services Coordinators should be contacted for assistance in acquiring reading material.
- Youth are permitted to retain a combination of five (5) appropriate magazines or soft-covered books at any one time.
- Under no circumstances shall reading materials be taken away from a youth for disciplinary reasons.
- Each building shall establish a thirty (30) -minute reading period prior to lights out.
- Staff shall encourage reading in addition to other literacy programs available to the youth.
- When staff becomes aware of a youth needing reading assistance, they should ensure the youth is referred to the appropriate tutorial program representative at their facility.
- Staff shall encourage youth to complete book reports. The completed book report shall be submitted to the school. Extra DSS Merit Ladder points (Bonus) shall be awarded to the youth as determined by School staff.

1207 DSS PROGRAM SERVICES COORDINATOR

Program Services is responsible for coordinating a variety of services to enrich the quality of programs for youth. Programs are designed to address the needs of the youth and to decrease their ability and desire to commit criminal acts by involving them in activities that increase self-esteem, self-worth, and social responsibility.

Reading Material

The Program Services Coordinator at each facility shall work with staff, community organizations, and volunteer groups to provide living units with books and other reading materials. Book solicitation efforts must be ongoing to ensure youth are provided with an extensive, appropriate, and current selection of reading materials.

Recreation

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The Program Services Coordinator:

- Controls and assigns the use of the various recreation facilities and equipment.
- Coordinates and publishes the monthly recreation schedule, with an emphasis on weekend programs, including the seasonal use of the swimming pool.
- Assists unit staff in planning and organizing various unit activities (e.g., movies, coeds, athletic tournaments, and special entertainment).
- Stores and issues the facility's recreation and decorating materials.
- Provides equipment for indoor recreation.
- Operates the Canteen (Merit System).

Public Relations

The Program Services Coordinator provides information and coordinates guided tours of the facility to interested parties, schools, and individuals with the Superintendent's approval.

Volunteers

The Program Services Coordinator has the responsibility for volunteers in the facility under the authority of the Superintendent or the authorized designee.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH FACILITY TREATMENT (SYTF) SPECIALIZED LIVING UNITS	Section Number: SYTF-1300
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) SPECIALIZED LIVING UNITS	Section Number: SYTF-1300
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1301 SEPARATION

Pursuant to BSCC Title 15 § 1354, (a) separation of youth for reasons that include, but are not limited to, medical and mental health conditions, assaultive behavior, disciplinary consequences, and protective custody. When separated 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, Section 1390 shall apply as outlined in the Discipline Guidelines policy. When separation results in room confinement, the separation shall occur in accordance with WIC Section 208.3 and Title 15, Section 1354.5 – Room Confinement policy.

1302 COOL DOWN STATUS

A youth may be referred to the Hope Center for a brief removal from the general population as a temporary Cool Down Status. However, 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 by offering support and counseling. In addition, staff shall refer youth for a mental health assessment if needed. Youth can be returned to their regular living unit when they have de-escalated or upon recommendation by Hope Center staff or the Department of Mental Health (DMH).

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, writing about lessons learned from the incident, and/or completing a reading

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assignment. Youth can continue to earn regular Developmental Stage Points (DSS) points while under Cool-Down unless receiving regular DSS points is part of a sanction resulting from a rule violation.

When a youth is placed on a cool-down status, the following shall occur:

- The referring party must first contact and inform the living unit or HOPE Center supervisor of the youth being placed on cool-down status.
- The Living unit or the HOPE Center staff must log the youth in the unit's red logbook as a cool-down status and update the In/Out Log.
- Youth shall be given opportunities (which include an open space such as a day room, office, or a room with no door) to de-escalate.
- Youth on cool-down status must not be confined in rooms with locked doors.
- Youth may be referred to DMH for an assessment if needed.
- Once the youth has stabilized and is ready to return to the regular programming, the Unit or the HOPE Center Supervisor shall immediately authorize the release of the youth to the regular programming.

The Unit or the HOPE Center staff is responsible for logging the youth out of the red in/out logbook.

1303 EXCLUSIONS TO ROOM CONFINEMENT

Exclusions to Room Confinement refers to when youth are secured in their rooms during an extraordinary emergency circumstance that requires a significant departure from regular institutional operations, including facility lockdown, natural disasters, disturbance in the unit (e.g., youth fight), or other facility-wide threats that pose an imminent and substantial risk to the safety and security of youth, staff, and the facility.

In some instances, involved or uninvolved youth may be placed in locked rooms after an incident to gain the safety and security of the unit. Youth shall remain in their rooms only for a reasonable period of time necessary, lasting no longer than two (2) hours, to deescalate and/or bring a youth's escalating behavior under control. (Welfare and Institution Code § 208.3)

The period of placing youth in a locked room shall be for the shortest amount of time and structured so that youth can be placed in, or returned to, the regular programming as soon as the objective of the imposed behavioral management goal has been

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accomplished. Staff shall contact the OD/RS Supervisor for staffing resources as necessary to allow programming to resume as soon as possible.

Safety checks that are random or varied shall be conducted and not to exceed ten (10) minutes between observations for the period of time youth are placed in post-incident time out. Staff shall be required, at each check, to engage with the youth and observe the youth's behavior. (See the Safety Check Policy).

Staff shall complete a SIR noting the times in which youth were secured and released to regular programming, the interventions and positive measures used to address and/or redirect the behavior.

1304 ROOM CONFINEMENT

Room Confinement is defined in Title 15 Section 1354.5 and WIC 208.3 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.

Definitions

Readiness for Release (RFR): A process of assessing youth's behavior that resulted in their room confinement. RFR assessment shall be used to determine the need for continued room confinement.

Reintegration Plan: A plan designed to address goals and objectives needed for the return of the youth to the general population. The reintegration plan shall include the basis of the room confinement extension.

It is the policy of the Probation Department that room confinement:

- 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 (e.g., Transitional Periods).
- Is not intended to limit the use of single-person rooms or cells for the

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housing of youth in SYTF.

- 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 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.
- Room confinement shall not be used on the basis of a youth's refusal to participate in programming, recreation, exercise, outside activity, religious services, or visitation.

Room Confinement Admission Procedures

Should a youth require room confinement in the living unit, the following procedures apply:

- The unit Supervisor or the OD shall approve all Room Confinement. The unit staff shall complete the Audit Checklist to indicate the approval, which is placed on the left side of the Room Confinement file.
- 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.
- The Room confinement shall be recorded in the unit Red Logbook and notated in PCMS.
- All youth placed in room confinement shall be assessed by a clinician from

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the Department of Mental Health (DMH).

- **BJN-SYTF:**
 - Safety checks that are random or varied shall be conducted and not to exceed ten (10) minutes between observations. Staff shall be required, at each check, to engage with the youth and observe the youth's behavior. (See the Safety Check Policy)
- **Dorothy Kirby Center:**
 - Affix a Safety Check Sheet to the youth's door to provide safety checks that are random and varied and not to exceed ten (10) minutes between observations. Staff shall be required, at each check, to communicate with the youth and briefly document the communication on the Safety Check Sheet.
- After the youth has been held in room confinement for a period of four hours, staff shall return the youth to the general population or transfer the youth to the HOPE Center for extended Room Confinement. " Refer to Room Confinement protocols after four (4) hours.

Should a youth require room confinement in the HOPE Center, the following procedures apply:

- The HOPE Center Supervisor or the Supervisor on duty shall approve all referrals to the HOPE Center for Room Confinement. The HOPE Center staff shall complete the HOPE Center Audit Checklist to indicate the approval, which is placed on the left side of the Room Confinement file.
- 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 the admitting paperwork and the HOPE Center classification and process are completed¹.
- When a youth is initially assigned to the HOPE Center, their admission shall be recorded in the Red Logbook and the HOPE Center In/Out Log found on the shared drive.
- All youth referred to the HOPE Center and placed in room confinement

¹ Applicable to DKC Staff only.

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shall be assessed by a clinician from the Department of Mental Health (DMH) or by DPO Clinicians (Dorothy Kirby Center).

First (4) hours of Room Confinement

- Staff shall contact a DMH clinician or DPO Clinician (Dorothy Kirby Center) to complete a "Behavior Chain Analysis" with the youth. If no clinician is available, the staff shall submit a mental health referral for the youth, noting they were placed in room confinement so that "Behavior Chain Analysis" can be completed when a clinician is available.
- **BJN -SYTF**
 - Safety checks that are random or varied shall be conducted and not to exceed ten (10) minutes between observations. Staff shall be required, at each check, to engage with the youth and observe the youth's behavior.
- **Dorothy Kirby Center:**
 - Affix a Safety Check Sheet to the youth's door to provide safety checks that are random and varied and not to exceed ten (10) minutes between observations. Staff shall be required, at each check, to communicate with the youth and briefly document the communication on the Safety Check Sheets.
- 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 or the HOPE Center Supervisor. Staff shall notify the supervisor within thirty (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 living unit or their continued room confinement.
 - After each Readiness for Release check, a case note shall be entered in PCMS indicating the youth's behavior and the reason for continued room confinement.

Four (4) Hours Extension of Room Confinement

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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 still present as a threat to the safety of other youth or staff, the Readiness for Release form process and the Safety Check protocol listed under 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 the HOPE Center staff, signed by a supervisor, and approved by the facility Superintendent or the authorized designee. The approval shall be noted on the re-integration Plan. In addition, DMH shall be consulted for the extension and every four (4) hours thereafter.

The Reintegration Plan shall include:

- Goals and objectives to be met to return youth to the regular programming.
- The reasons for room confinement and the basis for the extension, which shall include why the youth remains a threat to youth and/or staff.
- The date and time the youth was first placed in room confinement and when they were eventually released from room confinement.

Room Confinement Exit Procedures

- If the youth is deemed ready for release, the Unit or the HOPE Center Supervisor or the authorized designee shall facilitate the return of the youth to their regular programming upon exiting room confinement. Youth shall not return to room confinement after their official documented release unless an incident occurs prior to returning to programming, requiring new room confinement documentation. The youth may not remain in the HOPE Center room confinement for more than one (1) hour after notification unless approved by the Supervisor.
- The unit or the HOPE Center RFR shall be placed in the room confinement file once completed. This will be the top document placed in the file.
- The unit or the HOPE Center 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 unit programming. If placed at the HOPE Center, the youth shall be logged out of the unit's red logbook and In/Out Log on the shared drive.

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- Upon completing these steps, the file shall be provided to the unit or the HOPE Center supervisor, or the authorized designee for closing signatures.

1305 SPECIALIZED SUPERVISION PROGRAM

The Specialized Supervision Program is the separation of youth from their regular living unit or 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 On-Duty Director/Acting Director or the On-Duty Supervisor at Dorothy Kirby Center determines that the youth shall be housed in the HOPE Center, the facility Superintendent/ Facility Director shall be notified, and approval shall be obtained before starting the Specialized Supervision Program. Once the approval is obtained, an SSP shall be prepared, and the youth will be assigned to the HOPE Center and allowed 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 Specialized Supervision Plan (SSP) shall be immediately prepared for the youth with documented approval on the SSP by Management or the authorized designee prior to acceptance to the Specialized Supervision Program. In the absence of an On-Duty Director/Acting Director, the OD/RS Supervisor must be notified, and contact must be made to the Superintendent or Director/Acting Director for approval via email and noted on the SSP. The 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.
 - Be reviewed and have final approval by the Regional Director within forty-eight (48) hours of the referral for the HOPE Center

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SSP.

- The youth's HOPE Center 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
 - Initial Intake Screening
 - Assessment and Classification Form or Classification Form
 - SSP Reclassification Form
- The new SSP file shall be placed in the HOPE Center file cabinet with current SSP files.
- The SSP, Initial Intake Screening, and Assessment/Classification Form shall be placed in the HOPE Center SSP folder under the youth's respective unit.
- The HOPE Center staff shall log the youth in the red logbook as an SSP and in the In/Out Log found in the shared drive as an SSP.
- All SSP youth will participate in the HOPE Center daily programs and are included in the Activity Log.
- At the conclusion of each shift, all paperwork pertaining to the youth while on SSP shall be placed in the file.
- The HOPE Center supervisor or supervisor on duty, in the absence of a Hope Center Supervisor, the authorized designee shall visit the HOPE Center and engage with any SSP youth once per week. The supervisor shall note the time of their visit and assessment in the HOPE Center logbook and the names of each youth they spoke with.
- The HOPE Center day staff shall enter PCMS Case Notes once per shift that describes the youth's daily behavior and participation in programs.
- Each youth under an SSP in the HOPE Center will have 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:

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- HOPE Center The SSP Coordinator
- IBMP 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.
- An SSP may be continued for up to thirty (30) days. At the thirty (30) - day mark, it may be extended for up to an additional 30 days with the Director's approval. At the sixty (60)-day mark, a new SSP must be created for the youth. If the youth does not have approval for a thirty (30)-day extension from the Director, 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 out from the In/Out Log in the shared drive, and document the exit in PCMS with a case note entry.

1306 RIGHTS OF ALL YOUTH ASSIGNED TO THE HOPE CENTER AS A SSP

All youth assigned to the HOPE Center as a SSP shall be afforded all regular Juvenile services, which shall include but are not limited to, the following: (Complies with Title 15, Sections 1354 (c) and 1371)

- Educational Services (including after-school educational services) - all youth shall receive education instruction, which shall include any required special education and related services.
- Medical and Mental Health Services.
- Religious Services.
- Substance Abuse 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 Parentis, approved Supportive Adult, their child(ren) and/or

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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, personal hygiene items, and clean clothing.
- Full nutrition.
- Clean and sanitary living conditions.

1307 HOPE CENTER DAILY AUDIT REPORT

A daily review of separated youth shall be conducted to determine if separation remains necessary. 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 twenty-four (24) hours.

The report shall then be sent via email to the following parties:

- Bureau Chief
- Consultant
- Facility Superintendent, Assistant Superintendent, and all Facility Directors²
- Senior Director, Director, and Assistant Directors³
- HOPE Center Supervisor
- All staff assigned to the respective facility’s HOPE Center

1308 ROLES AND RESPONSIBILITIES**Probation Department**

The Secure Youth Treatment team is vested with the responsibility to provide a safe and secure environment while conducting regular activities within the program

² Applicable to BJN facility only.

³ Applicable to DKC facility only.

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and facility that support, maintain, and complement the mental health treatment plan. Probation personnel utilize standard juvenile detention techniques and methodology, as well as behavior modification approaches to moderate and change the youth's conduct. These approaches shall include the Institution's Merit Ladder and the Canteen as part of the incentive system.

Staff shall conduct daily structuring that reminds youth of desired behaviors and conduct, which also provides opportunities for self-affirmation and success. Supervision shall require a high degree of structure of a youth's time and shall include non-violent resolution of disputes, respect for divergent points of view, constructive communication both to promote positive norms and to confront norm violations, accepting responsibility for one's behavior, recognizing that individual behavior has an impact on the group and group processes to repair the harm caused.

Department of Mental Health (DMH)

The Department of Mental Health's role is to conduct individual psychological assessment, crisis management, and therapy focusing on social learning and cognitive-behavioral treatment. Therapy may include individual, group, and family dynamics. The Mental Health team also ensures appropriate medication monitoring. These efforts are in congruence with the routines of the SYTF, with the clinicians routinely providing immediate support to juveniles experiencing difficulties adhering to program procedures or school responsibilities. The mental health staff also provides consultation to Probation, school, and health services personnel.

The mental health team shall provide the lead in conducting therapeutic intervention sessions, including talk, dance art, recreational, and music therapy. Other activities shall include related techniques. Other therapeutic components shall consist of dance and creative presentation sessions. Traditional mental health strategies shall include crisis intervention individual, group, and family therapy and shall be the foundations of the mental health services on ESP. This critical role shall begin at the start of each youth's daily routine by providing support and assistance to youth experiencing adjustment difficulties or resistance to aspects of the program. In addition, youth may seek or request mental health services throughout the day.

Critical components of the overall mental health program shall include anger management, substance abuse, stress recognition and reduction, and other identified life skills. These activities shall be conducted with a primary focus on reducing specific behaviors causing the youth the greatest difficulty in making

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ethical and socially responsible decisions.

(Meets standards set forth in Title 15, Section 1437 (c))

Department of Health Services (DHS)

The Department of Health Services is an integral element of the SYTF Program. Medical staff provides health services for youth and treats illnesses and injuries around the clock. Health care services also address acute symptoms and conditions to avoid preventable deterioration of health while the youth is detained. These services include admissions screening, doctor's clinics, and a nurse's clinic conducted three (3) times a day. In addition to the regularly provided health services, the medical team shall provide medication and monitoring in support of mental health treatment for youth in general and ESU youth in particular.

Los Angeles County Office of Education (LACOE)

The Los Angeles County Office of Education (LACOE) shall offer comprehensive, fully accredited, standards-based education programs in which youth earn credits toward a high school diploma and General Educational Development (GED) preparation. Testing and certification shall also be made available. In addition to general education classes, a full continuum of special education services shall be provided. As part of a regular education program, special education support services shall be attempted whenever appropriate. When additional services, such as special day class placement, one-on-one, or small group, are applicable, a resource specialist shall be available.

A variety of other services based on the needs of the youth as defined in the Individualized Education Plan (IEP) shall also be offered through the LACOE Special Education Local Plan Area (SELPA). These services may include language and speech therapy, mobility and/or Braille training for the visually handicapped, interpreters for the deaf, and/or psychological counseling. Meetings are held weekly with all the partner agencies to discuss each youth's individual plan.

1309 SYTF PROGRAMS

The Probation Department maintains specialized facilities to handle youth ordered to a Secure Youth Treatment Facility (SYTF) by the court. The population which consists of youth with pre-disposition cases awaiting placement in Short-Term Residential Therapeutic Programs (STRTP), Camp Community Placement (CCP), Secure Youth Treatment Facility (SYTF) placement, or various other placements.

SPECIALIZED LIVING UNITS AND PROGRAMS**Movement of Youth**

No youth in the SYTF are to be transported anywhere without the direct supervision of SYTF staff.

Handcuffs and shackles may be used in all instances where SYTF youth are violent, out of control, or when issues of safety or control are in question.

SYTF youth shall not be transported outside the facility during hours of darkness unless absolutely necessary. Safety considerations may require the use of mechanical restraints, or the assignment of additional staff as authorized by the OD.

School

All youth shall attend school. During school hours, staff shall be posted outside the classrooms to provide additional security.

Recreation

The recreation program shall be coordinated by the DSS Program Services Coordinator. Youth shall participate in daily recreation activities. This does not preclude them from participating in organized competitions or other sanctioned events. Before, during, and after any recreational activity, MC/RS staff, as available, shall assist in providing maximum supervision for SYTF youth.

Medical

Nurse's Clinic shall be held in the units. SYTF youth may be transported to the Medical Unit or medical module in the event of a medical emergency. SYTF youth shall be under the supervision of Probation staff during physical examinations and Dental Clinic, although staff need not be in the same room.

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) ENHANCED AND SPECIALIZED SUPERVISION	Section Number: SYTF-1400
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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1401 INTRODUCTION: POLICY ON ENHANCED AND SPECIALIZED SUPERVISION

In compliance with its mandate to provide a safe and secure environment for the youth under its care, it shall be the policy of SYTF to maintain uniform preventative 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 the 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.

Staff shall ensure that an appropriate level of Enhanced Supervision or Specialized Supervision is afforded to youth who experience emotional distress and/or attempt to harm themselves, including while the youth is pending transfer to another location or while being transported to another location. The varying levels of Enhanced and Specialized Supervision Requirements outlined below are intended to ensure consistent and uniform interpretation of supervision requirements by Probation, the Department of Mental Health (DMH), Juvenile Court Health Services (JCHS), and staff from the Los Angeles County Office of Education (LACOE).

(Meets standard set forth in Title 15, Section 1329 (d))

1402 DEFINITION AND EXPLANATION OF TERMS

To assist in better understanding the important components of the policy, various terms used in this section are defined below. Staff shall familiarize themselves with them and use them to aid in understanding the policy.

Alert Log (formerly referred to as the Self-Harm Log) - Youth who are potentially or actively at risk of self-harm or suicide (on Enhanced Supervision L2,

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L3, and L4 statuses) or that 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 youth at the facility.

Appurtenance: An appurtenance is a device or piece of equipment that extends out from a wall or other fixed object to which objects or items may be attached. Youth that are at risk for self-harm should only be assigned to rooms that are free of appurtenances to which the youth could potentially attach bedding, clothing, or lanyard-type objects (shoelaces, cords, etc.) to harm themselves.

Duty Supervisor: The Officer of the Day (OD) and Supervising Transportation Deputy 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 or operation. The Duty Supervisor shall be responsible for assigning staff to all units and specialized supervision posts within a facility.

Emergency Equipment: Each unit in the facility 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 1—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 safety checks conducted at a minimum of every fifteen (15) minutes at random or varied times of all youth housed in any individual room.

Level 2 - Enhanced Supervision (L2): Level 2 Supervision is an increased level of 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 a 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 Detention System* and *Probation Caseload Management System* be updated with both a Level 2 and a "Suicide" ("S") code.

Level 3 - Enhanced Supervision (L3): Level 3 Supervision is reserved for youth that are at high risk of suicide, either by threatening suicide with a clearly articulated plan for achieving suicide and the means to carry the plan out or has recently engaged in the act of attempted suicide or serious self-harming behavior

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and whose current medical or mental state requires that they be separated from their regular living unit for a specified period. The placement of any youth on this level of supervision requires that the

The Probation Caseload Management System (PCMS) be updated with both a Level 3 and a “Suicide” (“S”) code.

Level 4- Enhanced Supervision (L4): Indicates that the youth has been determined to be either actively suicidal or has engaged in serious self-injurious behavior and has been transferred from the facility to a higher level of care (psychiatric emergency care facility) for psychiatric assessment. The placement of any youth on this level of supervision requires that the 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: A Department of Mental Health (DMH) form commonly referred to as a “*Mental Health Green Sheet*” is utilized to advise the DMH’s post-assessment findings and recommended level of supervision housing and activities for at-risk youth.

Specialized Supervision: This level 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 behaviors or that require an individualized *Special Supervision Plan* to provide for ongoing safety and security of the youth for a variety of reasons. Upon identification, the facility Director or the Superintendent shall designate these youth as “Specialized Supervision” status and shall ensure that a *Specialized Supervision Plan* is created and implemented on the youth’s behalf. The *Specialized Supervision Plan* 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 movements into and out of various areas within the facility.

Shift Leader- The Senior Detention Services Officer (Sr. DSO and the Senior Detention Services Officer in the Transportation Division at BJN SYTF and the Deputy Probation Officer II (DPO II) at Dorothy Kirby Center (DKC) shall be 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 lead staff responsibility for that area.

Unobstructed Line-of-Sight View- An unobstructed line-of-sight view allows the

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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 engaging in self-harming behavior(s) so that appropriate intervention can occur. When the youth is engaged in an interview with a Department of Mental Health Clinician, physician, or attorney, confidentiality requirements may impact these visual supervision 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.

1403 PROCEDURE

Youth who are potentially or actively at risk of self-harm or suicide, on L2, L3, or L4 statuses, or 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 juvenile facility having contact with youth. This log shall note the names and other identifying information such as Probation Department Juvenile (PDJ) Number, regular living unit, date, Enhanced Supervision level assigned, time placed on the supervision level, the name of clinician/administrator placing the youth on the level, a notation regarding the youth's psychotropic 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 administration after collaboration between Probation and DMH.

Any staff at any facility that becomes aware of or perceives that a youth intends 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., L3-type of supervision). The staff shall immediately thereafter inform the Duty Supervisor of the youth's behaviors 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 Department of Mental Health (DMH) clinician or transport to another facility or psychiatric facility.

(Meets the standards set forth in Title 15, Section 1329 (e)(1)(A), (e)(2)), (h))

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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 minimum, the following:

- The circumstances surrounding the youth's at-risk behavior or staff 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 actions taken by the staff member to keep the youth safe pending notification of the Duty Supervisor.
- The date and time the youth's behavior were 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 the Department of Mental Health.
- The date, time, and name of 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 the designated housing location and the appropriate level of supervision 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 the types of housing and supervision that were initiated to keep the youth safe, the name of the staff supervising the youth, and the time of the supervision period.
- 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*.

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Upon completing the initial assessment, the DMH clinician shall provide a completed *Mental Health Recording form* to the 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 guidance for staff on treatment strategies such as coping strategies, supervision needs, or other actions to mitigate the youth's risk of self-harm. The juvenile facility shall ensure that an appropriate level of supervision is afforded to the youth that is commensurate with the DMH clinical recommendation.

Upon the Duty Supervisor being telephonically advised or being advised via a copy of a Mental Health Recording form of the initial DMH clinician's formal placement of a youth on L2, L3, or L4, or any subsequent change in level of supervision upward or downward, the Duty Supervisor shall instruct a staff member to initiate a Special Incident Report on behalf of the youth. The report shall note, at minimum, the following:

- The date and time the youth was assessed by the Mental Health clinician and the level of supervision recommended. Note if the recommended level of supervision involves a change in the Level of supervision upward from the level of supervision the youth is currently on.
- The type of housing and level of supervision determined to be most appropriate for the youth by the Department of Mental Health 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 the appropriate level of supervision initiated as directed by the Duty Supervisor.
- If the recommendation is for L3 supervision, note the name of the staff providing L3 supervision.
- If the youth is determined to be L4 by the DMH clinician and is pending transportation to another facility or a 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 prior to departure from

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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 *Special Incident Report* 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 *Special Incident Report*, 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 for self-harm or suicide. A *Special Incident Report* documenting the youth's actions shall be completed, and the youth's *Behavior File* and the *PCMS* system shall be updated with an "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 for 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 1405, 1406, and 1407. Staff shall be alert 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 audio 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 that 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 engages in self-harming behavior(s), including suicide attempts, verbalizes an intent to harm themselves or is placed on L2, L3, or L4 status shall be immediately annotated with

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their current level status via a 3-inch-high, red-colored “S” code and level status on the left inside cover-sheet. In addition, the *PCMS* system, the unit’s *Population and Grade Sheet*, and the *Bed Chart* shall be updated to reflect an “S” code and the youth’s current Enhanced or Specialized Supervision level.

- Any youth placed on a *Specialized Supervision Plan* shall be coded with an “X” code in the *PCMS* system, the *Population Sheet*, and the *Bed Chart*, and the youth’s name and coding placed on the facility’s *Alert Log*. The “X” code shall be removed from each of these areas upon the termination of the *Specialized Supervision Plan* by the facility Director.
- Staff observing any *Behavior Files* or *PCMS* reports noting any youth that was previously coded “SI” shall consider the youth to be a potential risk for self-harming behavior, including suicide.
- Upon admission to any facility, any youth whose *Behavior File* or *PCMS* file indicates the presence of an “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 youth safe pending assessment by a Department of Mental Health (DMH) clinician.
- Youth with an “S” code (or an older “SI” code) shall not be considered a candidate for placement in a single room in any facility until such time as a DMH clinician provides written documentation to Probation indicating that the youth is not currently at risk for self-harm. Upon receiving the clearance documentation, facility staff shall then refer the issue to the building Supervisor 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.
- Once an “S” code is affixed to a *Behavior File* or coded into *PCMS*, it shall not be removed unless it was entered in error. The 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 staff that come into contact with the youth that the youth may have engaged in self-harming behavior at some level.
- Closed-circuit camera supervision shall not be utilized as a primary

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method of supervision for youth placed on L2 or L3 statuses. Closed-circuit cameras and other aids may only be utilized to supplement actual direct visual supervision.

- Utilization of suicide gowns, safety helmets, and soft restraints: The removal of youth clothing (with the exception of belts and shoe laces) 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 is physically engaging 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 instances, 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 this youth in the 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.

1404 LEVEL 1 REGULAR SUPERVISION REQUIREMENTS

Level 1 supervision is commonly referred to as "Regular Supervision." This is the least intensive level of supervision afforded to all youth in our care. This level of supervision consists of random or varied intervals at a minimum of every fifteen (15) minutes between observations of all youth who are asleep, in their rooms, or confined in holding rooms. Each of these staggered observations shall be recorded by utilizing an electronic *Safety Check*.

- 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.

1405 LEVEL 2 ENHANCED SUPERVISION REQUIREMENTS

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Level 2 Supervision is an increased level of 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 a serious suicide attempt and appears to be at risk currently. L2 is also 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 is noted below:

Note: All safety checks must be conducted utilizing the electronic safety check system located in each living unit. Manual safety checks recorded on a Safety Check Sheet shall only be used at the superintendent's discretion or if the electronic safety check system is down or inoperable (cross-reference – Group Supervision policy).

Waking Hours Supervision of L2 Youth in Living Units: Youth on L2 supervision shall be afforded full education, recreational, and other programming opportunities and shall be assigned to the unit dayroom during waking hours. L2 youth must remain in close proximity to, and in the continuous, direct line of sight of, staff at all times, including when the youth uses the shower or restroom.

- Youth on L2 Enhanced Supervision status 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 the 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 a room with a secured door that is immediately adjacent to the unit staff office.

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.

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- Assigned to sleep in the day room of the living unit or specialized living unit under direct staff supervision. Dayroom supervision shall consist of a dedicated staff member that has no other assignment that 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 and audio 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 volunteer to work on the next consecutive shift (10 PM to 6:00 AM shift), shall not be assigned to provide dedicated dayroom supervision of a group of 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 the PCMS system, the Behavior File, the *Population*, and *Grade Sheet*.
- The youth’s 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’s L2 status and “S” code shall be noted on the unit Bed Chart. A fresh *Bed Chart* shall be created and updated on a daily basis in all juvenile facilities, and the old Bed Chart secured in a file in the facility.
- The youth’s *Behavior File* at the detention facility shall be annotated with a three-inch, red-colored “S” code on both the outside front cover and the left inside cover sheet. The L3 status shall be noted on the inside left cover sheet.
- Staff shall summarize observed behaviors and the perceived emotional state of the youth in the *Behavior 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.
- DMH shall review supervision orders in consultation with the Probation’s Alert Log Coordinator and the JCHS Nursing Supervisor.

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- Youth on L2 Supervision shall be reassessed by DMH at least once every seventy-two (72) hours.
- JCHS staff and/or the Duty Supervisor shall consult the on-call psychiatrist for any request to change the level of supervision if there is no DMH staff on duty in the facility.

1406 LEVEL 3 ENHANCED SUPERVISION REQUIREMENTS

Level 3 Enhanced Supervision status is the highest level of supervision afforded to youth within the 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 the plan out or has recently engaged in an act of attempted suicide or serious self-harming behavior, *and* whose current medical or mental 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 responsibilities and shall remain in close proximity (within 8-12 feet) of the youth on L3 status directly in the line of sight during waking and sleeping hours and shall provide direct and continuous, uninterrupted visual and audio supervision of the youth. This includes those times when the youth attends court, outside medical appointments, school, recreation, visit the medical unit, participates in any non-Mental Health interview, or uses the shower or restroom. Staff assigned to a L3 Enhanced Supervision post shall not leave their assigned post without proper relief by another staff designated by the Shift Leader, Duty Supervisor, or 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 3 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. These peace officers include GSN, DSO, DPO, SDSO, or SDPO series staff.
- Staff that has worked the 2:00 PM to 10:00 PM shift or the 10:00 PM to 6:00 AM shift shall not, under any circumstances, be assigned (voluntarily or otherwise) to work the next consecutive shift and provide L3 supervision; Section 170 staff members shall not be assigned to

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supervise L3 status youth unless they are CORE and POST qualified and have the prior approval of the Director on duty.

- L3 youth placed on that status by the Duty Supervisor, Mental Health 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 initiating shift and throughout each subsequent eight (8) hour shift (or portion thereof) during the 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 settings in the HOPE Center, Assessment Center (AC)¹, Enhanced Supervision Unit (ESU)², or other specialized unit as circumstances require. Such separation is designed to allow for better direct supervision of the youth in a more 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 other specialized unit due to behavioral 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 their housing location, confined to their room during waking hours, or excluded from facility programming without written justification and/or authorization of DMH or JCHS staff, or for security reasons as defined by Probation.
- L3 youth shall participate in recreation and attend school while on L3 status unless expressly prohibited from participating by DMH for clinical reasons, or Probation for safety and security reasons.
- L3 youth may not be assigned to work assignments, nor should they be

¹ Applicable to BJN facility only

² Applicable to BJN facility only.

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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 of two settings dependents on their current level or risk and/or behavior. These two settings are “Individual Supervision” or “Small Group Supervision.” The specific instructions for supervising youth in these settings during waking hours (6:00 AM to 10:00 PM) and sleeping hours (10:00 PM to 6:00 AM) are provided below:

Waking Hours Supervision of L3 Youth: Youth that have been placed on L3 Enhanced Supervision status will generally be supervised in Small Group (SG) settings during waking hours.

- When a youth is placed on L3 Supervision, they shall be assigned to their home unit, HOPE Center, Enhanced Supervision Unit, Medical Observation Unit, or other high-security or specialized supervision unit as designated by the Superintendent/Facility Director.
- Small Group Supervision of L3 youth may occur, but only in a dayroom, classroom settings 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 a dayroom 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 grouped closely together to facilitate direct and proximate visual and auditory supervision.
- In situations where two or more youth on Small Group Level 3 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 Small Group Supervision L3 status to leave the HOPE Center, Enhanced Supervision Unit, or Specialized Unit to attend court, participate in in-facility or out-facility medical or Mental Health appointments, or participate in a special visit (attorney visit, parent/guardian visit or other interviews) 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 rooms. When this occurs,

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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 is positioned immediately 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 view of the full bodies of both youth, including hands, wrists, arms neck and face of the youth through the two fully-open room doors.

Individual L3 Supervision Requirements during Waking Hours: Some youth on L3 status have a demonstrated pattern 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 segregation 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. This segregation may include placement in a room with the door fully open, provided the staff is positioned in close proximity (8-12 feet away at 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 in one of the three situations indicated below:

- Assigned to sleep in individual rooms with the room door open fully. One staff member may be assigned to supervise no more than two L3 Enhanced Supervision status 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 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' hands, arms, necks and heads.
- A small group of up to four L3 youth that qualifies for small group supervision may be assigned to sleep in the dayroom area in the HOPE Center, Enhanced Supervision Unit, or other specialized units under the direct, continuous supervision of a dedicated staff member that is immediately present in the dayroom area, has no other assignment and is assigned to provide uninterrupted direct visual and audio supervision

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of the youth.

(Meets standards set forth in Title 15, Section 1329 (d))

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 as both L3 and suicidal “S” by updating *PCMS*, the *unit Population*, and the *Grade Sheet*.
- The youth’s L3 status shall be noted on the facility’s *Alert Log*. This log shall be updated daily after collaboration between Probation and DMH.
- The youth’s L3 status and “S” codes shall be noted on the unit *Bed Chart*. A fresh *Bed Chart* shall be created and updated on a daily basis, and the old *Bed Chart* secured in a file in the facility.
- The youth’s *Behavior File* at the facility shall be annotated with a three-inch, red-colored “S” code on both the outside front cover and the left inside cover-sheet. The 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 the level of supervision by completing a Request for *Mental Health Consultation* form.
- A search of their clothing, person, and room, as appropriate, shall be conducted at the beginning of the AM and PM shifts and when the youth returns to the unit 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 change in behavior or need to change the level of supervision.
- DMH shall review supervision orders in consultation with the Probation’s *Alert Log Coordinator* and the JCHS Nursing Supervisor.
- Youth on L3 status shall be reassessed at least every twenty-four (24)

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hours or more often as clinically indicated by DMH.

- JCHS staff and/or the Duty Supervisor shall consult the on-call psychiatrist for any 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 and other specialized supervision or units where L3 youth are housed to ensure that appurtenances are not present, and if any are found, they are expeditiously removed.

1407 LEVEL 4 (L4) ENHANCED SUPERVISION REQUIREMENTS

Level 4 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 any youth on this level of supervision requires that the PCMS be updated with a “suicide” (“S”) code and that the youth be supervised in accordance with individual L3 supervision requirements.

While at the psychiatric emergency care facility and while hospitalized at any psychiatric care 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 Individual L3 status “Individual Supervision” requirements at all times.

Upon return to the facility, the youth’s L4 status level shall automatically change 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 the next business day. L3 status supervision precautions should continue upon entry into 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’s Alert Log. This log shall be updated daily after collaboration between Probation and DMH.

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- The youth's *Behavior File* 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; an *Enhanced Supervision Observation* Form shall be immediately initiated; and the facility's "*Alert Log*" updated with the youth's change in status.

(Meets the standards set forth in Title 15, Section 1437.5)

1408 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 segregation, escape risk, current offense or prior detention behaviors, etc.) are such that they require enhanced safety, security and supervision precautions to 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 Director/Superintendent shall designate these youth as "*Specialized Supervision Plan*" status; shall ensure that a *Specialized Supervision Plan* is created and implemented on the youth's behalf; and shall ensure that the youth's *Specialized Supervision Plan* status is noted on the facility's Alert Log.

The *Specialized Supervision Plan* shall note the specific type of specialized housing, searches, security, supervision and/or treatment practices, etc., that are to be afforded to the youth during waking and sleeping hours, respectively. The *Specialized Supervision Plan* shall also address visitation and movement requirements. Copies of the Specialized Supervision plan shall be placed in the youth's Behavior Chart and 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 maximum of thirty days from its initiation. For youth that require continuation of the *Specialized Supervision Plan* precautions, the facility Director may extend this *Specialized Supervision Plan* once, for an additional thirty days, by annotating, signing, and dating the original form. A new *Specialized Supervision*

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Plan must be created every 60 days for youth that will remain on a plan for a longer term.

Staff assigned to provide supervision for *Specialized Supervision Plan* status youth or who are assigned to work in units/locations where *Specialized Supervision Plan* youth are housed shall, 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 *Specialized Supervision Plans* in respective files and shall coordinate with the facility Director(s) daily to ensure they are updated, renewed or terminated as necessary and appropriate in accordance with the *Specialized Supervision Plan* timelines noted above.

The designation of a youth as *Specialized Supervision Plan* status requires that the PCMS systems, the *Behavior Chart*, the *Unit Population Sheet*, and the *Bed Chart* be updated with an "XX" code. When the youth is removed from *Specialized Supervision Status*, the "XX" code is to be removed from the above-noted documents.

Youth placed on this level of supervision shall be referred to as "*Specialized Supervision Plan*" youth. *Specialized Supervision Plan* youth shall be included on the facility's *Alert Log* and designated with an "XX" code in the "Enhanced Supervision Level/Probation" column.

Youth placed on a *Specialized Supervision Plan* may, at the direction of the facility Director/Superintendent, 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 a Specialized Supervision Plan: XX2
- For Level 3 Supervision while on a Specialized Supervision Plan: XX3

All youth on *Specialized Supervision Plans* shall have their current DMH status noted on the Alert Log next to their *Specialized Supervision Plan* code. There will be instances where the youth's Enhanced Supervision status and *Specialized*

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Supervision Plan 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:

- Each youth placed on a *Specialized Supervision Plan* with an XX3 supervision status shall have an *Enhanced Supervision Observation Form* initiated immediately upon being placed on XX3 and at the beginning of each subsequent shift that 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*.
- 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 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.

1409 CONTINUITY OF CARE FOR AT-RISK YOUTH

To ensure continuity of care for 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 *Specialized Supervision Plan* 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 facility having contact with youth.

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Placement on, adjustments to, and removal from the *Alert Log* is accomplished via a PCMS Update, a completed *Request for Mental Health Consultation form*, a completed *Mental Health Recording form*, or a *Specialized Supervision Plan*.

Reassessment of L2 Youth: Youth on L2 status shall be reassessed by a DMH clinician at least every seventy-two (72) hours. DMH supervisory 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 clinical 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 twenty-four (24) hours, or more often if clinically indicated, for the duration of their assignment to L3 status.

Youth who remain on L3 status shall have their L3 status reviewed every fifth day by a DMH supervising clinician to reassess the need for continued L3 status. The DMH Supervisor shall ensure that appropriate clinical documentation is present in the DMH chart 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 the L3 assessment processes outlined in Section 1406.

Step-Down Requirements for L3 Status Youth: L3 status youth stepped down (reduced) from L3 to L2 status shall remain in their current location/unit of assignment for a minimum of twenty-four (24) hours after their change in status and shall be supervised as L2 in that location. Within 24 hours of being "stepped down," the youth shall again be reassessed by DMH and cleared as appropriate for release to their regular living unit on L2 status if they were housed in the HOPE Center or other specialized unit. The youth shall thereafter be reassessed in accordance with the L2 assessment process outlined in this section.

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Step-Down Requirements for L2 Status Youth: L2 status youth who are stepped down (reduced) to L1 status shall be reassessed by DMH within three (3) calendar days of being “stepped down” to assess the youth’s mental state. The youth shall thereafter remain on a DMH caseload and shall be seen as clinically indicated, but at least once every 30 days until released from the facility.

Note: Youth may only 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 the Behavior File or PCMS System: Youth newly admitted youth to SYTF that, during a prior detention, were on L2, L3 or L4 status; or that has an “S” or “SI” code in their *Behavior File* or the PCMS systems, 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 step-down from that clinically-determined level in accordance with the step-down processes outlined above. If placed on L1 supervision status, the youth may be immediately placed in a regular housing unit or specialized unit setting (HOPE Center or Assessment Center, etc.) that is consistent with any Specialized Supervision Plan 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 SYTF that were observed by arresting officers, the IDC Officer, or admissions 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 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 processes outlined above. If placed on L1 supervision status, the youth may be immediately placed in a regular housing unit or specialized unit setting (HOPE Center or Assessment Center, etc.) that is consistent with any *Specialized Supervision Plan* the youth may be on.

Enhanced Supervision Requirements for Youth Placed on Level 2 or Level

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3 by Non-Mental Health Clinicians (Duty Supervisors, Administrators and/or Medical Staff) Pending Assessment by DMH Clinicians: 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 Medical Staff pending assessment by a DMH Clinician. When these situations occur, the youth shall be placed on L3 Enhanced Supervision status and shall immediately 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 housing unit or specialized unit setting (HOPE Center or Assessment Center, etc.) that is consistent with any *Specialized Supervision Plan* the youth may be on.

Ongoing Assessment of Youth Entering Facilities on Movements: Staff coordinating 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 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 visit to ascertain the emotional status 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 continuing safety. The staff shall immediately thereafter inform the Duty Supervisor of the youth's behaviors and prepare a Special Incident Report and a Request for Mental Health Consultation form. The Duty Supervisor shall be responsible for determining the most appropriate type of supervision and housing necessary to keep the youth safe pending assessment by a Department of Mental Health (DMH) clinician or transport to another facility or psychiatric facility.

1410 DUTIES OF STAFF

Duty Supervisor Responsibilities: 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*, on each regular eight-hour shift (AM, PM and 10/6 Shift).

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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.
- Oversee the shift-change-over with each staff designated for supervision of L2, L3, L4, and XX status youth in their unit, HOPE Center or off-site 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 shifts) prior to approving the previous staff's relief 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 off-going staff member's form is signed by the oncoming shift staff member prior to the shift exchange being concluded.
- 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 youth assigned to the various unit locations.

The Shift Leader (or GSN on the 10 PM to 6 AM shift), at the beginning of each shift, shall ensure that all emergency equipment assigned to the unit, which includes a first aid kit, a rescue breathing device, a biohazard kit, handcuffs, a working flashlight, and an emergency cut-down tool are in their proper place and 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 location. 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 maintains appropriate supervision techniques and proper positioning during their supervision of youth on

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enhanced or specialized supervision statuses.

General Staff Supervision Instructions: Staff assuming Enhanced or Specialized Supervision responsibilities shall be properly briefed regarding the youth's conduct during the previous shift and shall review, at minimum, critical behavioral 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 dayroom or individual room supervision are assigned to post positions and shall not leave their assigned post unless properly relieved by another staff member.
- Staff shall be aware of the location 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 6:00 AM to 2:00 PM and 2:00 PM to 10:00 PM shifts shall conduct a search of the youth's person and room prior to the Shift Leader approving the previous staff's relief from supervision duty. All articles accessible to or in the youth's possession that are determined to be potentially dangerous (including shoe laces, extra clothing, personal items, hair bands, plastic food service gloves, pencils, belts, certain undergarments, plastic containers with lotion and shampoos, toothbrushes, water bottles, etc.) shall be removed from the youth's possession as appropriate. The off-going staff shall assist with the supervision of the youth during the search processes.
- Searches shall be conducted in accordance with Probation Department 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 or other immediate areas of supervision for any reason without the direct authorization of the staff supervising the youth, the Shift Leader, or the Duty Supervisor. Staff providing supervision shall immediately utilize *Safe Crisis Management (SCM)* de-escalation and/or physical

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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.
- Staff shall ensure that the youth's hands, wrists, arms entire neck, and facial area shall be visible at all times. Youth shall not be allowed to cover their head, neck, 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 other personal computing or electronic devices, etc.) while assigned to supervise Enhanced or Specialized Supervision status youth.
- All movement and activity of the 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.
- Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs and activities which are available to other non-suicidal youth unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services, or activities for youth at risk of suicide shall be documented and approved by the facility manager.

(Meets the standards set forth in Title 15, Section 1329)

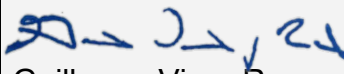
- Staff shall conduct themselves in a professional manner and shall employ a non-threatening manner of supervision that utilizes and reinforces an environment that is safe and structure-focused.
- All Enhanced and Specialized Supervision status youth confined to rooms shall routinely have their doors open at all times with the staff appropriately positioned in the doorway. Emergent situations (e.g., an assaultive youth), however, may dictate that the door be temporarily secured and the Duty Supervisor notified. Pending the arrival of the Duty Supervisor, staff shall stand at the window of the youth's room door and shall continuously observe the youth. Duty Supervisor shall assess the situation upon their arrival and provide direction to staff. Situations such as this shall be fully documented in a *Special Incident Report (SIR)*.
- Staff shall be alert to situations where youth verbalize an intent to harm themselves or initiate efforts to harm themselves, such as tearing clothing or bedding into strips, scratching on themselves, standing on

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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 action utilizing appropriate Safe Crisis Management 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 incident involving an Enhanced or Specialized Supervision status youth shall be immediately reported to the Shift Leader and documented on an *SIR* or *PIR*, as appropriate. Unusual incidents include, but need not be limited to the following:
 - Suicidal threats, gestures, and/or attempts.
 - Especially loud and/or exhibiting aggressive deviant type conduct.
 - Aggressive behavior (Threats, fights, and assaults, etc.).
 - Any incident involving Physical Intervention by staff.
 - Use of any Soft, Hard, or Plastic Restraints.
 - Attempted escape.
 - Refusal to eat.
 - Refusal to take medications, or the hoarding of prescribed medications.
 - Refusal to attend medical appointments.
 - Refusal to attend school.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) PRISON RAPE ELIMINATION ACT	Section Number: SYTF-1500
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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- 1502 DEFINITIONS
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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) PRISON RAPE ELIMINATION ACT	Section Number: SYTF-1500
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1501 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, 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 youth¹. Sexual abuse/sexual assault and sexual harassment of youth is prohibited by Federal and State law.

1502 DEFINITIONS

General Definitions²

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 subjective opinion but, instead, reasoned analysis based on the evidence.

Cross-Gender / Opposite-Gender Supervision: Supervision of the opposite sex youth.

¹ PREA Juvenile Facility Standards § 115.311(a)

² PREA Juvenile Facility Standards § 115.5

PRISON RAPE ELIMINATION ACT

Departmental PREA Coordinator³: 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, and within reasonable hearing distance of, the youth.

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.

Facility Head: The facility head is the manager that manages the entire facility. (BJN SYTF is the Superintendent, and DKC is 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 California Penal Code Section 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.

³ PREA Juvenile Facility Standards § 115.311(b)

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PREA Compliance Unit (PCU): This unit coordinates Department efforts to ensure 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)⁴: 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.

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

⁴ PREA Juvenile Facility Standards § 115.311(c)

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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.

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.

PRISON RAPE ELIMINATION ACT**SEXUAL ABUSE/SEXUAL ASSAULT/SEXUAL HARASSMENT DEFINED⁵****Sexual Abuse/Sexual Assault**

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 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; and
- 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 Probation Department 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 the buttocks, that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire.

⁵ PREA Juvenile Facility Standards § 115.6

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- Any attempt, threat, or request to engage in the activities described in paragraphs of this section.
- Any display by a Probation Department staff, partner agency staff, contractor, contract employee, vendor, volunteer, or visitor of their uncovered genitalia, buttocks, or breast in the presence of youth.
- Voyeurism.

Sexual Harassment

Repeated and unwelcome sexual advances, requests for sexual favors, or 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 Probation 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.

1503 TRAINING AND EDUCATION**Probation Department Staff Education and Training⁶:**

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 Department juvenile facilities, all personnel shall be trained in the following:

- Probation Departments 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.

⁶ PREA Juvenile Facility Standards § 115.331 Employee training

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- 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.
- 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; and,
- Relevant laws regarding the applicable age of consent.

Newly hired, promoted, or re-assigned 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 an annual PREA refresher training.

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.

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- Sexual abuse evidence collection in confinement settings; and
- 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 Acknowledgement form (Prob. 1647).

Partner Agency Education and Trainings⁷:

The Department shall ensure that partner agencies, such as 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 exposure to youth in custody. Training shall require coverage of the same topics identified in the Probation Department Employee Education and Training section.

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; and,
- How and to whom to report allegations or suspicions of sexual abuse, sexual assault, and sexual harassment.

Volunteers and Contractors Education and Training⁸:

The Department shall provide volunteers and contractors education and/or training related to PREA commensurate with their roles and degree of exposure to youth in custody.

⁷ PREA Juvenile Facility Standards § 115.335 Specialized training: Medical and mental health care

⁸ PREA Juvenile Facility Standards § 115.332 Volunteer and contractor training

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- 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; and
- Educated on the process in which to report such incidents.
- All volunteers and contractors shall be provided with a PREA Compliance Volunteers and Contractors Education pamphlet⁹.
- Upon completion of the required training, volunteers and contractors shall be required to complete and sign the PREA Zero Tolerance and Training Acknowledgement form (Prob. 1647).

Copies of completed forms shall be submitted to the PREA Compliance Unit via email at: PROB.PREA.Compliance@probation.lacounty.gov.

Parent(s) / Guardian(s) Education:

The Department shall make available PREA educational materials to parents/guardians (i.e., PREA Parents/Guardians Education pamphlets and posters¹⁰) 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.

Youth Education¹¹:

⁹ PREA Volunteers and Contractors Education pamphlet <https://probation.lacounty.gov/prison-rape-elimination-act/>

¹⁰ PREA Parent/Guardian Education <https://probation.lacounty.gov/prison-rape-elimination-act/>

¹¹ PREA Juvenile Facility Standards § 115.333 Resident education

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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 both the dissemination of youth's facility handbook and the PREA Youth Education pamphlet¹².

- Admissions/intake personnel are required to indicate that 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., SYTF vs. 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.

Within ten (10) days of intake, Department staff shall provide comprehensive PREA education to all youth. The completion of youth education requirements shall be documented in the Orientation Checklist form.

1504 STAFFING PLANS¹³

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.

¹² PREA Youth Education <https://probation.lacounty.gov/prison-rape-elimination-act/>

¹³ PREA Juvenile Facility Standards § 115.313 (a)(b)(d)

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- 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 Director or Assistant Director/Regional Manager. This information shall be forwarded to the Bureau Chief and the PREA Compliance Unit.

Whenever necessary, but no less frequently than once each year, each facility, in consultation with the Departmental PREA Coordinator, shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph above of this section.
- Prevailing staffing patterns.
- The facility's deployment of video monitoring systems and other monitoring technologies; and,
- The resources the facility has available to commit to ensure adherence to the staffing plan.

1505 LIMITS TO CROSS-GENDER / OPPOSITE-GENDER VIEWING¹⁴

Youth are required to be provided opportunities to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender

¹⁴ PREA Juvenile Facility Standards § 115.315 (d)

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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.

1506 ACCOMMODATING YOUTH WITH SPECIAL NEEDS¹⁵

Each facility's senior manager or the authorized manager designee shall take appropriate steps to ensure that residents with disabilities (including, for example, residents 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 are 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.

1507 UPGRADES TO FACILITIES AND TECHNOLOGIES¹⁶

When planning any substantial expansion or modification of existing facilities, the facility senior manager 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 facility senior manager or the authorized manager designee, in collaboration with the Department PREA Coordinator, shall consider how such technology may enhance the facility's ability to protect youth from sexual abuse.

1508 THIRD PARTY REPORTING¹⁷

Each facility, at its entrance, lobby, or area in which the public has access, shall

¹⁵ PREA Juvenile Facility Standards § 115.316

¹⁶ PREA Juvenile Facility Standards § 115.318

¹⁷ PREA Juvenile Facility Standards § 115.354

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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 is also accessible on the Department's public website.

1509 SCREENING FOR 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 during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files¹⁸. 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 from certain other youth¹⁹.

The PREA RVAST serves as an objective screening instrument²⁰. Integration of the PREA RVAST into PEMRS is intended to prevent sensitive information is not

¹⁸ PREA Juvenile Facility Standards § 115.341(d); BSCC Juvenile Title 15 Minimum Standards § 1350.5

¹⁹ PREA Juvenile Facility Standards § 115.341(c); BSCC Juvenile Title 15 Minimum Standards § 1350.5(a-k)

²⁰ PREA Juvenile Facility Standards § 115.341(b)

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exploited to the youth's detriment by staff or other youth²¹. 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 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, youth require 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.

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

Screenings²²

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:

- Initial Intake Screenings: Within 72 hours of youth's arrival at any of the Departments' juvenile facilities, youth shall be screened using the PEMRS Initial Intake Screening form, which includes 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 unsubstantiated/inconclusive incident of sexual assault/abuse for both youthful victims and perpetrators. As Needed Screenings shall also

²¹ PREA Juvenile Facility Standards § 115.341(e); BSCC Juvenile Title 15 Minimum Standards § 1350.5

²² PREA Juvenile Facility Standards § 115.341(a); BSCC Juvenile Title 15 Minimum Standards § 1350.5

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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 post admissions process. The *As Needed Screenings* shall be completed utilizing the PEMRS Ad Hoc Charting Power form for Probation, subsection: PREA Risk for Sexual Victimization.

Referrals/Notifications:

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

- Complete and submit a mental health referral.
- Notify Director and/or Supervisor, and,
- 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, Probation 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.

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 most current Probation 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

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shall also receive visits by medical or mental health practitioners daily²³. 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 provided²⁴. Youth placed on administrative separation status shall be reviewed every 30 days to determine whether there is a continuing need for separation from the general population²⁵.

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 trainings. 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.

1510 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)²⁶. 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 decisions²⁷. All third-party and anonymous reports will be forwarded to the facility's designated investigators and/or the Internal Affairs Bureau's (IAB) Special Investigations Unit (SIU) ²⁸

Youth: Youth who have experienced sexual abuse/assault or sexual harassment or have knowledge, suspicion, or information about sexual abuse/assault or sexual

²³ PREA Juvenile Facility Standards § 115.342(b)

²⁴ PREA Juvenile Facility Standards § 115.342(h)

²⁵ PREA Juvenile Facility Standards § 115.342(i)

²⁶ PREA Juvenile Facility Standards § 115.361(f)

²⁷ PREA Juvenile Facility Standards § 115.361(c)

²⁸ PREA Juvenile Facility Standards § 115.361(f)

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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).
- 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 Ombudsman²⁹. And/ or,
- Contacting the State Office of Youth and Community Restoration Ombudsman³⁰.

Contract Employees/Vendors, Volunteers, or Visitors:

Report immediately to the Officer of the Day/Duty Supervisor or the authorized designee and document via affidavit, email, and/or any other means of written documentation any knowledge, suspicion, or information received and/or witnessed regarding any:

²⁹ PREA Juvenile Facility Standards § 115.351(a)

³⁰ PREA Juvenile Facility Standards § 115.351(b)

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- 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 a youth may be at substantial risk of imminent sexual abuse and/or sexual assault³¹.

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 staff³².

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).

1511 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, pursuant to Department policies regarding Suspected Child Abuse Reporting, and document any knowledge, suspicion, or information received and/or witnessed regarding any:

- 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 a youth may be at substantial risk of imminent sexual abuse and/or sexual assault³³.

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.

³¹ PREA Juvenile Facility Standards § 115.161(a)

³² PREA Juvenile Facility Standards § 115.364(b)

³³ PREA Juvenile Facility Standards § 115.361(a)

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- 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 eating³⁴.
- Complete a SCAR pursuant to current departmental policies regarding Suspected Child Abuse Reporting³⁵.
- Document the information in a Special Incident Report or Physical Intervention Report (SIR/PIR) following current departmental policies regarding such reports.

Officer of the Day 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.**
- 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.

³⁴ PREA Juvenile Facility Standards § 115.364(a)

³⁵ PREA Juvenile Facility Standards § 115.361(b)

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- Contact the local law enforcement agency of jurisdiction to initiate a criminal investigation.
- Prepare a Preliminary Incident Notification (PIN), ensure that the required notifications are completed.
- Contact the local Rape Crisis Center and request for 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, pursuant with current departmental policies regarding such reports ³⁶.

Facility Manager or the Authorized Designee Responsibilities:

- Notify the Bureau Chief.
- Refer the incident to the Special Investigation Unit (SIU)³⁷.
- Notify the PCU at PROB. 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 to 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 will take immediate action(s) to protect the youth³⁸.

Medical and Mental Health care responsibilities regarding sexual abuse/sexual assault:

³⁶ PREA Juvenile Facility Standards § 115.361(b)

³⁷ PREA Juvenile Facility Standards § 115.322(b)

³⁸ PREA Juvenile Facility Standards § 115.362

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- Each facility shall offer medical and mental health evaluations and appropriate treatment to all youth who have been victimized in a Los Angeles County Probation facility.
- 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.
- Medical and mental health services shall be consistent with the level of community care.
- A youth who is a victim of vaginal penetration while in the Department's facilities shall be offered pregnancy tests. 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.
- Youth who are victims of sexual abuse/sexual assault while in the Department's facilities shall be offered tests for sexually transmitted diseases.
- Treatment services shall be provided to the youth without financial cost and regardless of whether the youth names the abuser or cooperates with any investigation arising from the incident.

(Meets standards set forth in Title 15, Section 1324 (n))

1512 RESPONSE PROTOCOLS FOR INCIDENTS OF SEXUAL ABUSE/ASSAULT IN ANOTHER FACILITY (NOT A LOS ANGELES COUNTY PROBATION DEPARTMENT FACILITY)

Upon receiving an allegation that a youth was sexually abused/assaulted while confined at another facility, the Facility Head³⁹ that received the allegation shall be responsible for doing the following:

- Ensure that the youth have immediate access to mental health and medical services.

³⁹ PREA Juvenile Facility Standards § 115.363(a)

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- Ensure that a SCAR is completed pursuant to current departmental policies regarding Child Abuse Reporting ⁴⁰ .
- Within 72 hours after receiving the allegation,⁴¹ notification must be made to the head of the facility or appropriate office of the agency where the alleged abuse/assault occurred via email⁴² 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 Bureau Chief via phone and submit a PIN within one hour of reported allegation.
- Notify the PCU at PROB.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 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.

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/assault⁴³.

1513 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.
- Retaliation against youth or staff who reported such an incident.

⁴⁰ PREA Juvenile Facility Standards § 115.361(b)

⁴¹ PREA Juvenile Facility Standards § 115.363(b)

⁴² PREA Juvenile Facility Standards § 115.363(c)

⁴³ PREA Juvenile Facility Standards § 115.363(d)

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- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation⁴⁴.

Department staff who are first to respond, are responsible for the following actions:

- Intervene and stop the harassment.
- Separate the youth from the harasser and,
- Document the information in an SIR/PIR, pursuant to current departmental policies regarding such reports.

Officer of the Day 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 alleged victim is provided to Rape Crisis Center contact information for services.
- If incident alleges Department staff, partner agency staff, contractors/contract employee/vendor, and/or volunteers, who participated in the sexual harassment, prepare a Preliminary Incident Notification (PIN) and forward it to the Bureau Chief.
- Notify the PCU at PROB.PREA.Compliance@probation.lacounty.gov

Facility Manager or the Authorized Designee Responsibilities:

- Ensure that administrative investigation is completed and all required documentation is generated and collected.
- If incident(s) alleges Department staff, partner agency staff, contractors/contract employee/ vendor, and/or volunteers are involved.

⁴⁴ PREA Juvenile Facility Standards § 115.161(a)

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- Notify the Bureau Chief.
- Refer incident to 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 Department of Children and Family Services (DCFS), ensure the caseworker is notified.
- Ensure the victim's attorney of record is notified of the allegation⁴⁵.

1514 INVESTIGATIONS FOR SEXUAL ABUSE/ ASSAULT/ HARASSMENT

Facility management is responsible to ensure that an administrative investigation is completed or that a criminal investigation is referred to appropriate investigative agencies for all allegations of sexual abuse/assault/harassment⁴⁶. All investigations into allegations of sexual abuse/assault/harassment shall be completed promptly, thoroughly, and objectively, including third-party and anonymous reports⁴⁷. 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 will 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 will be postponed to not interfere with the criminal investigation as it may impede a prosecutor's ability to prosecute a criminal case.

Administrative Investigations

The administrative investigation process will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse/assault or sexual harassment are substantiated⁴⁸.

Administrative investigations will 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

⁴⁵ PREA Juvenile Facility Standards § 115.361(c)

⁴⁶ PREA Juvenile Facility Standards § 115.322(a)

⁴⁷ PREA Juvenile Facility Standards § 115.371(a)

⁴⁸ PREA Juvenile Facility Standards § 115.372

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testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings⁴⁹. 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 decline to pursue a criminal investigation for any reason, Facility Management will ensure that an administrative investigation be conducted or continued. Decline to investigate documentation must be included in the investigative report.

Criminal Investigations

Where sexual abuse/assault is alleged, the facility shall refer all such cases to SIU and/or Local Law Enforcement Agency who have received special training in sexual abuse/assault investigations in a confinement setting⁵⁰.

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 feasible⁵¹.

Substantiated allegations of conduct that appear to be criminal will be referred for prosecution⁵² by either SIU or Local Law Enforcement.

Facility Investigator Responsibilities

⁴⁹ PREA Juvenile Facility Standards § 115.371(g)

⁵⁰ PREA Juvenile Facility Standards § 115.371(b)

⁵¹ PREA Juvenile Facility Standards § 115.371(h)

⁵² PREA Juvenile Facility Standards § 115.371(i)

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Facility Investigators who have received specialized training in investigating sexual abuse/harassment in confinement setting are required to investigate each allegation:

1. 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.).
2. Interview alleged victims, suspected perpetrators, and witnesses. Documentation of interviews is required to be produced in the form of a completed affidavit or in a written statement by the interviewer.
3. 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 offenses⁵³.
4. Determine and document whether staff actions or failures to act contributed to the abuse/assault/harassment. If so, a referral to Internal Affairs Bureau must be submitted pursuant to department policies.
5. 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).
6. Submit completed Administrative Investigation Packet with all required attachments to the following for review:
 - a. Senior Director or the authorized designee.
 - b. PFCM.
7. Discuss and assist in making a final determination (Substantiated, Unsubstantiated/Inconclusive, or Unfounded) as to the findings of the completed investigation.
8. 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 allegation⁵⁴. The departure of the alleged

⁵³ PREA Juvenile Facility Standards § 115.371(c)

⁵⁴ PREA Juvenile Facility Standards § 115.371(d)

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abuser or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation⁵⁵.

If an investigation cannot be completed in 30 days, the facility investigator is required to document the reasons in specific detail and have the delay signed and approved by the Senior Director or the authorized designee and included 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., DSO Smith is out of the country and will not return until 'X' date).
- Evidence delays (e.g., Due to vendor delay audio recording from phone conversations will not be received until '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 to subsequent criminal prosecution⁵⁶.

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 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 allegation⁵⁷.

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 retention⁵⁸.

⁵⁵ PREA Juvenile Facility Standards § 115.371(k)

⁵⁶ PREA Juvenile Facility Standards § 115.371(e)

⁵⁷ PREA Juvenile Facility Standards § 115.371(f)

⁵⁸ PREA Juvenile Facility Standards § 115.371(j)

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Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements⁵⁹.

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 investigation⁶⁰.

Post Investigation Requirements

Once an investigation report is completed and reviewed by the Senior Director and the PREA Facility Compliance Manager (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 Facility management to ensure that corrective measures are addressed and returned promptly to the PCU.

Youth Notification Requirements

PFCM's and/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 Probation Department 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 unfounded⁶¹.
2. Following a youth's allegation that a staff member has committed sexual abuse/assault against the youth, the PFCM or the authorized designee

⁵⁹ PREA Juvenile Facility Standards § 115.371(l)

⁶⁰ PREA Juvenile Facility Standards § 115.371(m)

⁶¹ PREA Juvenile Facility Standards § 115.373(a)

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shall subsequently inform the youth (unless the Department has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the youth's unit.
- The staff member is no longer employed at the facility.
- The Department learns that the staff member has been indicted on a charge related to sexual abuse/assault within the facility; or
- The Department learns that the staff member has been convicted on a charge related to sexual abuse/assault within the facility⁶².

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:

- The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse/assault within the facility; or
- The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse/assault within the facility⁶³.

4. If an agency other than the Probation Department conducted the investigation, SIU will request the relevant information from the investigative agency in order to inform the youth⁶⁴.

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.

The Departments' obligation to report under this standard shall terminate if the youth is released from the Department's custody⁶⁵.

1515 PREA RETALIATION PROTECTIONS

⁶² PREA Juvenile Facility Standards § 115.373(c)

⁶³ PREA Juvenile Facility Standards § 115.373(d)

⁶⁴ PREA Juvenile Facility Standards § 115.373(b)

⁶⁵ PREA Juvenile Facility Standards § 115.373(f)

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In conjunction with the manual section- Anti-Retaliation Policy, Departmental PREA retaliation protections include all youth and Probation 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 PCU⁶⁶.

When alerted, facility management 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.
- Emotional support services for youth or staff who fear retaliation for reporting sexual abuse/assault or sexual harassment or for cooperating with investigations⁶⁷.

Note: Any use of separated housing to protect a youth who is alleged to have suffered sexual abuse/assault shall be subject to the requirements of Manual section: Classification and Housing Requirements⁶⁸.

For at least 90 days following a report of sexual abuse/assault/harassment, the PCU shall monitor the conduct or treatment of youth or Probation 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 Probation staff. When required, Facility management/leadership 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.

⁶⁶ PREA Juvenile Facility Standards § 115.367(a)

⁶⁷ PREA Juvenile Facility Standards § 115.367(b)

⁶⁸ PREA Juvenile Facility Standards § 115.368

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The PCU shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need⁶⁹. In the case of youth, such monitoring shall also include periodic status checks⁷⁰. The PCU's obligation to monitor shall terminate if the agency determines that the allegation is unfounded or the protected youth is released from custody⁷¹.

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 retaliation⁷².

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.

1516 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 youth-on-youth sexual abuse/assault or following a criminal finding of guilt for youth-on-youth sexual abuse/assault⁷³.

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 possible⁷⁴.

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 imposed⁷⁵.

⁶⁹ PREA Juvenile Facility Standards § 115.367(c)

⁷⁰ PREA Juvenile Facility Standards § 115.367(d)

⁷¹ PREA Juvenile Facility Standards § 115.367(f)

⁷² PREA Juvenile Facility Standards § 115.367(e)

⁷³ PREA Juvenile Facility Standards § 115.378(a)

⁷⁴ PREA Juvenile Facility Standards § 115.378(b)

⁷⁵ PREA Juvenile Facility Standards § 115.378(c)

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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 Management 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 to access to general programming or education⁷⁶.

The facility may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact⁷⁷.

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 allegation⁷⁸.

The Probation 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 determines that the activity is not coerced⁷⁹.

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 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 bodies⁸⁰.

Contract Employees/Vendors, Volunteers, and Visitors: Any contract employee/vendor, volunteer, or visitor who engages in sexual abuse/assault shall

⁷⁶ PREA Juvenile Facility Standards § 115.378(d)

⁷⁷ PREA Juvenile Facility Standards § 115.378(e)

⁷⁸ PREA Juvenile Facility Standards § 115.378(f)

⁷⁹ PREA Juvenile Facility Standards § 115.378(g)

⁸⁰ PREA Juvenile Facility Standards § 115.376

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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 the case of contract employees and vendors, the department shall report such incidents to the contractor/service provider and demand corrective action. A failure to comply to the Department's satisfaction could result in a termination of the contract agreement⁸¹.

1517 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 unfounded⁸².

Within 30 days of the conclusion of a sexual abuse/assault investigation⁸³, the PFCM or the authorized manager designee shall convene an incident review panel comprised of any necessary facility directors, supervisors, department investigators, and medical/mental health staff⁸⁴. 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 at the facility.
- If staffing patterns or physical barriers contributed to the abuse.

⁸¹ PREA Juvenile Facility Standards § 115.377

⁸² PREA Juvenile Facility Standards § 115.386 (a)

⁸³ PREA Juvenile Facility Standards § 115.386 (b)

⁸⁴ PREA Juvenile Facility Standards § 115.386 (c)

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- If the use of technology and/or physical improvements could have supplemented supervision⁸⁵.

The PFCM or the authorized designee shall submit the panel's findings to the Facility Senior Director, Bureau Chief and provide a copy to the PREA Compliance unit at PROB.PREA.Compliance@probation.lacounty.gov. The facility shall be required to implement recommended changes or document reasons for not implementing changes⁸⁶.

⁸⁵ PREA Juvenile Facility Standards § 115.386 (d)

⁸⁶ PREA Juvenile Facility Standards § 115.386 (e)

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) SUICIDE PREVENTION	Section Number: SYTF-1600
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH FACILITY TREATMENT (SYTF) SUICIDE PREVENTION	Section Number: SYTF-1600
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	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1601 INTRODUCTION

The Suicide Prevention Plan was developed in collaboration with Juvenile Court Health Services (JCHS) and Department of Mental Health (DMH) administrators. In compliance with its mandate to provide a safe and secure environment for the youth under its care, the Probation Department shall maintain uniform preventative measures and enhanced supervision protocols to proactively address self-injurious and/or suicidal behaviors in each facility. Staff must be aware of the various indicators of these behaviors that result in appropriate supervision precautions for affected youth, as well as the importance of timely referrals to DMH for their initial and ongoing assessments, classifications, and treatments. 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.

(Meets standards set forth in Title 15, Section 1329)

Any deputized Probation staff that becomes aware of or perceives that a youth intends to harm themselves or observes self-harming behavior(s) on the part of any youth shall immediately place the youth on Level 3 Enhanced Supervision status to ensure the youth's continuing safety. The staff shall immediately inform the duty supervisor of the youth's behaviors and prepare a *Request for Mental Health Consultation* form and *Special Incident Report* or *Physical Intervention Report* as appropriate. The Duty Supervisor shall be responsible for determining the appropriate type of housing and level of Enhanced Supervision (L2 or L3) needed to keep the youth safe pending assessment by a DMH clinician.

(Meets standards set forth in Title 15, Section 1329 (e)(1)(A) and (e)(2))

SUICIDE PREVENTION**1602 DEFINITION AND EXPLANATION OF TERMS**

To assist in better understanding the important components of the policy, the following terms are defined below. Staff shall be familiar with them and use them as an aid in understanding the policy.

Alert Log: Youth who are potentially or actively at risk of self-harm or suicide (L2, L3, and L4 Enhanced Supervision statuses) or that require other specialized supervision precautions shall be noted on each facility's *Alert log*. A new *Alert log* is created each day in each facility and provided to all staff and agencies encountering youth at the facility.

Duty Supervisor: The OD at BJN SYTF, the Supervising Transportation Deputy in the Transportation Section, and the Assistant Director (AD) at Dorothy Kirby Center 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 or operation. The duty supervisor shall be responsible for assigning staff to all units and specialized supervision posts within a facility.

Emergency Equipment: Each unit in the facility shall have emergency equipment, which includes a first aid kit, a rescue breathing device, a biohazard kit, a face shield, handcuffs, flashlight(s), and an emergency cut-down tool.

Level 1 Regular Supervision (L1): Level 1 supervision is the least intensive level of enhanced supervision and is afforded to all youth in the Probation Department's care who are not at risk of suicide or self-injury. It consists of staggered safety checks at intervals not to exceed fifteen (15) minutes between observations (at least four (4) per hour) of all youth housed in any dormitory, individual room, or dayroom area.

Level 2 Enhanced Supervision (L2): Level 2 supervision is an increased level of 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, these youth may present a constellation of risk factors that warrant an increased level of supervision.

Level 3 Enhanced Supervision (L3): Level 3 supervision is reserved for youth who are at high risk of suicide, either by threatening suicide with a clearly articulated plan for achieving suicide and the means to carry the plan out or by

SUICIDE PREVENTION

recently engaging in an act of attempted suicide or serious self-harming behavior, and whose current medical or mental state requires that they be separated from their regular living unit for a specified period. When youth are placed on Level 3 Supervision, a designated staff member shall remain in close proximity to the youth, directly in the line of sight during waking and sleeping hours, and provide direct and continuous, uninterrupted visual and audio supervision of the youth. This includes those times when the youth attend court, outside medical appointments, attend school, visit the Medical Housing Unit, participate in any non-DMH interviews, or use the shower or restroom.

Level 4 Enhanced Supervision (L4): Level 4 supervision indicates that the youth has been determined to be either actively suicidal or has engaged in serious self-injurious behavior and is in the process of being transferred to a higher level of care (psychiatric emergency care facility) for psychiatric assessment. Youth on L4 supervision status shall be supervised in accordance with L3 supervision protocols.

Mental Health Recording Form: This is a form utilized to advise facility staff of DMH's post-assessment findings and recommended level of supervision, housing, and activities for at-risk youth.

Shift Leader: The Senior Detention Services Officer (Sr. DSO) at BJN SYTF, the Senior Detention Services Officer in transportation and the Deputy Probation Officer in Dorothy Kirby Center 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 lead staff responsibility for that area.

Specialized Supervision: This level 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 behaviors or that require an individualized *Special Supervision Plan* to provide for ongoing safety and security of the youth while detained for a variety of reasons. Upon identification, the facility Director shall designate these youth as having Specialized Supervision status and shall ensure that a *Specialized Supervision Plan* is created and implemented on the youth's behalf. The Specialized Supervision Plan 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 movements into and out of various areas within the facility.

SUICIDE PREVENTION

The following measures comprise the Department's suicide prevention program for facilities:

- Training
- Understanding the Motivation for Suicidal or Self-Harming Behaviors
- Identification and Referral of Self-Harming Youth
- Interagency Communication Regarding Self-Harming Youth
- Intervention to Prevent Self-Harming or Suicidal Activities
- Reporting Suicide Attempts or Suicides
- Investigating Serious Suicide Attempts and Suicides
- Mortality/Morbidity Review Processes

1604 TRAINING

All facility staff who have regular contact with youth, including those who perform intake processes, shall initially be trained in the recognition, screening, and handling of potentially suicidal youth in CORE Training. Certified trainers within the Department provide the training. CORE Training shall consist of eight (8) hours of instruction, at minimum. Newly hired staff shall receive such training through the training academy. The CORE training shall include an understanding as to why the environments of juvenile correctional facilities are conducive to suicidal behavior; potential predisposing factors to suicide; high- risk suicide periods; warning signs and symptoms; identifying suicidal youth despite the denial of risk; a review of the Department's suicide prevention policy; use of the emergency cut-down tool; and the liability issues associated with successful suicides within custodial environments.

Staff that have completed their CORE training requirements and all DMH, medical, and education staff that have regular contact with juveniles in facilities 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's suicide prevention program. It shall also include a general discussion of recent suicide attempts or successful suicides, reinstruction in the use of the emergency cut-down tool, and liability issues.

SUICIDE PREVENTION

All sworn facility staff that have regular contact with youth in juvenile custodial facilities shall also receive Standard First Aid, Automated External Defibrillator (AED), and Cardiopulmonary Resuscitation (CPR) training at specified intervals.

(Meets the standards set forth in Title 15, Section 1329 (a) and (b)(2))

1605 UNDERSTANDING THE MOTIVATION FOR SUICIDAL OR SELF-HARMING BEHAVIORS

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 future suicide attempts. Suicide attempts by youth usually reflect a demand that life get better, not that it be over. Most youth are, in effect, trying to kill the problem and not themselves.

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 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 behaviors. Escape may be the intention, but suicide becomes the potential mode.
- Control: 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 behaviors. 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 behaviors. Serious injury or death is not generally the intended outcome but may result when the relief afforded by self-injury is no longer sufficient.

Recognition of Risk

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Recognition of the communicated warning signs is the first element 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(s).
- Family history of suicidal behavior(s).
- Physical illness (including frequent complaints of illness).
- Substance abuse/addiction.
- Cultural prevalence (how a culture views and defines suicide).
- Sexual orientation (conflicting internal and societal messages).
- Suicide contagion (exposure to the suicidal behaviors 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 adjudication, etc.).
- Preoccupation with death (talking, reading, and writing about death).
- Making final arrangements (e.g., giving away prized possessions).
- Reminiscing about a dead person.
- Changes in behaviors, appearance, thoughts, or feelings.
- Feelings of hopelessness or helplessness.
- Social withdrawal, isolation (e.g., loss of involvement in interests or activities).
- Increased risk taking.
- Sudden weight or appetite change.
- Inability to concentrate or think rationally.

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- Sleeplessness or sleepiness.
- Increased irritability or anger.
- 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. As such, they indicate the possibility of suicide but are not viewed as definitive predictors. The more the symptoms point toward an overall and 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 he or she is contemplating suicide. If the youth indicates they are contemplating harming themselves, the staff shall immediately initiate appropriate self-harm and/or suicide precautions (supervision and housing) to keep the youth safe pending assessment by a DMH Clinician. The duty supervisor shall be contacted immediately and advised of this situation.

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 considering the following:

Current Suicide Plan: Plans and preparation 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 expressed means also increase the risk considerably.
- How prepared is the youth to commit suicide? Consider if the method allows for reversal but does not discount reversible actions. The youth

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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 that self-destructive actions were acceptable to the youth. Staff should ask the youth what happened previously and if the prior attempt makes a current attempt a more acceptable option.
- Does the youth want to talk to someone? Support systems can sustain an individual during stressful periods in life. For those without internal support systems (e.g., self-confidence, etc.), external resources become crucial. Staff should determine if the youth feels alone and isolated and what available resources and interventions would be acceptable to address their needs.

General Model for Understanding Suicide

Suicide is an interaction of the five components of this model:

- Population at Risk - Certain populations are at greater risk
- Stressful Events - Increase suicide risk
- Critical Response
- Decision
- Opportunity

Characteristics of the Population at Risk

- Highest suicide rate is males (ages 15-25)
- Lack of social support
- History of suicide (for self or family)
- Adolescents (especially substance abusers and those continually in trouble)
- Mental illness and/or drug addiction

Stressful Events

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- Anything that causes a problem or change in the youth's life, such as:
 - Assault
 - A setback in legal proceedings
 - Bad news from family
 - Discharge from a psychiatric hospital
 - Transfer (especially to a higher level of confinement)

Stressful events in general include:

- Death or illness of family or friend
- Illness (self)
- Other perceived losses or rejection
- Arrest or events leading to arrest.

Stress is very subjective and can be cumulative. Common critical responses to stressful events include:

- Feelings of helplessness, loneliness, fear and/or anger
- Expressions of agitation, self-hatred, and/or suicidal intent
- Inability to see alternatives or to feel pleasure.
- Fantasies of death
- Change in behavior or mood.
- Organize personal concerns (give away belongings)
- Lethargy, sleep problems, lack of interest
- Isolation/withdrawal
- Change in daily routine.
- Hostile rejection of help

Critical responses can be detected by observing, listening, and asking. 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., stating, "I wish I were dead") or more covert/subtler. For adolescents, suicide is often an

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impulsive act.

Decision and Opportunity

The 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 is the means and unsupervised time to commit suicide. There may be many opportunities that are not obvious, so careful and routine checks are essential.

The following are three essential steps to take after identifying a youth you think is suicidal:

- Immediately take steps to keep the youth safe pending other interventions.
- Obtain medical and/or mental health services.
- Increase the level of supervision.

1606 IDENTIFICATION AND REFERRAL OF AT-RISK YOUTH

What a youth says and how they behave during arrest, transport to the facility and intake is crucial in detecting 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 the anxiety or hopelessness of the situation. Onlookers such as family members and friends can often confirm previous behavior. Any pertinent information regarding the youth's well-being must be communicated by the arresting or transporting officers to the admissions staff.

Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services, and activities which are available to other non-suicidal youth unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services, or activities for youth at risk of suicide shall be documented and approved by the facility manager.

(Meets standards set forth in Title 15, Section 1329)

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In compliance with the mandate to provide a safe and secure environment for youth in the Department's care, all facility staff shall maintain awareness of suicidal or self-harming activities during admissions as well as during the youth's stay. Staff shall share information as necessary and make appropriate referrals to DMH staff. To better serve all youth entering the facility and to provide a safer environment, all youth shall be assessed for potential suicide risks utilizing the following:

- **Unified Arrestee Medical and Mental Health Assessment Form Process:** All youth shall be screened for risk of suicide at intake, including a medical and mental health assessment. For each newly admitted youth, the arresting agencies shall provide to the Intake and Detention Control Officer a *Unified Arrestee Medical and Mental Health Assessment* form, which contains written information regarding the subject youth's current medical and mental health status. This reporting form includes the arresting officer's (or jailer's) assessment regarding any self-injurious and/or suicidal behaviors exhibited by the subject youth while in their custody.
- The IDC Officer shall, upon approving the admission of the youth, provide the *Unified Arrestee Medical and Mental Health Assessment* form to the admissions staff. The admissions staff shall review the form and note any suicidal behaviors documented by the arresting agency. All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to DMH via a *Request for Mental Health Consultation* form. After reviewing the form, facility admissions staff shall place the *Unified Arrestee Medical and Mental Health Assessment* form on the inside left side of the youth's *Behavior Chart*. This document shall remain a permanent part of the youth's *Behavior Chart*.
- **Intake and Detention Control Interview Process:** The IDC Officer shall, as a part of the initial intake interview, question the youth regarding any potential or current self-injurious behaviors, suicidal behaviors, and/or past suicidal activities. If the youth indicates involvement in any of these activities, the IDC Officer shall verbally notify the admissions staff and the Duty Supervisor of the subject youth's statements and/or any observations and shall document the statements/behaviors on the facility entrance record. The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideation, behaviors, or attempts. The Duty Supervisor shall direct the admissions staff to refer the youth to DMH via

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a *Request for Mental Health Consultation* form.

(Meets standards set forth in Title 15, Section 1329 (b)(1) and (b)(3))

- **Initial Intake Screening Questionnaire Process:** Facility staff shall complete an *Initial Intake Screening Questionnaire* form for each youth newly admitted to the facility to screen for risk of suicide, medical/physical disabilities, and mental health concerns. This form shall be completed before the youth leaves the admissions area or is placed in a room in all instances. This form offers a series of yes/no questions to each youth relative to their medical/physical disabilities, mental health, and educational histories, inclusive of whether he or she has previously attempted or contemplated self-harm or suicide. Precautionary protocol: If the youth has been identified to be at risk of suicide, including admitting to any previous suicidal ideation, self-harming activities, or suicide attempts; or exhibits any suicidal ideations or behaviors, the youth shall be referred to DMH via a Request for *Mental Health Consultation* form and placed on an Enhanced Supervision Level 3 by the Duty Supervisor pending DMH assessment.

Admissions staff shall place a copy of the *Initial Intake Screening Questionnaire* on the inside 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.

(Meets standards set forth in Title 15, Section 1329 (b)(1), (b)(3) and (b)(4))

- **Probation Caseload Management System (PCMS) Review Process:** Admissions staff shall review PCMS to determine whether the youth was previously coded as a self-injury (SI) or suicide (S) risk or was on Level 2, 3, or 4 Supervision Status during a previous detention. If any are noted, the youth shall be referred to DMH via a *Request for Mental Health Consultation* form. The review of PCMS is required in addition to any communications and/or notations made by the IDC Officer on the *facility Entrance Record*.
- **Behavior Chart Review Process:** Admissions staff shall conduct a review of the youth's *Behavior Chart* to determine if the youth was coded as an SI or S risk or was on L2, L3, or L4 Supervision Status during a previous detention. If any are noted, the youth shall be referred to DMH via a *Request for Mental Health Consultation* form. Admissions staff shall also ensure that a 3-inch, red colored S code is annotated on the outside front cover and Inside left-hand-side cover sheet in the behavior file.

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- **Medical Admissions Screening Process:** JCHS nursing staff shall conduct a medical assessment of all newly admitted youth. As part of the admissions process, nursing staff shall inquire as to any current or previous self-harming and/or suicidal activities utilizing a psycho-social assessment tool. If any are noted, the youth shall be referred to DMH via a *Request for Mental Health Consultation* form. 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 DMH and the facility duty supervisor.
- **Mental Health Screening Process:** DMH staff shall conduct a mental health screening of all youth newly admitted to utilizing the *Massachusetts Youth Screening Inventory II (MAYSI-II)* within seventy-two (72) hours of arrival. The 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 clinician shall place the youth on an appropriate level of supervision (L 2 or 3), complete a *PCMS 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 to identify those who may have past or current self-injurious and/or suicidal tendencies. If the youth admit to any current or previous suicidal ideation, self-harming activities, suicide attempts or exhibits these behaviors, the youth shall be referred to DMH via a *Request for Mental Health Consultation* form.
- **Educational Screening Process:** LACOE conducts educational screenings on all youth admitted to facilities. Occasionally, during the process, youth will indicate either current or previous suicidal ideation and/or self-harming activities. When this occurs, the youth shall be referred to DMH via a *Request for Mental Health Consultation* form, and school officials shall contact the facility's duty supervisor and advise them of the situation.
- **Physical Examination Process:** JCHS physicians conduct physical examinations of newly admitted youth (off the street). As part of the physical examination process, physicians inquire as to 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* form. Physicians who feel the youth represents a suicide

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threat will coordinate with nursing staff to initiate L3 supervision processes. 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 Observations:** Throughout a youth's stay within facilities, staff shall be alert to any youth who engages 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 these 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 a DMH clinician.
- **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 to 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 the youth in the HOPE Center or Assessment Unit and whether a different level of supervision is necessary for the youth.

1607 INTERAGENCY COMMUNICATION REGARDING SELF-HARMING YOUTH

It is critical that arresting officers and staff from Probation, DMH, JCHS, and LACOE, as well as parents, guardians, and other caregivers, share information regarding the youth's past or present suicidal or self-harming activities so that appropriate precautions (supervision and housing) can be initiated to keep youth safe. The following practices have been implemented to facilitate the sharing of information:

- *Request for Mental Health Consultation Form:* In each instance when Probation, JCHS, or LACOE staff become aware of a youth's desire to harm themselves, 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.

(Meets standards set forth in Title 15, Section 1329 (c))

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- *Request for Mental Health Consultation for Youth Transferred to the HOPE Center, Involved in a Youth on Youth Violence or Safe Crisis Management 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 Safe Crisis Management 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 and forwarded 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 Form:* Each time a DMH clinician assesses a youth, the clinician shall prepare a *Mental Health Recording form* (i.e., green sheet), which shall generally indicate to Probation and JCHS staff the youth's current mental health state, any recommended changes to the current level of supervision, and any other information the clinician feels Probation staff should be aware of, to appropriately care for the youth.
- *Medical Chart Recordings:* Medical staff shall, as necessary, record in the medical record their observations of youth who are on L2 or L3 Supervision Status within the Medical Unit and shall indicate to DMH any observed change in behavior that may necessitate a change to the youth's level of supervision.
- *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 Alert Log*. The log shall be provided each morning via fax or e-mail to all individuals and agencies within the facility that have contact with youth. This log shall be updated daily after collaboration between Probation and DMH. Placement onto and removal from the Alert log is accomplished via a PCMS Update, a completed Request for Mental Health Consultation form, or 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, date placed on supervision level, name of clinician placing youth on level, and the date of the next DMH review, at minimum) of youth. Discrepancies shall be reviewed and corrected via the PCMS Update process. At all facilities, adjustments to the Alert log shall be coordinated between the duty supervisor, DMH, and JCHS as necessary and appropriate. After discussion and approval, the facility duty supervisor shall facilitate

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changes to the *Alert log*. There must be a new Alert log printed and posted each day, and copies of the old Alert log(s) retained in the facility Director's office.

- *Probation Caseload Management System Update Form*: Each time the level of supervision of youth is raised from Level 1 to Level 2, 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 clinicians are authorized to initiate PCMS updates for changes to supervision levels.
- *Facility Population and Grade Sheet*: Each time the level of supervision of a youth in a facility is changed either upward or downward, the facility's population sheets, and the duty supervisor's Alert log are to be annotated to reflect these changes.
- *Level 3/4 Enhanced Supervision Observation Form*: Each youth placed on L3 or L4 status shall have a Level 3/4 Enhanced Supervision Observation Form initiated and maintained on each shift during the youth's assignment to L3 or L4. This form shall be used to communicate to DMH or JCHS any change in 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 coordinating staff at the facility, at the direction of the duty supervisor, are responsible for coordinating the movement of youth shall be cognizant of suicidal and self-injurious youth, as well as L2, L3 and Specialized Supervision Plan youth that are scheduled for movement to court or medical appointments. These coordinating staff shall ensure that PCMS transmittals, or other transmittals, reflect these special codes and/or enhanced levels of supervision and that staff assigned to transport these youth (including LASD) are aware of the enhanced levels of supervision required. The movement coordinating staff sending the youth on movement shall notify the receiving facility that youth requiring L2, L3 and/or specialized supervision are being transferred to the receiving facility.
- Staff coordinating movements of youth into facilities should be especially alert to those youth not already on Level 2, Level 3 or Level 4 that 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 behavior and/or a desire to act out.

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Staff coordinating these 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 visit to ascertain the emotional status of the youth as best they can. If it appears that the 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:* Notwithstanding the previous requirements, movement coordinating staff, clerical admitting staff, and other staff, as directed by the facility Director, shall be responsible for reviewing incoming transmittals on all new transfers into the facility from other facilities to determine if any of the youth are currently assigned L2 or L3 *Enhanced Supervision Status* or are on a *Specialized Supervision Plan*. If any of these incoming youth are determined to be on L2, L3 *Enhanced Supervision Status* or *Specialized Supervision Plan* status, the movement coordinating staff at the receiving facility shall be responsible for notifying the facility duty supervisor regarding the youth's specialized supervision status so that appropriate supervision practices immediately initiated to keep the youth safe, pending assessment by a DMH clinician; initiate a *Request For Mental Health Consultation* form; and notify the facility's Alert log coordinator of the youth 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 forward to the receiving facility a Mental Health Transfer Summary consisting of, but not limited to, the following: Child/Adolescent Assessment form, MAYSI-2 results, Brief Symptom Inventory (BSI) forms, relevant medication logs and relevant progress notes pertaining to L2, L3 or L4 observations.
- *Shift Leader Briefings:* 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 will include a discussion of the Alert log and Mental Health Recording documents pertaining to youth in the living unit that may exhibit emotional and/or behavioral challenges, as well as a reminder to staff of their ongoing role in preventing self-harming or suicidal incidents. The shift briefing shall be documented in the shift leader's Shift Condition reports.
- *Individual Behavior Management Planning (IBMP) or Multi-Disciplinary Team (MDT) Meetings:* SYTF shall conduct regularly scheduled IBMP

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or MDT meetings during which identified 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 Probation, DMH, JCHS, and LACOE as necessary and appropriate.

- *Suicide Prevention Assessment Committee:* A portion of the weekly IBMP and MDT meetings at each shall be dedicated to the assessment, discussion, and classification of self-harming incidents that occurred during the previous seven-day period. The committee will also keep the minutes of these meetings and make recommendations for minimizing future attempts and eliminating identified physical hazards within the facility.
- *Court and Parental Notification of Self-Harming Activities:* Staff shall ensure that a youth's parents, the court, Probation officer, attorney of record, and/or social worker are notified of any serious self-harm or suicidal activities pursuant to Probation Directive 867 entitled Reporting Serious Injuries, Illnesses and Attempted Suicides to the Juvenile Court.
- *Suicide Prevention Code Blue Drills:* To ensure an efficient emergency response to suicide attempts, *Code Blue drills* shall be conducted throughout all Probation Department institutional facilities on a scheduled basis as directed by the facility Director. These drills shall be documented on Special Incident Reports and copies of these reports maintained in the facility Assistant Superintendent's office.

(Meets standards set forth in Title 15, Section 1329 (f))

1608 INTERVENTION TO PREVENT SELF-HARMING OR SUICIDAL BEHAVIOR

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 and screening (including appropriate housing and suicide supervision precautions) shall commence at the point of intake and continue until the youth is released from the facility.

The most important suicide prevention/intervention tool available to staff is the performance of required safety checks. This process is not to exceed random or varied intervals of fifteen minutes between safety checks for all youth and ten minutes for L2 status youth that are housed in rooms. Historical data regarding institutional suicides indicate that most suicides successfully completed in

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detention facilities are perpetrated by individuals that were not previously identified by authorities as being potential suicide risks. Accordingly, staff that are supervising youth intently, performing required safety checks, and providing appropriate supervision to youth assigned to L2 and/or L3 status are less likely to have a suicide attempt succeed while they are on duty.

Staff assigned to living units shall, at the beginning of each shift, ensure that all emergency equipment (which may include a first-aid kit, 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 are in their proper place and fully accessible for use in the event of an emergency. The presence of this equipment shall be recorded in the shift leader's *Sr. DSO Shift Condition Report*. 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 utilize treatment strategies, including trauma-informed approaches such as encouraging the youth to express their feelings to lessen their sense of isolation and anger while at the same time providing appropriate suicide supervision precautions. However, these are supportive measures only. As such, they should in no way interfere with or delay the processing of a DMH referral.

(Meets standards set forth in Title 15, Section 1329 (e)(1)(b))

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. DMH clinicians shall evaluate the youth as soon as possible and make a recommendation for an appropriate level of supervision for the youth.

The levels of on-site facility supervision allow for L2 and L3. In situations where a higher level of care is recommended, DMH shall refer the youth to a specialized CARE Unit, Enhanced Supervision Unit, or to an alternative (higher) level of care provided by a licensed secure mental health facility (pursuant to WIC 5150). Youth requiring ongoing specialized programming designed to minimize self-harm shall, as appropriate, be referred for assessment by the IMBP Committee.

(Meets standards set forth in Title 15, Section 1329(e)(1)(A))

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An immediate verbal notification of the assessment findings which increase the supervision levels for any youth to L2 or L3 or recommends the transfer of the youth to a higher level of care pursuant to WIC 5150, shall be immediately made to the duty supervisor by the DMH clinician either telephonically, or in person, followed by a 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 form* 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 number of different clinical and behavioral conditions, DMH must state the specific reasons for the order, accompanied by specific recommendations for the housing and management of the youth.

Mental Health shall distribute copies of the completed *Request for Mental Health Consultation form* to the facility Superintendent/Director, youth's home unit, duty supervisor, HOPE Center specialized unit currently housing the youth, JCHS, DMH office, and LACOE (if the referral came from LACOE).

DMH is generally the agency that places youth on Enhanced Supervision statuses. However, Probation, JCHS, or the court may independently place a youth on Enhanced Supervision status for the youth's safety, including 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 are no DMH staff on duty in the facility, Health Services shall consult with the on-call psychiatrist for 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.

Suicide Attempt Emergency Procedures: SYTF has established the following procedures 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 and follow Code Blue procedures whenever life-threatening suicide attempts are observed.
- Request back-up assistance from other staff before approaching the youth.

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- 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 then be employed and continued as necessary until medical staff or emergency fire paramedic personnel have arrived and assumed life-saving efforts.
- Back-up staff shall notify MC/RS or the facility's main security office of the emergency before aiding.
- Request fire department emergency services in all cases of serious attempted hanging, asphyxiation, or serious injury.
- Ensure that MC/RS or 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 aid.
- Facilitate medical staff and/or paramedic decisions regarding when and where the youth is to be moved and determine whether 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 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 DMH staff.
- If necessary, confine a self-injurious youth to their room for critical safety and/or security reasons pending the 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 through the room door window 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 medical staff and DMH for assessment.
- In serious situations, telephone DMH and request an immediate consultation for the 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 Special Incident Report or a Physical Intervention Report (if

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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 S is added to the system.
- Prepare a Request for Mental Health Consultation form and forward it to DMH.
- Chart all self-harming and suicidal behavior, including threats and gestures, as well as actual suicide attempts. The medical staff shall chart these incidents as well.
- Ensure that in each instance where a PCMS Update after a suicide attempt occurs, the youth's Behavior Chart is annotated, and a red S code is affixed to the outside front of the Behavior Chart in red lettering that is three inches in height. A like code shall be affixed to the inside left front cover sheet of the Behavior Chart.

(Meets standards set forth in Title 15, Section 1329 (e)(2))

1609 REPORTING AND INVESTIGATING SUICIDE ATTEMPTS OR SUICIDES**Reporting**

- The Duty Supervisor shall immediately notify the facility Director or Superintendent of any successful suicide, serious suicide attempt, or serious self-injury incident; the facility Superintendent/Director shall notify the respective Bureau Chief of the incident as appropriate. The Bureau Chief shall initiate a debrief and support measures for all staff affected by the event.
- The youth's parent or guardian shall be contacted as soon as practical and advised of the youth's behaviors/status. In addition, the court and the youth's Probation officer shall be advised of the youth's actions pursuant to *Reporting Serious Illnesses, Injuries, and Attempted Suicides*.
- The incident shall be referred to the facility's IBMP team or MDT for review and classification at the next scheduled meeting.
- The Superintendent/Facility Director or the authorized designee shall initiate DMH support for a youth affected by the event.

SUICIDE PREVENTION

Investigating Serious Suicide Attempts and/or Suicides

- If successful suicide occurs, local law enforcement shall be immediately notified.
- The facility Superintendent/Director shall ensure that full cooperation is provided to the local law enforcement agency charged with investigating the incident.
- The facility Superintendent/Director shall ensure that the Death in Custody report, as required by the Board of State and Community Corrections (BSCC), is completed and forwarded to the California Department of Justice.
- The Department shall conduct an internal investigation of these incidents.

1610 MORTALITY/MORBIDITY/SUICIDE REVIEW PROCESS

In the event of a completed suicide or a serious suicide attempt that requires medical hospitalization, a mortality/morbidity review process shall be initiated by the facility Superintendent/Director, which may include a psychological autopsy in the case of a fatality. A multi-disciplinary review team consisting of representatives from Probation, DMH, JCHS, LACOE, and other members as designated by the facility administrator, Bureau Chief, or Chief Probation Officer shall participate in this review. This review shall be conducted separately and apart from any internal or criminal investigation being conducted by other parties and shall be completed within 30 calendar days. The investigation shall address the following areas:

- A review of the circumstances surrounding the incident (i.e., who was involved, how it happened, what occurred, when it happened, where it happened, and why it happened)
- A review of compliance with procedures (i.e., what policies and/or procedures were in place to safeguard the youth and whether any were violated)
- A review of all relevant training received by the involved staff.
- A review of pertinent medical and mental health reports involving the youth, with a particular focus on those reports that indicate the youth was at risk of self-harm.
- A review of any possible precipitating factors that may have caused the

SUICIDE PREVENTION

youth to attempt self-harm or suicide.

- Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and internal operational procedures.
- After a serious suicide attempt incident occurs but no later than 24 hours, supervisory staff shall meet individually with any impacted youth and staff to review the incident and make an assessment regarding the need to make crisis counseling available. Supervisory staff shall contact facility administrators and DMH. DMH shall facilitate appropriate counseling services with the affected youth and staff as necessary.
- The facility Superintendent/Director shall provide a written report to the Bureau Chief regarding the incident.

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1701 INTRODUCTION

This section addresses access to care and services for youth, as well as the grievance procedures.

1702 ACCESS TO CARE/REQUEST FOR SERVICES

It is the policy of the Los Angeles County Probation Department, in cooperation with the California Code of Regulations Unit (CCRU), Juvenile Court Health Services (JCHS), and Department of Mental Health (DMH), that all youth detained in SYTF shall be provided the opportunity to confidentially convey through written or verbal communications their request for the following services:

- **Probation Services:** Includes religious services, haircuts, and other services (services that are not defined as medical or mental health, such as issues concerning housing, education, or program).
- **Medical Services:** Includes dental services.
- **Behavioral/Mental:** Health Services.

The facility manager or designee shall post signs describing access to care information throughout the intake area and living units.

Staff shall assist youth who have a literacy barrier with their request. 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– Procedures for Obtaining Interpretation Services.

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Staff shall relay requests from the youth and initiate the appropriate referral when a need for services is observed. When a medical, dental, and/or mental health concern appears urgent, staff shall contact the medical unit to notify them of the urgent matter, obtain approval from medical unit, clearance from RS staff, and take the youth to the medical unit as a "walk-in" for evaluation. The youth shall be given attention by licensed or certified healthcare personnel.

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.

(Meets standards set forth in Title 15, Section 1433)

1703 PROCEDURES FOR REQUESTING SERVICES

Youth Process for Service Self-Referrals

While youth may currently make requests to staff to facilitate medical, dental, and behavioral/mental health services, there are instances where a youth, for various reasons, does 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 checkmark next to the service requested.
- Printing their Name, Date of Birth, Unit, and Date on the form.
- Signing the form.
- Placing the completed form in the applicable box located in every unit.
- Forms for services include:
 - Probation Services- Complete a Request for Probation Services Form (Attachment A - Prob 1567, Rev 9/11)

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- Medical Services- Complete a Request for Medical Services Form (Attachment B)
- Mental Health Services- Complete a Request for Mental Health Services form (Attachment C)

CCRU, JCHS, DMH, and Grievance Officer- Procedures for Processing Youth Self Referrals for Probation Services

CCRU, JCHS, DMH, and the Grievance Officer shall facilitate the following procedures to ensure youth are able to access needed services at SYTF:

- CCRU to post Request for Probation Services Forms next to the Probation Request for Services and Grievance box in all living units, the school, the Medical Unit, the Visiting Center, the Court Holding area, and the Movement Control/RS areas.
- JCHS to post the Request for Medical Services and DMH to post the Request for Mental Health Services forms next to the medical/mental health box in all living units.
- CCRU, JCHS, DMH, and Grievance Officer ensure these forms are stocked and available on a daily basis.
- CCRU collects Request for Probation Services forms on a daily basis.
- The Grievance Officer refers the youth to the requested services immediately upon receipt of the grievance.
- Grievance Officer follow-up to ensure that requests for Probation services are responded to within 48 hours of receipt of the grievance.
- Grievance Officer investigates matters where services were not provided; refer youth to requested services or immediately refer the matter to the facility administration for handling when it is appropriate.
- The Grievance Officer documents a record of the grievance in the Grievance Management System (GMS); the grievance is auto-generated in PCMS Case Notes as submitted. PCMS auto-generates tracking of grievances at appeal and accepted levels, reflected in Case Notes.
- Provide information regarding the process to request Probation, Medical, and Mental Health services to each newly admitted youth during the orientation process.

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If a youth places the "Request for Medical Services" form in the Probation Request for Service and Grievance box, the Grievance Officer shall prepare a transmittal and provide the Request for Medical Services form to Juvenile Court Health Services (JCHS) medical staff as soon as possible but not later than 24 hours. The Grievance Officer shall keep the original of the 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 request for Services and Grievance box, the Grievance Officer shall prepare a transmittal and provide the Request for Mental Health Services form to the Department of Mental Health (DMH) health staff. The Grievance Officer shall keep the original of the signed transmittal as proof that the Request for Mental Health Services form was given to behavioral/mental health staff.

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 the youth must be seen immediately.
- Provide the Officer of the Day (OD)/RS Supervisor with the names of youth who will need to be seen in the nurse's clinic so that the OD or AD can arrange transportation.

Department of Mental Health (DMH) - Procedures for Processing Youth Self Referrals for Mental Health Services

- Collect Request for Mental Health Services forms not less than one time per day for processing.
- Provide OD/RS Supervisor with the names of youth who will need to be seen by DMH so that the OD/RS Supervisor can arrange transportation.

Youth will be provided access to available resources to meet their needs. Staff should encourage youth to request a referral for desired services and shall not deter, prevent, or discourage youth from utilizing this process to access services.

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ATTACHMENT A

REQUEST FOR PROBATION SERVICES FORM
FORMA DE SOLICITUD DEL DEPARTAMENTO DE LIBERTAD CONDICIONAL
 LOS ANGELES COUNTY PROBATION DEPARTMENT
 DEPARTAMENTO DE LIBERTAD CONDICIONAL DEL CONDADO DE LOS ANGELES

Name: _____ Date of Birth: _____ Unit: _____ Date: _____
 (Nombre) (Fecha de Nacimiento) (Unidad) (Fecha)

If you need medical services use "Request for Medical Services" form.
Si usted necesita servicios médicos, use la forma "Solicitud De Servicios Médicos"

If you need mental health services use "Request for Mental Health Services" form.
Si usted necesita servicios de salud mental, use la forma "Solicitud de Servicios de Salud Mental"

☐ I would like a hair cut – Necesito un corte de pelo.

☐ I would like to see a priest/chaplain. What religion? _____
 Necesito ver al sacerdote/capellán. ¿Cual religión?

☐ Other Need(s) (Otras necesidades)

Explain (Explicue):

Minor's Signature (Firma del Menor): _____

FOR STAFF USE ONLY – PARA USO DEL PERSONAL SOLAMENTE

Form Received By (Officer's Name): _____
 (Forma recibida por (Nombre del Oficial))

Date Received: _____
 (Fecha recibida)

Service(s) Provided (Servicios proveído): ☐ Yes (Si) ☐ No (No)

Date (Fecha): _____

If service not provided, what action was taken?
 ¿Si no recibió servicio(s), qué acción se tomó? _____

 Minor's Signature (Firma del menor)

 Date (Fecha)

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COUNTY OF LOS ANGELES



DEPARTMENT OF HEALTH SERVICES

Date, Time, Received by JCHS Nursing:

_____ Initial _____

Facility:

REQUEST FOR MEDICAL SERVICES
(SOLICITUD DE SERVICIOS MEDICOS)

IF YOU HAVE A MEDICAL EMERGENCY  NOTIFY PROBATION STAFF IMMEDIATELYSI TIENE ALGUNA EMERGENCIA MEDICA,  COMUNIQUESELO A SU CUSTODIO INMEDIATAMENTE

DATE: _____ TIME: _____ UNIT: _____
 (Fecha) (Hora) (Unidad)

Last Name: _____ First Name: _____ Date of Birth: _____
 (Apellido) (Nombre) (Fecha de Nacimiento)

REQUESTED SERVICE:NURSE ☐DOCTOR ☐DENTIST ☐

REASON (MOTIVO):

To Be Completed by JCHS Nursing

Date Request Form Reviewed: _____ Reviewed by: _____

ACTION/DISPOSITION☐ Nurse Triage/Assessment Date Performed: _____ By: _____☐ M.D. Clinic Appt. ☐ Dental Clinic Referral☐ Eye Clinic Referral ☐ Other (specify): _____

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ATTACHMENT C

REQUEST FOR MENTAL HEALTH SERVICES FORM
FORMA DE SOLICITUD DE SERVICIOS DE SALUD MENTAL

Name: _____ Date of Birth: _____ Unit: _____ Date: _____
(Nombre) (Fecha de Nacimiento) (Unidad) (Fecha)

If you need medical services use "Request for Medical Services" form.
Si usted necesita servicios médicos, use la forma "Solicitud De Servicios Médicos"

☐ I need to see a Mental Health counselor (psych.)
Necesito ver al Terapeuta de Salud Mental (psiq.)

NOTE: If you feel like hurting yourself, please tell the staff right now!

¡Si sientes querer hacerte daño a tí mismo, por favor avisa al personal inmediatamente!

Reason (Motivo):

ACCESS TO MENTAL HEALTH SERVICES IS AVIALABLE TO MINORS ON A DAILY BASIS.
ACCESO A LOS SERVICIOS DE SALUD MENTAL ESTAN DISPONIBLE DIARIAMENTE PARA LOS MENORES.

FOR STAFF USE ONLY – PARA USO DEL PERSONAL SOLAMENTE

Form Received By (Forma Recibida Por): _____

Date Received (Fecha Recibida): _____ Time(Hora): _____

Service(s) Provided (Servicio (s) proporcionado (s)): ☐ Yes (Si) ☐ No (No) Date (Fecha) : _____

If service not provided, what action was taken? (¿Si no recibió servicio(s), qué acción se tomó?)

Minor's Signature (Firma del menor) _____

_____ Date (Fecha)

Revised 4/7/11

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1704 SERVICES TO DEAF AND HEARING-IMPAIRED YOUTH

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 policy of the Probation Department 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.

The Probation Department has outlined procedures for ensuring effective communication and accessibility to Probation services and treatment options for deaf and hearing-impaired youth. These procedures are effective immediately and shall be followed by all Probation staff in the investigation, supervision, and treatment of any youth identified as deaf or hearing-impaired.

Admissions

During the admission process to SYTF, if it comes to the attention of admission staff that youth is deaf or hearing-impaired, staff shall:

- Complete the Intake Hearing Assessment Form and fax it to the Probation Ombudsman at (562) 940-0749 and the GLAD Monitor at (323) 550-4225 within 24 hours. Give original form to Movement Control for entrance into youth's Behavior Chart. (Movement Control shall ensure that hearing-impaired youth detained directly from court are delivered to intake for completion of the Intake Hearing Assessment Form).
- Document that the youth is deaf or hearing-impaired on the Entrance Record and in the Record of Supervision in the automated system.
- Contact Movement Control/RS and verbally inform them of the youth's disability, and document that contact on the Entrance Record.
- Arrange for the services of a qualified interpreter from the approved list of service providers to ensure effective communication with the youth during the intake interview.
- The intake interview may not proceed without the assistance of a qualified interpreter unless emergency or legal mandates require otherwise.

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- Record the information regarding the youth's deafness or hearing impairment on the Detention Report (which goes to the Court).
- Record on the SYTF Entrance Record when the service of an interpreter is requested and used during the interview and when a Telecommunication Device for the Deaf (TDD) is requested and used in contacting the youth's parent or guardian.
- Arrange for the sign language interpreter to remain with the detained youth during the intake and orientation process and during the waking hours in a living unit; accompany youth during court, medical, and dental appointments; accompany youth during school and religious services; and accompany youth during transfers between juvenile facilities.

At any time during this process, deaf and hearing-impaired youth shall have access to TDDs and/or a sign language interpreter. Once the MC/RS is notified or is made aware of the youth's condition, the OD/ RS Supervisor shall:

- Notify the division Director and Superintendent/ Facility Director in writing using a Special Incident Report (SIR) form. The SIR shall provide all known details or observations regarding the youth's deafness or hearing impairment.
- Forward a copy of the SIR to JCHS, the School Principal, and the Probation Department Ombudsman at Probation Headquarters to ensure the provision of reasonable accommodations.
- Record the use and name of the sign language interpreter in the youth's Behavior Chart.
- Note on the youth's Kardex file that the youth is deaf or hearing-impaired.

The Department shall give primary consideration to the requests of deaf or hearing-impaired youth in determining the type of auxiliary aid or service necessary. Primary consideration means that the Probation Department will defer, when possible, to the deaf and hearing-impaired youth's request.

If a youth declines interpreter services or auxiliary aids and can communicate effectively during the intake process, have the youth complete the statement declining services on the Intake Assessment Form. Once the youth declines services and signs the Intake Hearing Assessment Form, then services cannot be imposed on the youth.

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Orientation and Assignment to a Unit

The youth is given an orientation at the SYTF facility outlining rules, procedures, and services utilizing a qualified interpreter or other necessary auxiliary aids or services. The youth's signature is obtained on the Admission/Orientation Form, the *Orientation Checklist*, and the *Intake Assessment Form*. All three forms are kept in the youth's Behavior Chart. All rules and procedures that apply to the general population also apply to deaf and hearing-impaired youth. Deaf and hearing-impaired youth are assigned to a living unit that provides for increased supervision and staff support to ensure that their needs are met. A qualified interpreter shall be made available to allow the youth to communicate effectively during waking hours.

The admission staff member who conducts the initial orientation shall note on the *Admission/Orientation Checklist* when a qualified interpreter is used. For the duration of detention, the youth's assigned unit will log the daily use of qualified interpreters in the youth's *Behavior Chart*. A separate log, *Record of Aids/Services Requested*, will be maintained that includes the name of the Interpreter, the name of the Interpreter agency, and the time of interpretation.

Telephone Usage

For deaf and hearing-impaired youth, two TDDs are available at SYTF. One of the TDDs will be assigned to the youth's living unit. Ample time shall be allowed to access the TDD and to type messages. As with the general population, all calls are logged into PCMS and documented on a paper phone log.

Movement of Youth within Detention and Release of Youth

The OD/ RS Supervisor, using an SIR, shall document all transfers of detained deaf and hearing- impaired youth between facilities. A copy shall be forwarded to the Ombudsman within 24 hours of transfer. Reporting is required for any movement between juvenile facilities.

Reasonable accommodations shall be made for deaf and hearing-impaired youth prior to their release or transfer to other facilities. The OD/ RS Supervisor shall contact the other facilities to inform them when a hearing-impaired youth is being transferred and alert them that arrangements for accommodation must be in place. Upon transfer, the OD/RS Supervisor shall forward the SIR to the Ombudsman.

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Advance notice of movements of deaf and hearing-impaired youth is required to ensure that a qualified interpreter is available at the new location when the youth arrives.

Department Ombudsman

The Department Ombudsman is responsible for tracking services for deaf and hearing-impaired youth. The Ombudsman shall maintain a central repository of notification from all bureaus providing services or treatment for these youth.

Interpreter Services

The Department has contracted for sign language interpreting services. Staff are not to use family members or friends to interpret for deaf and hearing-impaired youth except in emergency situations. Only qualified interpreters shall be used. A list of providers who are approved by the Department to serve institutions or field operations can be obtained from the Department Ombudsman.

Only those contract providers listed as approved are to be used. The respective program Director or the authorized designee shall be responsible for arranging and tracking the use of their services.

The Ombudsman also has a TDD and is able to send and receive communications from the deaf and hearing-impaired at (877) 511-0118. Questions regarding the interpreter services may be directed to the Probation Ombudsman at (877) 822-3222.

Services to the Deaf and Hearing-Impaired: Approved Sign Language Interpreters Poster

Service posters shall be placed in a highly visible areas including Intake, in all IDC and Probation interview rooms, administrative hallways, MC/RS areas, living units, housing unit for the deaf and hearing-impaired youth, lobby, and public bulletin boards to ensure all deaf and hearing-impaired youth and their parents are familiar with the services that are available to them.

JUVENILE SERVICES**Intake Hearing Assessment Form**

IOC or Movement Control (in the absence of IOC) must complete for minors with hearing impairments.

Minor's Name _____ DOB _____ Minor's POJD _____

Hearing Assessment (Indicate "Yes" or "No"):

_____ Minor reviewed the hearing assessment information with the probation officer.

_____ Minor indicated having a hearing impairment (describe) _____

_____ Minor's behavior, such as not speaking or not indicating comprehension, or not responding when spoken to from behind, suggests that the minor may have a hearing impairment.

If the minor indicates a hearing impairment, but can not sign, and refuses interpreter services or aids complete below.
 _____ decline the services of an interpreter or hearing aids while in detention.

Signature: _____

Date/Time: _____

If any of the above is answered affirmatively and the minor requests services, complete the following:

(Accommodating Ideas 800-257-3783 or Fred Crews & Company Inc. 562-802-7971 or 562-865-0725)

_____ A qualified sign language interpreter or other auxiliary aid or service has been requested to complete the intake procedure with the minor.

Name of the person, persons, or organization called to request auxiliary aids or services: _____

Phone #: _____

Date and time called: _____

Circle Type(s) of Auxiliary aids or services requested: Interpreter TTY CCTV Amplifier

Hearing Assessment Determination: _____

Hearing Assessment Evaluator: _____

Name _____

Organization _____

Circle Type(s) of Auxiliary aids or services provided: Interpreter TTY CCTV Amplifier

Intake procedure occurred at: _____ Time: _____

Minor was kept in custody and will be detained at: _____

Form Completed by: _____ Phone# _____

Name (Printed Legibly) _____

Signature _____

Date _____

Once completed:

Fax to the Ombudsman at (562) 940-0749 within 24 hours.

Fax to the GLAD Monitor at (323) 550-6225 within 24 hours.

October-04 827

Original to Movement and Control for minor's behavior chart.

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1705 MONITORING OF SERVICES TO DEAF AND HEARING-IMPAIRED YOUTH

Department policy mandates reporting and tracking of services to deaf and hearing-impaired youth. The attached form shall be photocopied and used by all work locations to ensure uniform monitoring and tracking of said services. Tracking is required for SYTF.

Whenever a deaf or hearing-impaired youth is assigned to a work unit for supervision, the supervisor of the unit shall prepare a monthly report documenting the services provided. A facsimile is to be transmitted to the Ombudsman at (562) 940-0749 by the fifth day of the following month. The Director will maintain a copy at the work location for one year.

The monthly reports shall record the following:

- Any special devices or services rendered - including, but not limited to, hearing aids, interpreters, TDD-assisted telephone calls, strobe lights for fire alarms, and closed-captioned television sets.
- Dates that any services or devices are requested by youth. (Circle dates)
- Dates that any services or devices are provided. (Circle date.)
- Name and telephone number of service provider. (Telephone number not required if services are rendered by Probation staff)
- All movement dates and/or transfer dates to the new unit.

1706 OMBUDSMAN

HEARING-IMPAIRED POLICY MONITORING

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

OMBUDSMAN OFFICE

The Ombudsman Office can be accessed via the Ombudsman Hotline Monday-

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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); or email (ombudsman@probation.lacounty.gov).

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 resolving and/or initiating an investigation.

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

- Complete informal review of information received and provide acknowledgment receipt.
- Forward appropriate matters directly to Internal Affairs (IA) for a formal investigation and/or to 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 Internal Affairs- Special Investigation Unit (SIU) and/or appropriate Bureau/ Unit (i.e., Placement Permanency & Quality Assurance).
- Submit written notification of the matter to the appropriate Bureau representative within five business days.
 - Bureau representative to respond, in writing, to the Ombudsman Office within 14 business days acknowledging receipt and providing resolve 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.

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- If any matter is not resolved within two (2) weeks, a status report is forwarded to the Ombudsman Office every two weeks from the date of referral until resolute.

Complaint Handling Process for Probation Facilities

Probation Field Offices

Probation Field Office personnel receiving a complaint or concern shall obtain the nature and circumstance. If the employee is unable to resolve, the matter shall be referred to an appropriate Supervising Deputy Probation Officer (SDPO). Depending upon the circumstances and nature, the complainant or commenter may be referred to the office Director. Should the complainant or commenter request an alternative resolution in lieu of speaking to office 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 to the matter 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.

SYTF from Parent/Guardian/Stakeholder

Probation 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 shall be referred to the Officer of the. 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.

1707 CONTINUITY OF CARE FOR YOUTH

A fundamental goal of the SYTF is to provide a safe and secure environment for youth and staff within the facilities. Additionally, SYTF ensures all youth rights are protected.

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1708 STANDARD SERVICES

SYTF offers the following standard services that collaboratively assist in addressing the needs of youth:

- **Health Services** – Nurse's Clinics are conducted in each living unit a minimum of three times a day, during which time nurses dispense medications and see youth with medical concerns. Youth requiring a higher level of medical evaluation and/or treatment are referred to the daily Doctor's Clinic. Newly admitted youth receive a physical examination by an on-site physician within 72 hours of admission. Youth requiring dental treatment are referred to the Dental Clinic.
- **Mental Health Services** – Newly admitted youth are screened by on-site behavioral/mental health professionals as part of the intake process. If, during the initial screening, further assessment is necessary, youth are rescheduled for more extensive evaluation. Additionally, probation, medical, school, clergy, and other advocates may refer youth for mental health evaluations based upon a youth's behavior or history of illness.
- **Education Services** – The Juvenile Court and Community Schools, operated by the Los Angeles County Office of Education (LACOE) provides educational services AT SYTF. All youth who have not graduated or received their General Education Development (GED) certificate must attend school for a minimum of 300 minutes on a daily basis. Youth who have graduated will have the opportunity to attend college courses while at SYTF.

1709 CONFIDENTIALITY OF MEDICAL AND MENTAL HEALTH SERVICES

It is the policy of the Los Angeles County Probation Department that all detained youth have a right to privacy and confidentiality during Medical and Behavioral/Mental Health encounters consistent with HIPAA. The Medical and Behavioral/Mental Health process involves the disclosure of personal and sensitive information. Probation staff shall ensure that Medical and Behavioral/Mental Health sessions are free of distractions and afford privacy to the extent possible. Youth shall not be used to translate confidential medical information for other non-English speaking youth.

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(Meets standards set forth in Title 15, Section 1407)

NURSE'S CLINIC

The clinic is conducted in each living unit a minimum of three (3) times a day. Nurses dispense medication and see youth with medical concerns. Youth requiring a higher level of medical evaluation and/or treatment are referred to the daily Doctor's clinic.

- The nurse's clinic shall be conducted in the area designated by the Superintendent.
- All non-medical personnel, including youth waiting to be seen, shall remain away from the area where the Nurse's Clinic is being held.

MENTAL HEALTH REFERRALS

Each youth shall be afforded the opportunity for privacy when consulting with a Mental Health professional.

STAFF RESPONSIBILITY

In accordance with WIC 827, staff shall not share or discuss any confidential information obtained from Health Services or Mental health relative to a youth.

1710 BEHAVIORAL/MENTAL HEALTH SERVICES

To stabilize the movement of youth being treated by Mental Health and Health Services, the following procedures are to follow:

- Facility Mental Health Unit provides a weekly list to the Movement Coordinators of all youth on psychotropic medications.
- Youth on psychotropic medication and/or with special mental health needs are coded in PCMS as:
 - MHMBJ – Mental Health Treatment Barry J. Nidorf

These codes allow a youth to be housed at the designated facility until they are released or, moved pursuant to security-related concerns.

- When youth on Level 3 Supervision status (formerly called "Constant Supervision with Separation") are scheduled for movement for medical

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or court appointments, the Movement Coordinators and the Officer of the Day at the receiving facility are notified prior to the youth's movement. Deviation from this procedure shall only be approved by the Superintendent or the authorized designee.

- Youth identified with special medical needs may be placed on a medical hold by Health Services. Youth shall be coded for medical holds in PCMS as MEDCJ/MEDBJ (Medical Hold). These holds are treated similarly to housing orders. Once the youth is medically cleared, the housing code shall be removed from PCMS.
- It is intended that youth who are on psychotropic medication or receiving extensive ongoing mental health services remain, if appropriate, at the facility that initiated treatment.

Note: All youth should have their medical charts reviewed and cleared by Services before they are transferred out of a facility.

1711 INDIVIDUALIZED EDUCATION PLAN (IEP) / GENERAL EDUCATION DEVELOPMENT (GED)

In collaboration with LACOE, a plan has been implemented to accommodate youth needing IEP evaluations and testing. For the continuity of IEP development, youth are coded in PCMS as SEPCJ/SEPBJ (School Education Plan). Youth scheduled to take their GE remain at the facility until testing is complete. The on-site school provides a list to the Movement Coordinators of all youth taking the GED or needing IEP services. Once services have been completed, the housing code shall be removed from PCMS by clerical admissions staff.

1712 MOVEMENT COORDINATOR RESPONSIBILITIES

The role of each facility's Movement Coordinator is critical to SYTF's ability to ensure the continuity of care for youth receiving behavioral/mental health treatment, medical treatment, or specialized educational services.

No later than Friday of each week, Mental Health, Medical Services and LACOE are to submit to the Movement Coordinator a list of youth who are to be placed on hold. The Coordinator will place the youth on hold or will notify the Assistant Superintendent and the requesting parties of any youth who cannot be placed on hold (i.e., youth unfit for juvenile court, with court or medical appointments, etc.)

The Movement Coordinators are responsible for notifying the requesting parties of

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any youth who is on hold and is being transferred to another facility for Court or medical appointments.

The Movement Coordinators will generate an updated list of youth on hold each week and will distribute the list to all involved parties for review. Mental Health, Juvenile Court Health Services, and LACOE will review the list and notify the Movement Coordinator of youth no longer requiring holds or youth for whom requests for holds were submitted and whose names do not appear on the "Youth on Hold" list. The Movement Coordinator will ensure PCMS is updated and coordinate the return of any youth transferred out of the facility in error.

All Managers and Movement Coordinators will retain a copy of the updated list, which will include the following information:

- Name
- Date of Birth
- Assigned Unit
- Agency Requesting Hold
- Date of Hold
- Anticipated (Hold) Release Date
- Status/Comments

The list will be updated and distributed no later than Tuesday of each week.

1713 YOUTH GRIEVANCE PROCEDURES

Probation personnel shall assist the youth with completing and filing grievances upon youth's request.¹ Staff must 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, examples of which were provided in the preceding paragraph.

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 and digitally through the juvenile institutions'

¹ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(d)(2)

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electronic Grievance Management System (GMS) portal grievance process.

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.²
- Be provided with access to tools (i.e., pencils, computers, etc.) necessary to make a written report.³

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, visiting center, chapel, and Intake areas.

"Instructions for Completing the *Grievance Form*" are included in Attachment B.

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 confidentially⁴ and/or anonymously in one of the locked Grievance/Request for Services boxes mounted in the dayrooms of each living unit, dormitory, school, visiting center, chapel, intake areas, Medical Unit, or HOPE Center(s). The grievance is available electronically via the juvenile institution's electronic GMS grievance process on a variety of institutional computer systems/kiosks. Grievances can be submitted in hard copy and/or digital formats and through third-party reporting practices.

The Department does not impose time limits on when a youth may submit any

² BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(a)

³ Prison Rape Elimination Act (PREA) Juvenile Facility Standards §115.351(d)

⁴ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(b)

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grievance(s).⁵ 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.⁶ Youth may elect to be present to explain their version of the grievance to a person not directly involved in the circumstances which led to the grievance.⁷

Non-deputized personnel who receive a grievance shall immediately forward the grievance to the Officer of the Day (OD) or the authorized designee. Upon receipt, the OD or the authorized designee shall assign the grievance to staff at the lowest appropriate level to address.⁸

Grievance Officers or the authorized designee shall collect and process Grievance Forms from three (3) times a day, once during the AM shift, once during the PM shift, and once during the Night Shift (10 PM-6 AM) shift.

Note: *All grievances that relate to health and safety issues must be addressed immediately.*⁹ See section C, “Emergency Grievances.”

SYTF Electronic Grievance System: Grievance Management System (GMS) The facility’s electronic grievance GMS process is accessible to youth from a variety of computer access points and kiosks. Once a youth submits a grievance electronically GMS, an email notification is sent to the facility’s grievance email box. Designated facility staff (Grievance Officer, designated backup, Supervisor) who have been given access shall check their facility’s respective grievance email mailbox and print new and outstanding grievances submitted by 10:00 am each morning. The printed grievances shall be processed in the same manner as a hand-written grievance. Harassment or retaliation from other youth and/or staff resulting from the submission of a grievance will not be tolerated, and disciplinary actions may result.

Note: Youth have the right to bypass personnel who are directly involved or of whom the grievance/complaint is concerning.¹⁰ 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 which led to the grievance.¹¹

⁵ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361. Grievance Procedure / PREA Juvenile Facility Standards §115.352(b)(1)

⁶ PREA Juvenile Facility Standards §115.351(c)

⁷ BSCC Title 15 Minimum Standards for Juvenile Facilities § 1361(d)(1)

⁸ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(c)

⁹ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(d)

¹⁰ PREA Juvenile Facility Standards §115.352(c)(1)

¹¹ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(f)

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A. 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 of the complaint and shall process the grievances received as outlined below:

STEP 1: A youth completes a grievance (electronic and/or paper form) 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.

Note: Probation personnel 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 it to the Grievance Officer. Grievance resolutions are firm decision(s)/action(s) to do or not to do something. A recommendation shall not be considered a resolved grievance.

The Grievance Officer or the authorized designee will review and document whether the grievance is resolved or remains unresolved.¹²

If the youth grieve more than one (1) issue on the form, each issue must be individually addressed on the Grievance Form by the responsible agency associated to the issue.

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 wish 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 the authorized designee shall assign a Supervisor who was not directly involved in the circumstances that led to the grievance.

Note: In 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 the grievance. Also, in each step above, the responses to each grieved issue are to be made on the Grievance Form, including a description of the actions taken to

¹² BSCC Title 15 Minimum Standards for Juvenile Facilities § 1361 (c)

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resolve the grievance or a notation as to the reason why the grievance was unresolved.¹³ 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 date the grievance, provide the youth with a copy of the original grievance, and forward the completed grievance to the Unit 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 Division 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.¹⁴

At any level of the grievance process, including the final level, if the youth does not receive a response within the time allotted for a reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.¹⁵

NOTE: If the regularly assigned Division Director is unavailable to conduct the appeal hearing, the Superintendent shall appoint another Division Director to address the appeal.

B. 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.

¹³ BSCC Title 15 Minimum Standards for Juvenile Facilities § 1361 (e)

¹⁴ BSCC Title 15 Minimum Standards for Juvenile Facilities § 1361 (g)

¹⁵ PREA Juvenile Facility Standards §115.352(d)(4)

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

An emergency grievance shall be addressed immediately in the following manner¹⁶:

- 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 timely in accordance with 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 can be found in Prison Rape Elimination Policy.
- 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 refer to the Internal Affairs Bureau and/or Local Law Enforcement.¹⁷ The initial response and final decision shall document the Department's determination whether the youth is at substantial risk of imminent threat of continued abuse and the action taken in response to the emergency grievance.¹⁸ Referral to the investigation shall be considered as 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

¹⁶ PREA Juvenile Facility Standards §115.352(f)(1)

¹⁷ PREA Juvenile Facility Standards §115.352(d)(1-3)

¹⁸ PREA Juvenile Facility Standards §115.352(f)(2)

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egregious nature, such as those related to sexual abuse or excessive use of force, shall adhere to the notification requirements established by the Department's Preliminary/Follow-up Incident Notifications Procedures. Including, but not limited to, notifying the parent/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 complaint¹⁹; and
- The Grievance Officer or the authorized designee will ensure that such grievances are not referred to staff who is/are the subject of the complaint.²⁰

Health and safety grievances can take any form. Thus, Probation does not require youth to use any informal grievance process or to attempt to resolve a grievance classified as a health and/or safety grievance with staff. There shall be no time limits imposed on when a youth may submit a grievance regarding an allegation related to health and/or safety concerns.²¹

C. Anonymous Grievances

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

D. Third-Party Filings²²

Third parties, including staff members, family members, attorneys, other youth, outside advocates, the Probation Department 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

¹⁹ PREA Juvenile Facility Standards §115.352(c)(1)

²⁰ PREA Juvenile Facility Standards §115.352(c)(2)

²¹ PREA Juvenile Facility Standards §115.352(b)(1)

²² PREA Juvenile Facility Standards §115.352(e)

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documented in a timely manner.²³

The third-party complainant shall resolve the issue with a facility administrator or 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 ten (10) business days from the date of the initial complaint.

The Office of Youth and Community Restoration (OYCR) Ombudsperson²⁴ is also a third-party resource available for youth. 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 that they are in. OYCR Ombudsperson contact information:

- Telephone: 1 (844) 402-1880
- Email: OYCRombuds@chhs.ca.gov
- Write to: OYCR Ombudsperson, 1215 O Street, Sacramento, CA 95814

GRIEVANCE ACCOUNTABILITY

Supervisors shall review all grievances filed in the living unit 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 Division Director for review.

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

²³ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361

²⁴ The Office of Youth and Community Restoration (OYCR) Ombudsperson. <https://www.chhs.ca.gov/oocr/>

JUVENILE SERVICES**JUVENILE INSTITUTIONS GRIEVANCE OFFICER**

A Grievance Officer shall be assigned to SYTF. 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.²⁵
- Complete a Special Incident Report (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, 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.
- Meet with all youth who have filed grievances each week to ensure their grievances have been addressed.
- Enter grievance information into the Probation Information and Reporting System (PIRS).
- Maintain a current log of all grievances filed at SYTF.
- 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 ten (10) business days unless circumstances dictate a longer timeframe. In this case, the youth shall be notified of any delay.

²⁵ BSCC Title 15 Minimum Standards for Juvenile Facilities §1361(d)

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- Ensure that youth sign their completed grievances and receive copies.

FORMS

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

JUVENILE SERVICES**Attachment B****INSTRUCTIONS FOR COMPLETING THE GRIEVANCE FORM**

A. MINOR'S INFORMATION: The minor shall complete this Section by noting the following: name, date of birth, Facility Unit/Camp, what is the minor's grievance - where and when did it happen, what does the minor want to happen and signing and dating the Grievance Form.

B. GRIEVANCE DECISION: The staff receiving the grievance shall address the grievance and complete this Section of the form and noting whether or not the grievance was granted or denied, the date the grievance was handled, the action taken to resolve the grievance or the reason the grievance was denied (provide details), and print/sign name, print title (rank) and date the grievance.

NOTE: A clear notation of the action taken to resolve the grievance or the reason for the denial of the grievance must be articulated in this section. Grievances that have several issues to be addressed shall include a documented response for each issue individually in this section.

C. MINOR'S RECEIPT/RESPONSE TO DECISION: The staff or supervisor handling the grievance shall complete this section and document that they advised the minor of the grievance result, their name, title (rank), the date of the notification, note the minor's acceptance of the grievance result, whether the minor wishes to appeal the grievance, whether the appeal process was explained, ask the minor to sign the Grievance Form, indicate who the appeal is made and title (rank) of staff, make a photocopy of the completed Grievance Form, provide a photocopy of the completed form to the minor and give the original Grievance Form to the building SDSO or Camp SDPO. The SDSO/SDPO shall review the completed grievance and forward the completed Grievance Form to the Division Director for review and filing.

If the minor is not accepting of the grievance decision and wishes to appeal the decision to the supervisor, the staff is to check the box that indicates the minor wishes to appeal the grievance, explain the grievance appeal process to the minor, ask the minor to sign and date the grievance, note the name and rank of the individual (SDSO, SDPO or Director) the grievance is being appealed to, provide photocopies of the appealed Grievance Form, to the minor and the Division Director or Camp Director, and forward the original golden-rod-colored Grievance Form to the SDSO or Camp SDPO (or Director as appropriate) who will be handling the appealed grievance.

D. FOR STAFF USE ONLY: This section shall be filled out by the Juvenile Hall Grievance Officer or Camp Director. The Grievance Officer or Camp Director (or Camp SDPO designee) shall receive all completed regular and appealed grievances (except those alleging staff misconduct in juvenile hall), make personal contact with the minor, ascertain that the grievance has been addressed, indicate the grievance has been closed and date grievance closed, and ensure the minor receives a copy of the completed grievance, indicate the date the minor received a copy of the grievance, note that the grievance issue has been closed, note the date, enter the Grievance information into the Probation Incident Reporting System (PIRS) and indicate who the

JUVENILE SERVICES**Attachment B****INSTRUCTIONS FOR COMPLETING THE GRIEVANCE FORM**

the file and forward the original grievance to Grievance Officer for forwarding to the Superintendent for review.

G. SUPERINTENDENT'S/REGIONAL MANAGER'S REVIEW: The juvenile hall Superintendent or Camp Regional Manager shall, within three (3) business days of the Director's review and decision, review the grievance and check the box indicating either agreement with or disagreement with the Director's decision, note any changes in decision (under "Comments"), sign and date the appealed Grievance Form, check the box and provide minor with a photocopy to the minor, ask the minor to sign and date that he/she received a copy of the grievance and forward the completed appealed Grievance Form to the Grievance Officer for final processing and closure.

H. GRIEVANCE CLOSURE: The Grievance Officer shall receive copies of all appealed grievances that have been finalized (except those involving allegations of staff misconduct). The Grievance Officer shall note the date the finalized appealed grievance was received, print name, make personal contact with the minor, ask the minor to sign and date the finalized appealed grievance, provide the minor with a photocopy of the completed appealed grievance, provide the Division Director with a copy of the finalized grievance, enter the information into PIRS and forward the finalized original grievance to Superintendent's office for filing.

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County of Los Angeles Probation Department
MINOR'S GRIEVANCE FORM
(FORMA DE QUEJA)

(A) MINOR'S INFORMATION (INFORMACIÓN DEL MENOR)

Name (Nombre):	Date of Birth (Fecha de Nacimiento)	Facility Unit/Camp (Unidad/Campo)
What is your grievance; when and where did it happen? (Cuál es su queja; cuándo y dónde ocurrió?)		
If more space is needed, use additional forms (si necesita más espacio, use formas adicionales)		
What do you want to happen? (Qué es lo que quieres que ocurra?)		
Minor's Signature (Firma del Menor):		Date (Fecha):

(B) GRIEVANCE DECISION (DECISIÓN SOBRE QUEJA)

☐ Granted (Otorgado)	Date (Fecha)	Action Taken (Acción Tomada):
☐ Denied (Negado)	Date (Fecha)	Reason (Razón por que se nego):
Provide Details (De Detalles)		
Staff Name (Print)/Signature: (Firma de Personal):	Title: (Título)	Date: (Fecha)

(C) MINOR'S RECEIPT AND RESPONSE TO DECISION (RESPUESTA Y RECIBO DEL MENOR)

Staff Name (Print): (Nombre de Personal):	Title (Título)	Date (Fecha)
☐ Minor accepted grievance result and received copy (Menor acepto y recibió una copia del resultado de la queja).		
☐ Minor wishes to appeal the grievance (Menor desea apelar la queja)	☐ Appeal process explained Proceso de Apelación fue explicado	
Minor's Signature: (Firma del Menor)	Appealed to: (Apelado a)	Title: (Título)

(D) FOR STAFF USE ONLY - PARA USO DEL PERSONAL SOLAMENTE

☐ Grievance closed	Date:	☐ Minor received a copy:	Date:
PIRS entry #:	Entered by:	Reviewing Director's Name:	
☐ Grievance forwarded to (Select One): Queja remitida a (Seleccione Uno):	☐ SDSO/SDPO (Supervisor)	Date:	
	☐ Director (Director)	Date:	
	☐ Superintendent/Regional Manager (Director Regional)	Date:	

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Attachment B-1

GRIEVANCE APPEALS SECTION
(Sección de Apelar la Queja)**(E) APPEAL TO SUPERVISOR (Apele al Supervisor)**

SDSO/SDPO (print name) _____ Date Rec'd: _____ ☐ Granted
(Supervisor) (Fecha recibida) Decision (Otorgada)
(Decisión): ☐ Denied
SDSO/SDPO Signature (Firma del Supervisor) _____ (Negada)

Reason (Razón): _____

☐ Minor satisfied with the appeal result. Minor's Signature: _____ Date: _____
(Menor satisfecho con el resultado) (Firma del Menor) (Fecha)

☐ Minor wishes to appeal the grievance to the Director or Superintendent.
(Menor indica que desea apelar su queja al director)

☐ Minor received copy of grievance. Minor's Signature: _____ Date: _____
(Menor recibió una copia de la queja) (Firma del Menor) (Fecha)

SDSO/SDPO HAS VERIFIED THAT ALL APPROPRIATE SECTIONS ARE COMPLETED.

SDSO/SDPO (print name) _____ Date Rec'd: _____
(Supervisor) (Fecha recibida)

SDSO/SDPO Signature (Firma del Supervisor) _____

(F) APPEAL TO DIRECTOR (Apele al Director)

Director (print name) _____ Date Rec'd: _____ ☐ Granted
(Director) (Fecha recibida) Decision (Otorgada)
(Decisión): ☐ Denied
Director Signature (Firma del Supervisor) _____ (Negada)

Reason (Razón): _____

☐ Minor satisfied with the appeal result. Minor's Signature: _____ Date: _____
(Menor satisfecho con el resultado) (Firma del Menor) (Fecha)

☐ Minor wishes to appeal the grievance to the Superintendent or Regional Manager.
(Menor indica que desea apelar su queja al Superintendente o Director Regional).

☐ Minor received copy of grievance. Minor's Signature: _____ Date: _____
(Menor recibió una copia de la queja) (Firma del Menor) (Fecha)

(G) SUPERINTENDENT/REGIONAL MANAGER'S REVIEW (Revisión del Superintendente o Director Regional)

☐ I agree with the decision. ☐ I disagree with the decision and instruct that the following actions are taken:
(Estoy de acuerdo con la decisión) (Estoy en desacuerdo con la decisión y pido que las acciones siguientes sean tomadas)

Comments: _____

☐ Minor received copy of grievance. Minor's Signature: _____ Date: _____
(Menor recibió una copia de la queja) (Firma del Menor) (Fecha)

Superintendent or -Regional Manager's Signature: _____ Date: _____
(Firma del Superintendente) (Fecha)

(H) GRIEVANCE CLOSURE (Cierre de Queja)

Date final appeal received by Grievance Officer (Fecha la apelación final recibida por Oficial de Queja): _____

Print name of Grievance Officer: _____
(Nombre del oficial de quejas):

Minor's signature noting final receipt appealed grievance: _____
(Firma del menor anotando que recibió recibo final de la queja apelada)

Date (Fecha): _____

JUVENILE SERVICES**1714 Medi-Cal Administrative Activities (MAA)**

Each officer contributes to the continuity of care necessary to ensure a successful transition back into the community by identifying the youth's needs and linking them to an array of support services and making Medi-Cal Administrative Activities (MAA) Referrals. This process ensures that when the youth returns to the community, they will continue to receive similar services to those they participated in while detained.

The youth is assessed during the orientation process when they first arrive to SYTF. The assigned officer reviews the youth's family history, protective factors, and at-risk factors. Further, once assigned to a unit, the youth is provided with an officer/case manager to monitor their progress while detained. During each of these initial contacts, as well as during the periodic reviews, the officer/case manager will make electronic notations of the review of services provided. Additionally, during visitation, officer/case managers are encouraged to meet with the parents to discuss the programming, progress, and referrals that are available upon release. During the formal release process, the Family Resource Center officer/case manager processing the release shall provide the parents and youth with information of services available and/or suggested for the youth in the community, including Medi-Cal Services. To enroll youth in Medi-Cal Services, the officer shall provide the caretaker with the Medi-Cal application and phone number should they prefer to apply via telephone. The following information shall be tracked by each facility to account for the number of families receiving Medi-Cal enrollment packets.

- Youth's Name
- PDJ Number
- Date of Birth
- Release Date
- Date Medi-Cal packet provided
- Parent/Guardian name and contact information

Youth identified with significant educational or behavioral difficulties are also provided with an Individual Behavioral Management Program (IBMP) review. Staff from all partner agencies meet with the youth and parents/guardians (whenever

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possible) to share information relevant to the youth's needs and status, participate in goal setting, and produce a flexible, responsive case plan to guide the youth through their stay at SYTF. By identifying and linking the youth with services that the youth may need to achieve successful community reintegration, this coordinated and integrated treatment approach enhances the opportunities for positive outcomes for youth, families, and communities.

(Meets standard set forth in Title 15, Section 1324 (m))

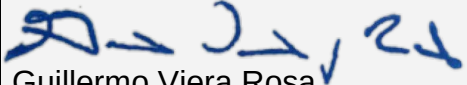
LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) ANCILLARY PROGRAMS	Section Number: SYTF-1800
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

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1801 INTRODUCTION

This section will provide detailed information on ancillary programs available at SYTF, including religious, medical, mental/behavioral health, and substance abuse treatment. All staff assigned to any of these programs, whether contracted or not, including all other personnel who are non-probation staff, are required to attend an initial orientation program. The orientation will include:

- An overview of the Probation 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, PREA and staff member 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 (including, but not limited to, policies regarding CORI).
- Introduction to staff and a tour of the assigned location. (Meets standards set forth in Title 15, Section 1324 (b and e).

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1802 VOLUNTEERS

All volunteers must be processed through the Volunteers in Service to Others (VISTO) office. The Program Services Coordinator at each SYTF facility, under the authority of the Superintendent/Facility Director or the authorized designee, is responsible for coordinating the volunteers' activities.

Volunteers provide many services but are not assigned group or individual supervision responsibilities or casework functions. They provide services in the following areas:

- Talking with individual youth or conducting group discussions on appropriate topics of interest to the youth.
- Tutoring and assisting youth in letter writing.
- Organizing and officiating at games and recreational activities under the supervision of the unit.
- Conducting groups in music, dance, and yoga.
- Conducting arts and crafts classes such as clay, macramé, and knitting.
- Providing Life-Skills Training.

Volunteers are required to:

- Sign in and out of the facility in the Volunteer Sign-In Log kept in Movement and Control.
- Wear visible visitor identification at chest level at all times while in the facility.
- Comply with departmental policies relative to maintaining confidentiality.

Volunteers under the age of 18 are not allowed without the approval of the Superintendent or the authorized designee. It is expected that staff shall cooperate fully with volunteers and provide support in their efforts to serve the youth.

Processing Volunteers through the VISTO Office

The Department's VISTO program was developed to coordinate the services of volunteers and to ensure appropriate measures for background checks and orientation. VISTO staff will coordinate the explanation and submission of medical claims related to the new Volunteer Insurance program. Volunteers seeking to work with the Department must comply with the following prior to beginning

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services:

- Volunteers must be directed to contact the VISTO Program at (562) 940-3773 to schedule an appointment for VISTO Program Orientation.
- No VISTO applications or VISTO enrollment processes should be conducted at any Department location prior to the VISTO program orientation.
- VISTO Program Orientation will include but is not limited to, completion of the Volunteer Enrollment Packet Requirements, initiation of the background clearance packet, and explanation of the County of Los Angeles Volunteer Workers Indemnification & Insurance Program.
- VISTO Program Orientation will also include the distribution of the new VISTO Timesheet and Instructions (attached), which must be reviewed and signed by site supervisors in accordance with the Volunteer Insurance program requirements. Supervisors will be responsible for submitting volunteer timesheets to VISTO on a monthly basis.

Volunteers who have successfully completed the VISTO clearance and orientation process will be assigned to or directed to a department location to provide services.

Volunteer Injuries and Medical Claims

Should any VISTO Program-approved volunteer incur an injury in conjunction with their department-related volunteer activities, the following steps should be taken:

- Emergencies should be handled by using 9-1-1 services.
- Assist the volunteer with access to medical treatment, which can be obtained from their private physician or other facility of choice.
- Advise the volunteer to contact VISTO Program Staff at (562)940-3773 to schedule an appointment to complete a CIGNA claim form.
- On-site staff must prepare an incident report and submit a copy to the VISTO Program as follows within 10 days of the alleged incident:

Los Angeles County Probation Department
VISTO Program, Attn: Supervisor
9150 E. Imperial Highway
Downey, CA 90242

Volunteer Worker's Indemnification and Insurance Program

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The Countywide Volunteer Worker's Indemnification and Insurance Program establishes a protocol for handling volunteer injury incidents and submitting volunteer medical expense claim forms.

Volunteers are to receive information on the County of Los Angeles Volunteer Workers Indemnification & Insurance Program prior to providing services within the Department.

The Volunteer Insurance Policy was designed to reimburse volunteers for medical expenses they incur in conjunction with the performance of their volunteer services with the Department. The Volunteer Workers Indemnification and Insurance program is subordinate to a volunteer's own insurance coverage. The County Volunteer Workers Insurance Policy is written by CIGNA Group insurance and enables volunteers to receive the following benefits when injured while performing volunteer services:

- Up to \$10,000 for accidental medical expenses.
- Up to \$500 for accidental dental expenses.
- Up to \$5,000 for accidental death and dismemberment.
- Volunteers can obtain medical treatment from their private physician or other facility of choice.

Provisional Clearance for Temporary Volunteers

It is the policy of the Department that a volunteer may be allowed provisional clearance to enter a SYTF facility to observe an activity or provide limited services or for special events.

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.
- Provisional Clearance for Temporary Volunteer(s) Form (Prob.1599/Rev. 5/17).
- Complete the Facility/Office's Agreement and Civil Claims Release

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Forms.*

*(It is the responsibility of SYTF 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/Facility Director shall conduct a first-level review (Approval/Denial) and scan/email the Juvenile Provisional Clearance for Temporary Volunteer(s) Form (Prob. 1599/Rev. 5/17) and the copy of the applicant's identification card to the Bureau Chief's office 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.

Provisional Clearance Requirements

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/CLETS
- APS
- PCMD
- LASD Inmate Information Center

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 scan/email, within three (3) business days of receipt of the request, to the Bureau Chiefs Office or the authorized designee notification that the applicant meets or does not meet the established Departmental guidelines.

BIU's determination shall be reviewed by the Bureau Chief for final provisional approval; approval shall be noted on the form, and a copy forwarded to the Superintendent/Facility Director (prior to the event).

All system background record check information obtained on a temporary volunteer is strictly confidential and is to be kept secure at all times.

Notification to Temporary Volunteer

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The Superintendent/Regional Manager 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 Background Unit for hiring purposes.

Day of Short-Term Visit

On the initial day of the short-term visit, Probation staff shall:

- Verify pre-approved scheduled visit/activity.
- Verify the identity of the visitor by checking valid government-issued identification.
- Provide instruction to the temporary volunteer regarding safety and security while in the facility.

Safety and Security

In order to ensure the safety and security of the youth and visitors in the facilities, Probation staff shall remain present during all activities with the youth.

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JUVENILE-PROVISIONAL CLEARANCE FOR TEMPORARY VOLUNTEER(S) FORM

Volunteer Name (First, Middle and Last):		
Organization Name:		
Organization Address:		
CDL # or ID # (attach a copy):	Ethnicity:	
Phone Number (Area code + Number): ()	DOB (Month, Date, Year):	
Visiting What Facility:	Date of Visit:	Time of Visit:
Purpose Summary:		
JUVENILE HALL SUPERINTENDENT OR CAMP REGIONAL MANAGER USE ONLY 1 st Level Review and Approval/Denial		
Reviewed by: _____ Date: _____		
☐ Approved ☐ Denied/Explanation: _____		
BACKGROUND INVESTIGATIONS UNIT USE ONLY		
I Background Record Check Completed on: _____ By: _____		
☐ Meets Background Guidelines ☐ Does Not Meet Background Guidelines		
FINAL PROVISIONAL CLEARANCE APPROVAL – BUREAU CHIEF USE ONLY 2 ND Level Review and Approval/Denial		
☐ Approved ☐ Denied/Explanation: _____		
Review and Approved by: _____ Date: _____		

Prob.1599 (Rev. 3/17)

ANCILLARY PROGRAMS**PROVISIONAL VOLUNTEER CLEARANCE LOG**

	REQUESTOR'S LAST NAME, FIRST, MIDDLE INITIAL	ORGANIZATION NAME	DATE OF REQUEST	DATE SENT TO BACKGROUND	DATE OF FINAL RESPONSE (SUPERINTENDENT/ REGIONAL MANAGER)	APPROVED		COMMENTS
						YES	NO	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

Prob. 1800 (Rev. 12/12)

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1803 RELIGIOUS SERVICES

The purpose of the religious program is to provide an opportunity for all youth to participate in worship services and practices, receive religious instruction, and enjoy the benefits of spiritual guidance in accordance with the teachings of their religious faiths. The religious program shall be conducted with due regard for the rights of the youth and their parents/legal guardians. The religious program shall also provide for the availability of religious diets whenever necessary.

Religious organizations, apart from the religious services and counseling they provide to youth, are administratively responsible, along with the VISTO office, for registering and orienting religious volunteers seeking access to the facility, for scheduling and coordinating religious services and programs, and for ensuring that facility safety and security regulations are observed.

Coordinating Volunteer Religious Organizations' Activity Limitations

Consistent with the Probation Department policy that no volunteer, religious person, or group is denied access to Probation facilities based on religious affiliation, the coordinating volunteer religious organization shall not:

- Deny access to religious volunteers or groups on the basis of religious affiliation.
- Require religious volunteers or groups to subscribe to the religious doctrine or practice espoused by the coordinating organizations.
- Require religious volunteers or groups to adopt membership in the coordinating organizations as a prerequisite to gaining access to the facility.

Coordinating Organizations

Religious services, instruction, and spiritual guidance are provided under the auspices and supervision of:

Catholic: Office of Detention Ministries
Archdiocese of Los Angeles
3424 Wilshire Boulevard
Los Angeles, California 90010-2241
Telephone: (213) 637-7000 Secretary
Fax: (213) 637-6161

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Jewish: Beit T' Shuvah
8831 Venice Boulevard
Los Angeles, California 90034
Telephone: (310) 204-8910
(310) 204-5200
(310) 204-8908 Fax

For Emergency Service:

Board of Rabbis
5700 Wilshire Boulevard Suite 2511
Los Angeles, California 90036
Telephone: (323) 761-8600 Office
(818) 363-5488 After hours
(323) 761-8603 Fax

Protestant: Chaplain's Eagles
16350 Filbert Street
Sylmar, California 91342
Telephone: (818) 364-5087
(818) 367-8938 24-hour Exchange

- Protestant Chaplain Services shall be the overseer of all other religious services that are non-Catholic or non-Jewish. The Protestant Chaplain shall be responsible for coordinating these other faith-based religious services through proper clearance procedures with the Department to ensure the youth's religious needs are met while adhering to appropriate protocols to ensure the safety of the youth is not compromised.
- Any person or group desirous of providing volunteer assistance in the religious program shall be referred to that agency or person in charge of the particular religious affiliation as stated above. Any assistance accepted shall be under the auspices and supervision of that particular unit and in accordance with Probation Department policies and procedures.
- These organizations shall provide their services to the Probation Department on a strictly voluntary basis and receive no monetary compensation for such services. If requested, the organization may be provided office space in each facility and may assign a person or persons of the organization's choice to work in that office.
- The coordinating volunteer organizations shall maintain complete and accurate records of all religious volunteers granted or denied access to the SYTF Facility. These records shall clearly document the reason why

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access has been denied.

- All such records shall be available for review at any time by the Chief Probation Officer or the authorized designee.

Operational Aspects

The VISTO office, under the authority of the Superintendent, in conjunction with the coordinating organization, processes and clears all religious volunteers in accordance with its procedures.

The Superintendent/Facility Director or the authorized designee shall monitor the administration and coordination of religious services at each facility to ensure compatibility with the overall facility program and conformity with departmental policy.

Procedures

When a youth enters detention, the religious denomination of the youth is recorded on the Kardex card at the time of admission. If the youth does not designate a religious denomination at the time of entry, this can be done later. A youth may attend one service of any denomination of the youth's choice once per week. A youth may request and be permitted to see any of the regularly assigned chaplains for counseling, regardless of their particular faith.

Participation by youth in any religious activity is on a purely voluntary basis. Behavior permitting, staff shall not deny youth the right to participate in religious services and religious counseling. Youth shall be allowed to participate in an activity outside of their room if they elect not to participate in religious programs.

Youth shall not be confined to their rooms solely because they choose not to attend worship services. Religious programs shall provide for:

- Opportunity for religious services and practices
- Availability of clergy
- Availability of religious diets

(Meets standards set forth in Title 15, Section 1372)

Staff members shall not minister or conduct any type of religious services.

ANCILLARY PROGRAMS**1804 MEDICAL SERVICES**

Juvenile Court Health Services (JCHS) personnel are responsible for providing health services to youth. They treat illnesses and injuries that may occur while a youth is in detention. Each facility shall assign at least one (1) healthcare provider to provide treatment and address any emergency, acute symptoms, and/or conditions in order to maintain or establish, to the extent possible, good health while a youth is in confinement. (15 CCR 1402)

To stabilize the movement of youth being treated by the Department of Mental Health (DMH) and JCHS, the following procedures shall be followed by the movement coordinators at facilities.

The Mental Health Unit at each facility shall provide a list of all youth on psychotropic medications. This list is to be updated and provided weekly to the movement coordinators, who shall update the Probation Case Management System (PCMS). It is essential that youth on Psychotropic medication or receiving ongoing mental health services remain at the same facility that initiated the treatment if movement presents a material disruption in the youth's care and treatment. Youth on psychotropic medication and/or with special mental health needs are coded MHTCJ/MHTBJ (Mental Health Treatment) in PCMS. These codes allow a youth to be housed at the facility indicated until they are released from SYTF or receive a disposition requiring housing at another facility. These youths are identified using a purple 8 ½ x 11 folder.

JCHS may place youth identified with special needs on medical holds. Youth shall be coded as MEDCJ/MEDBJ (Medical Hold) in PCMS. These holds work in the same manner as housing orders. Once the youth is medically cleared, the code shall be removed from PCMS by the Movement Coordinators.

Medical Privacy

Privacy and confidentiality are rights afforded to all youth detained in SYTF facilities within the context of safety and security. The medical/mental health process involves the disclosure of personal and sensitive information. It is the policy of the Los Angeles County Probation Department that all detained youth have a right to privacy and confidentiality during Medical and Behavioral/Mental Health encounters consistent with HIPAA. Probation staff shall make every effort to provide for medical/mental health sessions in areas that are free from distractions and afford privacy.

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- Nurse's Clinic shall be conducted in the area designated by the Superintendent/Facility Director.
- All non-medical personnel, including youth waiting to be seen, shall remain away from the area where the Nurse's Clinic is being held.

Mental Health Referrals - Each youth shall be afforded the opportunity for privacy when consulting with a Mental Health professional.

Staff Responsibility - In accordance with WIC 827, staff shall not share or discuss any confidential information obtained from Health Services or Mental Health relative to youth.

Admissions Screening

A medical clearance shall be presented by the arresting agency prior to admitting any youth who displays outward signs of intoxication, noticeable, serious physical injury, or psychiatric disorder or is known or suspected to have ingested any substance that could result in a medical emergency¹.

A nurse conducts a medical assessment immediately after a youth's arrival at the facility and has the discretionary power to deny admission or order a youth to remain in the medical unit until examined by a doctor. A doctor conducts a physical examination within 72 hours after the youth's admission to the facility. The arresting² or transporting agency shall remain at the facility until the nurse clears the youth for admission. Screening procedures shall include but not limited to:

- Medical, dental, and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility.
- Health conditions that require treatment while the youth is in the facility.
- Identification of the need for accommodations, i.e., physical or developmental disabilities, gender identity, or medical holds.

Exceptions from providing a medical clearance are Los Angeles County Probation admissions originating with a Field Deputy Probation Officer, a courtesy pick-up by law enforcement of youth at the request of Probation, and who has a "future" SYTF Admissions Entrance Record on file.³

¹ Applicable to BJN staff only.

² Applicable to BJN staff only.

³ Applicable to BJN staff only.

ANCILLARY PROGRAMS**Nurse's Clinic**

The clinic is conducted in each living unit a minimum of three (3) times a day, during which time the nurses dispense medication and see youth with medical concerns. Youth requiring a higher level of medical evaluation and/or treatment are referred to the daily Doctor's clinic.

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 is prohibited.

The assessment of an individual's medical needs can only be determined by a qualified medical practitioner. Under no circumstances are staff to ask youth the reason why they want to see the nurse or screen or make an assessment of the validity of a youth's medical needs and/or request to seek medical attention. Staff shall not discourage or prevent youth from taking prescribed medication, seeking medical attention, or attending scheduled medical appointments.

Prior to transporting youth for non-medical emergencies, staff are to ensure that the Medical Unit is contacted in advance and approval is received prior to bringing the youth over to the Medical Unit to be treated.

Doctor's Clinic

The clinic is operated on a daily basis and treats youth experiencing trauma or illness. In instances where more extensive medical treatment is required, the doctor shall make the necessary referral to other medical facilities. The clinic ensures that each newly admitted youth is given a physical examination.

Dental Clinic

The Dental Clinic handles most of the routine dental problems.

Medical Referrals

Medical referrals may be initiated by any staff. When making such referrals, the following procedures shall be observed:

- Probation staff shall immediately refer a youth who requests medical care or who appears to be in need of medical care to the nurse.
- Should a youth refuse or attempt to contravene any treatment, examination, or procedure for a serious or potentially life-threatening

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condition, Probation staff shall, upon consultation with medical personnel and the OD/Facility Director, increase the level of supervision.

- If a youth is committed to a hospital and held overnight, the OD/Supervisor or the authorized designee shall inform the parents by telephone within one hour of the commitment and indicate such contact in the OD Logbook/Shift report. If the telephone has caller blocking, the operator shall be called asking for assistance in dialing the number. In addition, the court shall be notified by the Information to Court Officer form.
- If telephone contact cannot be made with the parent/guardian, then the OD/Supervisor or the authorized designee shall:
 - Prior to transport, and if the youth is coherent, ask for the parent's work number.
 - Check with the youth's placement DPO, if from placement or if pending placement, to obtain a parent's work number.
 - Ask siblings or whoever may answer a home phone for another telephone number where a parent may be reached.

If all the above fails in contacting the parent, the OD/Supervisor or the authorized designee shall complete the Medical Unit Hospital Transfer Summary and mail it to the parent or guardian via U.S. Mail overnight delivery. A copy of the notification shall be placed in the youth's Behavior Record and in the OD/Supervisor file.

Requests for Non-JCHS Medical/Dental Care

All requests and concerns received from the Juvenile Court, a youth's attorney, family, or other sources that pertain to non-JCHS medical/dental care are to be immediately forwarded to the unit Supervisor. All Supervisors are required to send any requests or concerns for outside medical/dental care to the facility or unit Director.

Medical Consent

The Medical Director, in cooperation with the Superintendent/Facility Director, shall establish the requirements and forms of consent for health care examinations and treatment in accordance with state and federal laws. The requirements shall include procedures consistent with applicable law and include at a minimum (15 CCR 1434):

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- Instances where the youth's consent for testing or treatment is sufficient or specifically required.
- When consent should be documented in writing.
- When immunizations, examinations, treatments, and procedures require verbal or written informed consent in the community, they also require that consent from the youth.
- When to obtain parental consent and obtain authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code § 739.
- When consent is not required, and health care may be rendered against the youth's will (e.g., life-threatening conditions requiring immediate care, emergency care of patients who do not have the capacity to understand the information, certain public health matters).
- Conservators who may provide consent within the limits of their court authorization.

BJN SYTF

The provision of routine medical and dental care to youth requires consent and authorization from the youth's parents or legal guardian for youth under 18 years old. To obtain such permission, an Authorization for Medical Care form shall be completed and signed by a parent or legal guardian. The facility shall attempt to obtain signed medical consent from a youth's parent/legal guardian for each youth. The Medical Consent Coordinator (MCC) must make demonstrable attempts to receive medical consent from the youth's parent/guardian within the first 24 hours of admission into the facility. If The parent/Guardian 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:

Admission:

- The MCC assigned for each SYTF facility shall make three (3) telephonic attempts to acquire verbal consent from a parent or guardian within 24 hours of a youth's admission, including weekends and holidays. The MCC shall follow the established process outlined below under the section of Telephonic Medical Consents. The Superintendent

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shall ensure that a Medical Consent Coordinator is scheduled every day, including weekends and holidays, and during visiting hours. The MCC shall document all attempts to contact the parent/legal guardian as an Ad-Hoc PEMRS entry and by documenting in PCMS Case Notes>Medical Consent-Detained Youth>Medical Consent Coordinator-Barry J. Nidorf Secure Youth Treatment Facility (BJN-SYTF)

- On (Date/Time), the BJN-SYTF Medical Consent Coordinator obtained a signed Medical Consent from (name), (parent/legal guardians).
- On (Date/Time), the BJN-SYTF Medical Consent Coordinator was not able to obtain telephonic approval for medical consent as the parent/legal guardians refused or did not answer.

If, within the first 72 hours of admission the youth requires medical services and the MCC is unsuccessful in reaching the parent/guardians after three telephonic attempts, the Officer of the Day has the authority to provide authorization via a SIR.

Detention Report

Boy's Admissions shall attach a copy of the Medical Consent form (to the detention report).

Detention Hearing

The Court Officer shall complete the following at the Detention Hearing:

- Print the Medical Consent Log one (1) day prior to the Court hearing and identify the youth designated to appear in their respective Court Department.
- Attempt to obtain a signed medical consent form from parent/legal guardians for youth identified on the Medical Consent Log with no current Medical Consent form on file.
- Request Court order to allow Probation to authorize medical, surgical, dental, or other remedial care for youth should no parent/legal guardians appear at the Detention/Arraignment Hearing as indicated in the Detention Report. If ordered:
 - Mark the Medical Consent box on the Order to Detain/Release Youth (Prob. 342, Rev. 1/2019):

Medical Consent: County will pay any cost in connection with the placement or transportation of said youth pursuant to Sections 739 and 900-914 WIC. The

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Probation Officer is authorized to provide medical consent for youth to obtain medical, surgical, dental, or other remedial care.

Provide the signed Medical Consent form from parent/legal guardians or the order from the Court on the Order to Detain/Release youth (Prob. 342, Rev. 1/2019) to the Transportation Deputy or the Court Holding Tank staff. Document the following in PCMS Case Notes>Medical Consent-Detained Youth> Court Officers:

- On (Date/Time), the Court Officer obtained signed Medical Consent from (name), (parent/legal guardians).
- On (Date/Time), Court Officer was not able to obtain signed Medical Consent as no parent/legal guardians were available at Court, parent/legal guardians refused, or the parent/legal guardian left prior to the request for signature.
- On (Date/Time), the Court Officer requested and obtained an order from the Court to allow Probation to authorize medical, surgical, dental, or other remedial care for youth and document on the detaining order.

Court Officer shall complete the following at any other hearing where the Court orders a released youth detained:

- Attempt to obtain a signed Medical Consent form from parent/legal guardians.
- Request order from the Court to allow Probation to authorize medical, surgical, dental, or other remedial care should no parent/legal guardian appear at the Hearing: and if ordered:
 - Mark the Medical Consent box on the Order to Detain/Release Youth (Prob. 342, Rev. 1/2019):

Medical Consent: The county will pay any cost in connection with the placement or transportation of said youth pursuant to Sections 739 and 900-914 WIC. The Probation Officer is authorized to provide medical consent for youth to obtain medical, surgical, dental, or other remedial care.

- Provide the signed Medical Consent form or order from the Court on the Order to Detain/Release Youth (Prob. 342, Rev. 1/2019) to the Transportation Deputy or the Court Holding Tank staff.
- Document the following in PCMS Case Notes>Medical Consent-Detained Youth>Court Officers:
 - On (Date/Time), the Court Officer obtained signed Medical Consent from (name), (parent/legal guardians).

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- On (Date/Time), the Court Officer was not able to obtain signed Medical Consent as no parent/legal guardians were available.
- At court, parent/legal guardians refused, or parent/legal guardians left prior to the request for signature.
- On (Date/Time), the Court Officer requested and obtained a Court order to authorize medical, surgical, dental, or other remedial care for the youth and document the detaining order.

After Detention Hearing

- Transportation deputies or court holding tank staff shall return all medical consents on the Order to Detain/Release Youth (Prob. 342, Rev. 1/2019) to the appropriate SYTF facility; the MCC shall follow-up and check the Data and Document Exchange System (DDES) for the applicable minute order and indicate on the Medical Consent log if medical consent was obtained.
- The MCC shall immediately upload completed Medical Consent forms or court orders onto PEMRS.
- The MCC shall document the following in PCMS Case Notes>Medical Consent-Detained Youth>Medical Consent Coordinator-Barry J. Nidorf Secure Youth Treatment Facility (BJN-SYTF):
 - On (Date/Time), BJN-SYTF MCC obtained signed medical consent from (name), (parent/legal guardians)
 - On (Date/Time), the BJN-SYTF Medical Consent Coordinator was not able to obtain signed medical consent as no parent/legal guardian appeared in court; or parent/legal guardian refused, or parent/legal guardians left prior to the request for signature.
 - On (Date/Time), the BJN-SYTF Medical Consent Coordinator requested and obtained Court order to authorize medical, surgical, dental, or other remedial care for youth and document on the detaining order.
- If a youth is transferred to another facility or released, the MCC shall indicate the date of transfer or release on the Medical Consent log. If the youth was transferred to another SYTF/juvenile facility, the MCC at the receiving facility shall download a copy of the Medical Consent form from PEMRS. The MCC at the receiving facility shall add the youth's name along with the necessary information to the Medical Consent log. The receiving facility shall forward a copy of the medical consent to Medical

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Records.

- A new medical consent shall be acquired in every episode of admission regardless of length in custody. Medical consent shall expire one (1) year from the date the medical consent was signed. Youth who are detained for more than one (1) year continuously shall require new medical consent annually.
- The MCC shall obtain newly signed medical consent from the parent/legal guardians of a youth whose medical consent has expired while in the SYTF facility.
- If the youth is over the age of 18, the youth shall sign the medical consent for themselves.
- If no medical consent or court order was obtained due to the parent or legal guardians not being present in court, the MCC shall mail the Medical Consent form and a cover memo along with a self-addressed stamped envelope to the parent/legal guardians. The letter to the parent/guardians shall be sent via metered mail. The self-addressed stamped envelope shall also be stamped using metered mail.
- If a signed medical form is not received within seven (7) days of mailing the form to the parent/legal guardians and the youth is still detained, the MCC shall make two (2) attempts to contact the parents/legal guardians via telephone. Each telephonic attempt shall be seven (7) days apart. Attempts made to contact a parent/legal guardian shall be entered on the Medical Consent log by entering the dates and times of those contacts. The MCC shall document all attempts to contact the parent/legal guardians as an Ad-Hoc PEMRS entry and by documenting in PCMS Case Notes>Medical Consent- Detained Youth>Medical Consent Coordinator-Barry J. Nidorf Secure Youth Treatment Facility (BJN-SYTF):
 - On (Date/Time), the BJN-SYTF Medical Consent Coordinator obtained signed medical consent from (name), (parent/legal guardians).
 - On (Date/Time), the BJN-SYTF Medical Consent Coordinator was not able to obtain telephonic approval for medical consent as the parent/legal guardians refused or did not answer.
- On visiting days, the MCC or the authorized designee shall acquire medical consent from the parent/legal guardians who are visiting. The MCC shall indicate with an "X" on the population report which youth have

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medical consent on file. They shall also indicate on the population report which youth's parent/legal guardians refused to sign a medical consent. The MCC shall verify that medical consent for medical services is on file for youth receiving visitation. If missing, medical consent shall be requested from visiting parents/guardians. If medical consent is obtained, the MCC shall indicate on the Medical Consent log the date the consent was obtained. If a parent refuses to sign a medical consent, a Director or Supervisor shall consult with the parent/legal guardians, explaining the importance of having medical consent on file. The parent/guardian's refusal to sign the medical consent shall not preclude them from visiting. If a parent/legal guardians refuse, the MCC shall acquire court authorization through an Ex Parte court report.

Dorothy Kirby Center

The provision of routine medical and dental care to youth requires consent and authorization from the youth's parents or legal guardian for youth under 18 years old. To obtain such permission, an Authorization for Medical Care form shall be completed and signed by a parent or legal guardian. The facility shall attempt to obtain signed medical consent from a youth's parent/legal guardian for each youth. 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:

- The assigned caseworker 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 caseworker 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.
- If there is no Medical Consent form available, check with the nurse, or request the BJN MCC to upload the signed Medical Consent form into
- PEMRS, if available. If form is not attainable, the assigned caseworker 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 visiting; otherwise, the parent/legal guardian is to be instructed to send the Medical Consent

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form by mail.

- Upon acquiring a signed Medical Consent form, the caseworker 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 “caseworker/DPO.” If the parent/legal guardian does not bring the Medical Consent form during visiting, the caseworker shall follow up with the parents/legal guardians. If the parent/legal guardian refuses to sign a Medical Consent form, the caseworker shall indicate the parent/legal guardian's refusal on the form and notify the SYTF MCC via email. The caseworker shall also make a PCMS entry in Case Notes using a Case Note Type of “Medical Consent – Detained Youth” and Sub-Type of “caseworker/ DPO.”
- If a parent refuses to sign a medical consent, a Director or Supervisor shall consult with the parent/guardian, explaining the importance of having a signed medical consent on file. The parent/guardian’s refusal to sign the medical consent shall not preclude them from visitation. If a parent/guardian still refuses, the SYTF 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 caseworker.

TELEPHONIC MEDICAL CONSENT

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

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

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medical consent and if they agree to allow the Probation Department to provide medical care to the youth.

- If the parent/legal guardians agree to allow telephonic medical consent, the MCC or caseworker/DPO shall complete and sign the Medical Consent form as an indication that the parent/legal guardians have agreed to allow the Department to provide medical care to the youth. The MCC or caseworker/DPO shall also indicate with a checkmark on the parent/legal guardians approved medical consent by telephone, and the youth's information was verified by the parent/legal guardians.
- The MCC or caseworker/DPO shall include on the Medical Consent form the time and date signed, the telephone number, and the address of the MCC or caseworker/DPO.
- The MCC or caseworker/DPO 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 or caseworker/DPO shall continue to obtain the original signature on the Medical Consent form from the parent/legal guardians during visiting 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.

EX PARTE COURT REPORT

If a Medical Consent form is not obtained from the parent/legal guardians 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 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 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

ANCILLARY PROGRAMS**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 guardians, 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 youth needs dental care, a licensed dentist, and after due notice to the parent, legal guardians or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for the youth.

- The Caseworker or the authorized designee shall complete the Ex Parte report requesting the court to authorize medical care for the youth.
- A checkmark shall indicate the efforts that were made by the MCC to obtain medical consent from the parent/legal guardians. 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.
- The Caseworker or designee 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 WITH NO AUTHORIZATION FROM PARENTS OR 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 Probation Officer of the county in which the ward resides in, and it appears to the court that there is no parent, legal guardians, 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 guardians, or person standing in loco parentis, if any, order the Probation Officer to authorize the medical, surgical, dental or other remedial care for the youth by licensed practitioner, as may from time to time appear necessary.

- The MCC or caseworker/DPO shall complete the Ex Parte report requesting the court to authorize medical care for the youth.
- A checkmark shall indicate the efforts that were made by the MCC or caseworker/DPO to obtain medical consent from the parent/legal guardians. The dates and the types of efforts made to obtain the consent

ANCILLARY PROGRAMS

shall be indicated in the report.

- The MCC or caseworker/DPO 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.

REFUSALS

When a youth refuses health care:

- The youth shall be counseled regarding the potential consequences of refusal.
- The counseling and refusal shall be documented.
- The youth and/or parent/guardians, legal custodians, or next of kin and the qualified health care professional should sign the refusal documentation. If the youth and/or parent/guardians refuse to sign, it should be witnessed by another staff member and/ or medical personnel and noted on the refusal documentation.
- The Medical Director should review each refusal and consider options to protect the youth and any other person who may be affected (e.g., staff members, other youth).
- The refusal documentation, as well as documentation regarding the youth's mental status, shall be placed in the youth's health care record.
- Absent an emergency, the youth may refuse psychotropic medication without disciplinary consequences.
- The refusal may be revoked at any time and does not waive the right to any future care.
- The youth may refuse, verbally or in writing, non-emergency medical, dental, and behavioral/mental health care (15 CCR 1434).
- The youth shall not be punished for any refusal.

Procedures

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In the event youth refuses medical treatment, the following procedures are followed:

- The youth shall be counseled regarding the potential consequences of refusal.
- The Superintendent/ Facility Director or authorized designee shall be contacted and briefed regarding the refusal.
- The counseling and refusal shall be documented in PEMRS, and a case note should be entered in PCMS noting the refusal.
- The youth (if over 18) and/or parent/guardians, legal custodians, or next of kin and the qualified health care professional should sign the refusal documentation. The OD/Supervisor or authorized designee shall sign the refusal document as well.
- The Medical Director should review the refusal and consider options to protect the youth.
- If the Medical Director or Doctor on duty determines that the youth is in significant distress and treatment is necessary, emergency personnel shall be contacted, and the youth shall be transported to the closest medical facility for treatment.

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Attachment A



**GENERAL CONSENT FOR MEDICAL TREATMENT
PARENT, GUARDIAN, YOUNG ADULT 18 YEARS OR OLDER, OR EMANCIPATED MINOR**

Full Name of Youth/Young Adult: _____ PDJ # _____
(Last Name, First Name) (Filed in by Probation Staff)

Youth/Young Adult Date of Birth: _____ Age: _____ Social Security#: _____

Type of Medical Insurance: _____ Policy Number: _____

CHECK APPROPRIATE BOX BELOW

- I am a(n) ☐ Young Adult (18 years or older)
☐ Emancipated Minor

For Youth under 18 years of age

- I am the ☐ Parent (My child is under 18 years of age)
☐ Guardian (Attach copy of official certified letter of guardianship)
☐ Other person authorized to sign consent (Attach copy of applicable Court Order)
☐ Probation Officer Designee
☐ Department of Children & Family Services Social Worker
☐ Other Designee (Describe legal relationship; attach copy of Authorization indicating that Parent(s) or Court give permission for Designee to consent for the Youth's medical treatment)
☐ Legal Relationship: _____

PART A**CONSENT FOR MEDICAL CARE**

I, the undersigned Parent(s), Guardian(s), Probation Officer Designee, Other Designee, Young Adult who has reached the age of 18, or Emancipated Minor, hereby authorize and consent for:

Medical, Developmental, and/or Dental Health Care and Treatment to be given to the above-named Youth/Young Adult. If the Youth is under age 18, this consent applies to any such treatment or care to which the Youth is not legally allowed to consent. Such treatment and care are defined in Part B of this Consent.

This Consent covers treatment provided to the Youth/Young Adult while in a facility operated by the Los Angeles County Department of Probation, a public or private institution designated by the Juvenile Court, or any of the following County agencies which provide medical and dental services: Juvenile Court Health Services and the Department of Health Services, including its hospitals and clinics.

I acknowledge that I have reviewed this Consent form, understand its contents, and agree to its terms and conditions. I have had the opportunity to discuss this Consent form with County staff. Any questions I had about the terms of the Consent, or how this Consent affects my rights were answered to my satisfaction.

This Consent shall remain in effect for one year from the date it was signed.

Signature: _____ Date signed: _____

Print Name: _____

Address of Signer: _____

Telephone # of Signer: _____

Signed at: _____
(Court Location or Facility Name)

- ☐ Parent/guardian approved medical consent via telephone ☐ Youth's information verified by parent/guardian

ANCILLARY PROGRAMS**PART B****DEFINITION OF HEALTH CARE**

Medical, Developmental, and/or Dental Health Care can include, but is not limited to, all items listed below, or otherwise not permitted by law to be performed without consent:

- 1) Routine physical examinations upon admission or placement, to include blood tests, tests for tuberculosis (TB), immunizations, dental examinations, and pelvic examinations.
- 2) Medication administration.
- 3) X-ray examinations, laboratory procedures, use of local anesthesia, all other examinations for the purposes of medical or psychiatric diagnoses, and/or any other treatment deemed necessary by a licensed physician.
- 4) X-ray examinations, use of local anesthesia, all other examinations, and treatment deemed necessary by a licensed dentist.
- 5) Developmental, speech, occupational, and physical therapy evaluation, and educational and therapeutic interventions.
- 6) Photography for diagnostic, consultative, or therapeutic purposes.
- 7) Release of clinical information about the Youth to other clinical or childcare providers as needed, either to provide continuity of care or for purposes of treatment planning.
- 8) Inclusion of immunizations and TB test results in the California Immunization Registry (CAIR).

PART C**IMPORTANT NOTICES**

I understand that:

- 1) If I do not consent and the Youth is not allowed by law to consent to his or her own treatment, the Probation Department will attempt to obtain consent by Court Order, as required under California law in the Welfare and Institutions Code (WIC) sections 739 and 739.5.
- 2) The following procedures require a Court Order if a parent or guardian refuses to consent, or is not available to consent to treatment:
 - a) Non-emergency surgery
 - b) Use of general anesthesia (where Youth will be unconscious)
 - c) Spinal tap
 - d) Blood transfusion
 - e) Use of psychotropic medication

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- 3) In the event of an accident, serious illness, or dental emergency which requires consent of a parent or guardian, a reasonable effort will be made to contact ME as the parent or guardian responsible for the Youth on this consent form or the Youth's other parent or guardian, if the Youth is not otherwise allowed by law to consent. This effort will be made before medical or dental health care has begun, but only if time and conditions permit.
- 4) In an emergency situation, the Youth may be given treatment as needed, without a Court Order and with the consent of a Probation Officer. This is allowed under California law in WIC Section 739(d). The law describes an emergency situation as one where the Youth is in severe pain or needs to be immediately diagnosed and treated in order to prevent an imminent severe or left threatening risk to the Youth, to include permanent disability or death.

Right to Revoke or Withdraw my Consent: I understand that I have the right to withdraw this Consent at any time by notifying the Department of Probation in writing. I understand that even if I withdraw or revoke my consent, the Youth will still be treated in the case of an emergency situation as described above, or by Court Order, if necessary. In addition, if I withdraw or revoke my consent, this will not prevent release of medical information about the Youth by health care providers who have already relied on this Consent Form.

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Attachment A1



CONSENTIMIENTO GENERAL PARA TRATAMIENTO MÉDICO PADRE, GUARDIÁN, JOVEN ADULTO DE 18 AÑOS O MÁS O MENOR EMANCIPADO

Nombre completo del joven / adulto joven: _____ PDJ # _____
(Apellido, Nombre) (Completado por el personal)

Joven/adulto joven Fecha de nacimiento: _____ Edad: _____ Seguro Social: _____

Tipo de Seguro Médico: _____ Número de Póliza: _____

MARQUE EL CUADRO APROPIADO A CONTINUACIÓN:

Soy Un ☐ Adulto joven (18 años o más)
☐ Menor emancipado

Para jóvenes menores de 18 años

Yo soy el ☐ Padre (mi hijo es menor de 18 años)
☐ Guardian (Adjunte copia de la carta de tutela oficial certificada)
☐ Otra persona autorizada para firmar el consentimiento (Adjunte copia de la orden judicial correspondiente)
☐ Oficial Designado de libertad condicional
☐ Trabajadora social del Departamento de Servicios para Niños y Familias
☐ Otra persona designada (Describa la relación legal; adjunte una copia de la autorización que indique que los padres o el tribunal dan permiso para que la persona designada dé su consentimiento para el tratamiento médico del joven)

☐ Relación legal: _____

PARTE A

CONSENTIMIENTO PARA ATENCIÓN MÉDICA

Yo, el padre (s) abajo firmante (s), tutor (es), oficial designado de libertad condicional, otro designado, adulto joven que ha cumplido 18 años o menor emancipado, por la presente autorizo y doy mi consentimiento para:

Atención y tratamiento médico, del desarrollo y / o de la salud dental que se administrará al joven / adulto joven mencionado anteriormente. Si el Joven es menor de 18 años, este consentimiento se aplica a cualquier tratamiento o cuidado para el cual el Joven no está legalmente autorizado a dar su consentimiento. Dicho tratamiento y cuidado se definen en la Parte B de este Consentimiento.

Este Consentimiento cubre el tratamiento proporcionado al Joven / Adulto Joven mientras se encuentra en una instalación operada por el Departamento de Libertad Condicional del Condado de Los Angeles, una institución pública o privada designada por el Tribunal de Menores, o cualquiera de las siguientes agencias del Condado que brindan servicios médicos y dentales: Servicios de salud del tribunal de menores y el Departamento de servicios de salud, incluidos sus hospitales y clínicas.

Reconozco que he revisado este formulario de consentimiento, entiendo su contenido y estoy de acuerdo con sus términos y condiciones. Tuve la oportunidad de discutir este formulario de consentimiento con el personal del condado. Cualquier pregunta que tuviera sobre los términos del Consentimiento, o cómo este Consentimiento afecta mis derechos, fue respondida a mi satisfacción.

Este Consentimiento permanecerá en vigor por un año a partir de la fecha en que fue firmado.

Firma: _____ Fecha de firma: _____

Nombre: _____

Dirección del firmante: _____

Número de teléfono del firmante: _____

Firmado en: _____

(Ubicación del tribunal o nombre de la instalación)

☐ Consentimiento médico aprobado por el padre / tutor por teléfono

☐ La información del joven verificada por el padre / tutor

Consentimiento médico general

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Revisado 03/2021

ANCILLARY PROGRAMS**PARTE B****DEFINICIÓN DE ATENCIÓN MÉDICA**

La atención médica, del desarrollo y / o de la salud dental puede incluir, entre otros, todos los elementos que se enumeran a continuación, o que la ley no permita que se realicen sin consentimiento:

- 1) Exámenes físicos de rutina al momento de la admisión o colocación, que incluyen análisis de sangre, pruebas de tuberculosis (TB), vacunas, exámenes dentales y exámenes pélvicos.
- 2) Administración de medicamentos.
- 3) Exámenes de rayos X, procedimientos de laboratorio, uso de anestesia local, todos los demás exámenes con fines de diagnóstico médico o psiquiátrico y / o cualquier otro tratamiento que un médico con licencia considere necesario.
- 4) Exámenes de rayos X, uso de anestesia local, todos los demás exámenes y el tratamiento que un dentista autorizado considere necesario.
- 5) Evaluación del desarrollo, terapia del habla, ocupacional y fisioterapia, e intervenciones educativas y terapéuticas.
- 6) Fotografía con fines diagnósticos, consultivos o terapéuticos.
- 7) Divulgación de información clínica sobre el Joven a otros proveedores clínicos o de cuidado infantil según sea necesario, ya sea para brindar continuidad de la atención o para fines de planificación del tratamiento.
- 8) Inclusión de inmunizaciones y resultados de pruebas de TB en el Registro de Inmunizaciones de California (CAIR).

PARTE C**NOTICIAS IMPORTANTES****Entiendo Lo Siguiente:**

- 1) Si no doy mi consentimiento y la ley no le permite al Joven dar su consentimiento para su propio tratamiento, el Departamento de Libertad Condicional intentará obtener el consentimiento por orden judicial, como lo requiere la ley de California en el Código de Bienestar e Instituciones (WIC). secciones 739 y 739.5.
- 2) Los siguientes procedimientos requieren una orden judicial si un padre o guardian se niega a dar su consentimiento o no está disponible para dar su consentimiento para el tratamiento:
 - a) Cirugía que no sea de emergencia
 - b) Uso de anestesia general (donde el joven estará inconsciente)
 - c) Punción Lumbar
 - d) Transfusión de sangre
 - e) Uso de medicamentos psicotrópicos

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- 3) En el caso de un accidente, enfermedad grave o emergencia dental que requiera el consentimiento de un padre o tutor, se hará un esfuerzo razonable para contactarme como padre o tutor responsable del Joven en este formulario de consentimiento o en el otro formulario del Joven. padre o tutor, si la ley no permite que el Joven dé su consentimiento. Este esfuerzo se hará antes de que comience la atención médica o dental, pero solo si el tiempo y las condiciones lo permiten.
- 4) En una situación de emergencia, el Joven puede recibir tratamiento según sea necesario, sin una orden judicial y con el consentimiento de un oficial de libertad condicional. Esto está permitido por la ley de California en la sección 739 (d) de WIC. La ley describe una situación de emergencia como aquella en la que el Joven tiene un dolor severo, o necesita ser diagnosticado y tratado de inmediato para prevenir un riesgo inminente grave o amenazante para el Joven, que incluye una discapacidad permanente o la muerte.

Derecho a Revocar o Retirar mi Consentimiento: Entiendo que tengo derecho a retirar este consentimiento en cualquier momento notificando al Departamento de Libertad Condicional por escrito. Entiendo que incluso si retiro o revoco mi consentimiento, el Joven seguirá siendo tratado en el caso de una situación de emergencia como se describe anteriormente, o por orden judicial, si es necesario. Además, si retiro o revoco mi consentimiento, esto no impedirá la divulgación de información médica sobre el Joven por parte de los proveedores de atención médica que ya se han basado en este Formulario de consentimiento.

ANCILLARY PROGRAMS**Hospital Runs**

When youth are taken to the hospital or to other appointments outside the facility by staff, the OD/RS Supervisor or the authorized designee shall:

- Review the Kardex, PCMS, and speak with the unit Sr. DSO/DPO/or designee and share any information from these sources regarding special handling needs, such as suicide, escape, etc., that would impact the supervision of the youth by transporting staff.

Transportation staff shall consist of Transportation Deputies accompanied by Special Enforcement Operations (SEO) upon approval.

- Instruct the transporting staff to apply handcuffs and place leg irons on the youth prior to transporting.
- Maintain line of sight at all times.
- Transporting staff may remove handcuffs or leg irons for treatment only after receiving permission from the OD/Supervisor or the authorized designee. Upon completion of treatment, restraints are to be immediately reapplied, as appropriate.
- Instruct transporting staff to call upon arrival and make hourly calls to the OD/Supervisor, providing status reports, which shall be recorded in the Sr. DSO's log and the OD log at BJN SYTF or Supervisor's log at Dorothy Kirby Center.
- Document on the OD log/Shift report that each of the preceding procedures were observed or shared with transporting staff prior to authorizing the hospital run.

Any exceptions to these procedures shall be thoroughly documented in a SIR within one hour of the incident. The Superintendent/Facility Director or the authorized designee shall be immediately notified in person, by telephone, or by fax.

Medication for Youth Being Transported

It is critical that youth moved for court or other appointments receive their prescribed medication. MC/RS staff at each facility are responsible for providing a daily list to the on-duty Nursing Supervisor of all youth scheduled for court or other appointments the next day. The Nursing Supervisor will ensure MC/RS staff are notified of all youth who are to receive medication and will dispense the medication from the appropriate unit prior to their movement.

ANCILLARY PROGRAMS**Housing of Youth in Medical Units**

It shall be the policy of the Department to ensure that the safety and security of youth is the primary factor used in determining housing assignments. Youth who do not have a medical condition requiring housing in the medical unit shall not be housed in the medical unit unless there is a compelling reason involving the safety and security of the youth. The following procedures shall be implemented:

- In order to minimize the potential of exposure to infection, prior to assigning youth to a room within the medical unit, the Superintendent or the authorized designee shall consult with the JCHS nurse Manager, Nurse Supervisor, or the on-duty nurse if no Supervisor is available. Probation shall advise medical staff of the need to house the youth in the medical unit, and Probation and JCHS shall jointly determine which room can best be utilized for housing the youth.
- When a non-medical youth has been approved for housing in the medical unit, the following shall be recorded in the unit logbook:
 - Name of youth.
 - Name of Probation Administrator approving the room assignment (Superintendent or the authorized designee).
 - Name of JCHS staff with whom the Administrator discussed the youth's room assignment.
 - Room the youth is assigned to.
- The housing of youth in the medical unit shall only take place when a youth cannot be safely housed in a regular or other specialized unit such as the HOPE Center, Enhanced Supervision Unit, or CARE Unit. Reassignment of the youth to a regular unit or other specialized unit shall take place as soon as the Superintendent or the authorized designee determines it is in the best interest of the youth to do so.
- Upon the youth being released from the medical unit, probation staff assigned to the medical unit shall immediately contact Management Services Bureau staff to have the room cleaned and sanitized. The room is not to be assigned to another youth until it has been cleaned and sanitized.

Serving Medically Necessary Special Diet Meals

Staff shall ensure that medically necessary special diet meals and snacks are served to and received by each youth who has a medical order to receive such

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meals and snacks.

Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code 6030 and a supplemental snack if medically indicated.

Ordering Special Diets: Medically necessary special diets shall only be prescribed by the attending physician or authorized nursing staff using the following process:

- Authorized medical staff shall complete a Medical Activity Gram (Green Slip - 3-part form) and forward the original copy to the youth's medical chart, send the second copy to the youth's living unit to be placed in the Behavior Chart, and send the final copy to the foodservice provider.
- Medical staff shall create a daily Medically Necessary Special Diet Meal List (Attachments A & AI) that contains the names of youth who have been ordered to receive these special meals. By 0500 hours each day, medical staff shall deliver the list to the food services provider, the Movement Coordinator, Movement Control, the Mental Health Director, the Mental Health OD, the transportation mailbox, and each living unit. The list shall include the following:
 - Youth's Last Name and First Name
 - Date of Birth
 - Unit
 - Type of Diet
 - Duration of Special Diet Order
- The Superintendent/Facility Director or the authorized designee shall conduct a random audit of the distribution process of the list to ensure they are being delivered daily by medical staff to the appropriate locations by 0500 hours each day.
- The MC/RS staff shall review the Special Diets list each day and notify the food services provider of any youth who are scheduled for movement either that day or the following day so that arrangements can be made to have the special diet transported to the court or other appointment with the youth.

Preparation and Delivery of Medically Necessary Special Diet Meals:

- The food services provider, after receiving the Medically Necessary Special Diet Meal list from medical, will prepare a meal for each youth noted on the daily list and attach a two-part receipt to the packaged

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meals and snacks.

- The food services provider will then deliver meals and snacks to the respective living units of each youth noted on the daily Special Diet list.
- The food service provider is responsible for accounting for the proper preparation, labeling, and delivery of each Medically Necessary Special Diet Meal. They shall record the number of special diets ordered, prepared, and delivered each day on the Monthly Meal Count Summary Tracking Log and forward this same information to the MSB business office each day.

Processing Receipts for Medically Necessary Special Diet Meals by Living Unit Staff:

Living unit staff shall be responsible for ensuring that the medically necessary special diet meals and snacks are served to each authorized youth and for verifying that the youth received the authorized meal or snack as follows:

- Staff shall serve the medically necessary special diet meal to authorized youth and have the youth sign the receipt attached to the meal indicating they received their special diet for that particular meal. The youth shall sign the receipt at the time the meal is served.
- If a youth is not in the living unit when the meal is delivered, staff shall remove the receipt from the meal, determine the location of the youth, and note the location of the youth (youth transferred to unit) on the receipt itself. If the youth is still in the facility, staff shall contact the food services provider immediately and request that a fresh meal be delivered to the youth's new housing location. For food safety reasons, staff shall not transfer medically necessary special diets between units.
- If the youth has been released from the facility, staff must remove the receipt from the meal and make a notation on the receipt indicating the date the youth was released from the facility.
- All receipts from medically necessary special diet meals (including those of youth who have transferred from the unit or been released) are to be stapled to the Division Director's copy of the Unit Shift Condition Report and forwarded to the Division Director's mailbox at the end of the shift.

Processing of Receipts for Medically Necessary Special Diets by Transportation Deputies:

Transportation Deputies shall be responsible for ensuring that medically necessary

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special diet meals and snacks are served to each authorized youth in their custody for court hearings, medical appointments, or other activities and verifying the youth received the authorized meal or snack as follows:

- Transportation Deputies shall serve the medically necessary special diet meal to authorized youth and have the youth sign the receipt attached to the Special Diet indicating they received their Special Diet for that particular meal. The youth shall sign the receipt when the meal is served.
- If the youth has been released by the court and is no longer present to receive their meal, the Transportation Deputy shall remove the receipt from the meal and make a notation on the receipt indicating the date and time the youth was released and by which court.
- All receipts from medically necessary special diet meals are to be stapled to the transmittal sheet that accompanies the youth back to the facility.
- Upon returning to the facility, the Transportation Deputy shall personally give all medically necessary special diet meal receipts, attached to their transmittals, to the MC/RS Supervisor.
- The MC/RS Supervisor or the authorized designee shall receive all medically necessary special diet meal receipts from the Transportation Deputies and forward them to the Movement Control Division Director's mailbox. This activity is to be noted in the MC/RS Supervisor Log Book.

Medically Necessary Special Diet Receipt Verification Process:

The food services provider shall be responsible for tracking the receipt of medically necessary special diet meals as follows:

- The facility Division Directors' secretaries shall forward all medically necessary special diet meal receipts to the MSB Director's secretary each morning before 10:00 AM
- The MSB Director's secretary shall retain one copy of each receipt received and forward one copy to the food services provider each day.
- The food service provider shall prepare a daily (for the previous business day), weekly, and monthly reconciliation report regarding medically necessary special diet meals. This report shall encompass the number of meals delivered, the number of meals actually received by the youth, and the number of meals not served for various reasons (change of unit, release, etc.). Management Services Bureau shall complete the

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Medically Necessary Diet Reconciliation Report (Attachment C) and maintain a log in the Services Director's office.

- The Management Services Bureau Director shall meet with the Food Services Provider on a monthly basis (or more often if necessary) to address any problems in the medically necessary special diet meal delivery process and make any needed adjustments.
- If any discrepancies are noted that involve specified living units or the Transportation Section, the Management Services Bureau Director shall meet with the appropriate Division Director or the Transportation Director, and a written plan shall be developed to both monitor and resolve the issue(s).
- The Management Services Bureau Director shall document these meetings and provide copies to the Superintendent or Transportation Director. Copies of these meeting minutes shall also be provided to the Bureau Chiefs for Management Services and SYTF.

1805 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 that include but are not limited to COVID-19. COVID-19 is a viral infection that can be transmitted via the respiratory route when individuals inhale droplets and small airborne particles (that form an aerosol) that infected people exhale as they breathe, talk, cough, sneeze, or sing.

COVID-19 SCREENING DURING ADMISSIONS REQUIREMENTS

Upon Arrival, if the youth is present with signs of illness or other medical conditions, staff shall contact the medical unit for a nurse to conduct a pre-assessment to determine whether the youth can be admitted or requires a higher level of medical care and clearance for detainment.

All youth will be screened by the medical unit for COVID-19 regardless of their vaccination status. Fully vaccinated youth will also stay in the COVID-19 monitoring unit until the COVID-19 test results return.

COVID-19 RELATED HOUSING UNITS FOR YOUTH

ANCILLARY PROGRAMS**Medical Housing Unit (MHU)**

All new admits shall be taken to the MHU for nursing admission intake and tested for COVID-19 infection. If all MHU rooms are occupied, new admits shall be housed in the designated quarantine unit unless presenting with symptoms.

Youth with flu-like symptoms will be evaluated by JCHS to determine which housing unit is appropriate during their period of illness.

Hybrid Unit

- Only to be utilized when other options are not available (e.g., no housing unit or staff available to separate the known COVID-positive youth from other youth).
- Must be done upon consultation and approval by the Medical Director.
- When this occurs, the COVID-positive youth are to be kept separated from other youth as much as possible. They may be together as one cohort but not be in the same area with others (e.g., during showering).
- During this time, the entire unit will be considered under isolation for ten (10) days and then will be in quarantine for another ten (10) days. COVID testing will be done on all previously non-COVID-positive youth five (5) days after the isolation period ended to check for any youth who may have become COVID-positive.

YOUTH IN-HOUSE WHO DEVELOP SYMPTOMS OF FLU-LIKE ILLNESSYouth Presenting with Complaint of Possible COVID-19 Symptoms

- Ensure that a youth has a mask to wear before moving.
- Staff to notify nursing and youth brought to the medical unit for an evaluation.
- An evaluation is performed by nursing/medical staff.
- Specimen for COVID-19 is collected and sent to designated Lab.

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.

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- If a unit is under quarantine, twice a day, nursing will perform a temperature and symptom check on youth who were exposed.

Length of Unit Quarantine Dependent on Identified Youth's COVID-19 Test Result

- If an identified youth has a positive COVID-19 test result.
- Youth remains in the Medical Isolation Unit.
- Youth's original unit may be removed from quarantine after ten (10) days.

EXPOSURE TO A COVID-19 POSITIVE STAFF

If youth in a living unit were exposed to a COVID-19-positive staff:

- All youth in the identified unit(s) will be quarantined for ten (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 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 6 feet of distance with other people outside of their quarantined cohort.
 - Good hand hygiene/hand washing techniques.

REPORTING REQUIREMENTS AND FOLLOW-UP TREATMENT

It is the duty of every healthcare provider within JCHS (physicians and registered nurses), knowing of or in attendance on a case or suspected case of any diseases listed in the Los Angeles County Reportable Diseases and Condition list for Public Health, to report to the local health officer for the jurisdiction where the youth resides. JCHS will provide youth released from the facility with a medical discharge packet for the purpose of ensuring continuity of care within the community.

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Note: Updated JCHS guidelines shall be provided to staff upon receipt.

1806 MENTAL HEALTH SERVICES**Mental Health Referrals**

Mental Health evaluates all referred youth. Referrals may be generated by the youth's behavior or because of a history of illness or upon the youth's request.

When a youth is exhibiting unusual or bizarre behavior, staff shall refer the youth for mental health consultation by filling out a Mental Health Referral Form in triplicate, forwarding the original to the psychiatric clinic, retaining one copy in the youth file, and placing the other on the unit clipboard. In emergencies, the Sr. DSO/DPO II or Supervisor shall call the Mental Health Office directly to request immediate service. When the Mental Health office is closed, the nurse shall be called for immediate assistance.

Mental health diagnoses can only be made by qualified behavioral/mental health providers. Probation staff shall not assess the mental health needs of detained youth. Staff shall not assess or evaluate the validity of a youth's mental health needs or requests to seek mental health counseling. Staff shall refer youth who may be exhibiting suicidal, bizarre, or uncharacteristic behavior to Mental Health.

Staff shall not advise, discourage, or prevent youth from taking prescribed medication or from seeking mental health counseling. Staff are prohibited from making derogatory and/or insensitive remarks regarding a youth's mental health status or need for counseling.

When a youth is referred for a 72-hour mental health evaluation pursuant to Section 5150 WIC, notification to each court within the county where the youth has a pending matter is mandated by Section 4011.6, paragraphs 1 and 2 of the Penal Code. Notification is accomplished by completing an Information to Court Officer form. Notification is also given to the parents by phone or by lettergram if they cannot otherwise be reached. The OD or the authorized designee shall notify the treating psychiatric hospital that the youth is under the care, control, and custody of the Probation Officer and can only be released to Probation Department staff.

Youth requiring emergency psychiatric hospitalization pursuant to Section 5150 WIC are referred by DMH to the appropriate medical facility for treatment.

ANCILLARY PROGRAMS**Request for Mental Health Consultation Form**

The Request for Mental Health Consultation form is informally referred to as the "Mental Health Referral" or a "Psych. Referral" form.

The Request for Mental Health Consultation form shall be used by Probation, JCHS, and the LACOE to refer youth to DMH for consultation. DMH shall use this form to record and communicate their consultation findings to Probation, JCHS, and LACOE.

Reasons for Mental Health Referrals

The primary assessment and intervention agency 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 Death/ Illness
- Reported psychotropic medication side effects
- Suicidal behavior
- Talks to self
- Crying
- Poor hygiene
- Hyperactive
- Withdrawn/ keeps to self
- Friend's death/ illness
- Difficulty following instructions
- Verbal/ written plans to harm self
- Expresses thoughts of suicide
- Aggressive/ hurts others
- Poor social skills
- Refuses meals (ongoing)
- Sleep problems (ongoing)

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 referred)
- Hope Center transfers

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- Attempted Escapes
- On Level 2 or Level 3 Supervision status
- On psychotropic medications
- 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.

(Meets standards set forth in title 15, Section 1437 (a-b))

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 in the facility 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 facility.
- Ensuring a copy of the referral is placed in the youth's Behavior Chart.

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.

Mental health referral form may be submitted electronically in PEMRS or by

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completing the Mental Health Consultation form.

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 Consultation form. The staff member shall clearly print the youth's PDJ Number, name, date of birth, any known AKAs, age, ethnicity, gender, unit, 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 and 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

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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 Movement Coordinator. This section is to be used by the Movement Coordinator at the receiving facility to immediately refer youth transferring in are on enhanced levels of supervision (Level 2 or Level 3) to DMH for consultation.

- 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 and the Intake/Receiving Unit of their transfer into the facility so that appropriate housing and supervision can be initiated.
- 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 24 hours of arrival

Response from the Department of Mental Health

DMH will complete sections H through L.

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

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- The DMH clinician shall notify the Officer of the Day via telephone of the placement of 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/SDPO.

Section J – Suicide Risk: In this section, the clinician shall note whether 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.

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 in the HOPE Center other unit)
- Youth's Assigned DMH Clinician (if different from clinician consulting with youth)
- Unit Supervisor
- Division Director
- Assistant Superintendent/ Assistant Director
- 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 Admissions area each day at the end of the business day by identified DMH staff.

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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 Probation Case Management System. 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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REQUEST FOR MENTAL HEALTH CONSULTATION

A	POB: _____ NAME: _____ BIRTHDATE: _____
	AKA: _____ AGE: _____ ETHNICITY: _____ GENDER: ☐ M ☐ F
	UNIT: _____ ENGLISH: ☐ Y ☐ N OTHER LANGUAGE: _____
B	IS MINOR ON PSYCHOTROPIC MEDS? ☐ Y ☐ N TYPE AND DOSAGE IF KNOWN: _____
C	REFERRED BY: _____ PHONE EXT: _____ DEPARTMENT: ☐ PROB ☐ JCHS
	DATE OF REQUEST: _____ TIME: _____ ☐ DMH ☐ LACOE

ABOVE INFORMATION MUST BE FILLED IN COMPLETELY. COMPLETE INFORMATION BELOW AS APPROPRIATE.

D	REASON(S) FOR REQUEST (check all that apply)			
	☐ SELF-INJURIOUS	☐ THOUGHTS OF SUICIDE	☐ DESTRUCTIVE TO PROPERTY	☐ TALKS TO SELF
	☐ PLAN TO HARM SELF	☐ TALKS ABOUT SUICIDE	☐ AGGRESSIVE/HURTS OTHERS	☐ POOR HYGIENE
	☐ POOR SOCIAL SKILLS	☐ POOR MANNERS/ETIQUETTE	☐ REFUSES MEALS (IF STAYING)	☐ LETHARGY
	☐ SLEEP PROBLEMS	☐ RAPID MOOD SWINGS	☐ DEATHWILLNESS IN FAMILY/FRIEND	☐ ANXIOUS/TENSE
	☐ DEPRESSED/SAD	☐ WITHDRAWN/SHUTS TO SELF	☐ DIFFICULTY FOLLOWING INSTRUCTIONS	☐ HYPERACTIVE
	☐ REFUSES MEDICATION ☐ REPORTS THE FOLLOWING MEDICATION SIDE EFFECTS: _____			
	☐ OTHER: _____			
	☐ JCHS ONLY - MINOR NEEDS PSYCHOTROPIC MEDS. REFILL/RE-EVALUATION FOR: _____			
				TYPE _____ DOSE _____
E	DESCRIPTION OF CONCERN: _____			
	ABOVE CONCERN IS: ☐ OBSERVED ☐ REPORTED ☐ BY HISTORY (in file, or additional knowledge)			
F	☐ MINOR HAS AN IEP WITH EXISTING AB 3432 SERVICES, AND LACOE IS REQUESTING DMH SERVICES.			
	☐ LACOE REFERRED MINOR TO DMH AB3432 ASSESSMENT UNIT. REFERRAL PACKET SENT ON: _____			
G	MINOR ON LEVEL 2 OR 3 & TRANSFERRED FROM ANOTHER HALL: ☐ DJVH ☐ CJH ☐ LP STATUS: ☐ LEVEL 2 ☐ LEVEL 3			

RESPONSE FROM DEPARTMENT OF MENTAL HEALTH

H	DMH COMMENTS: _____	RECEIVED BY DMH by (initials): _____
		DATE: _____ TIME: _____
I	INITIAL THE FOLLOWING RECOMMENDED SUPERVISION LEVEL AND UPDATE THE POS SYSTEM TO REFLECT:	
	☐ Minor placed on: ☐ Level 1 Supervision ☐ Level 2 Supervision ☐ Level 3 Supervision	
	☐ Minor to remain on: ☐ Level 1 Supervision ☐ Level 2 Supervision ☐ Level 3 Supervision	
J	SUICIDE RISK: ☐ YES ☐ NO	RISK LEVEL: ☐ LOW ☐ MEDIUM ☐ HIGH
K	HOUSING RECOMMENDATIONS: ☐ REGULAR LIVING UNIT ☐ SPECIAL HANDLING UNIT	
	☐ DORMITORY UNIT ☐ CARE (or other specialized unit) ☐ MEDICAL UNIT	
	NOTE: MINORS ON LEVEL 3 SUPERVISION MUST BE HOUSED IN A DORMITORY-TYPE LIVING UNIT, THE SHU UNIT OR CARE UNIT UNLESS THEY HAVE A MEDICAL CONDITION WHICH NECESSITATED HOUSING IN THE MEDICAL UNIT	
L	SIGNATURE: _____ DATE: _____ TIME: _____	

DISPOSITION - Copies of the completed form are to be provided to the following individuals by Mental Health Probation COMG, Minor's Regular Unit/Camp, Minor's Temp Unit (DMU, Med Unit), Division/Camp Director, Asst. Supt., Minst. Coord., JCHS, LACOE, POS Update Box (gov. hall only)

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Mental Health Recording Form

The Department of Mental Health (DMH) staff shall utilize the Mental Health Recording form, commonly referred to as the "Mental Health Green Sheet."

This form enables DMH staff to share information necessary to assist in the provision of the proper care and treatment for detained youth with behavioral/mental health issues. Probation staff shall review these documents on a daily basis and incorporate the relevant information and recommended strategies to facilitate improved supervision and communication practices, thereby providing for a safer and more secure environment for all youth under the Department's care.

This form allows the clinician to provide identifying information on the youth, share notations regarding behaviors of concern, communicate DMH's current mental health assessment of the youth, note a change in the level of supervision necessary for the appropriate supervision of the youth, initiate the updating of this changed level of supervision in the Probation Case Management System (PCMS), outline various interventions that can be used while working with the youth, and apprise Probation staff of the date of the next scheduled mental health consultation with the youth.

Implementation of the Mental Health Log⁴

In concert with the Mental Health Recording form, each living unit shall create and implement a Mental Health Log. The Mental Health Log shall consist of a three-ring binder that shall be placed in a location proximate to the supervisor's desk in each living unit.

A copy of each Mental Health Recording form completed by the DMH unit clinician (or by another clinician and forwarded to the unit) shall be placed into the Mental Health Log on the right-hand side of the binder.

A copy of each Request for Mental Health Consultation form, which has been processed and signed by the clinician after consulting with the youth, shall also be placed into the Mental Health Log on the right-hand side of the binder after being

⁴ Applicable to BJN Staff only.

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received by unit staff.

Two copies of each completed Request for Mental Health Consultation form will be forwarded to the unit mailboxes by the facility's DMH central office for processing by unit staff. Unit staff shall place one copy of the form in the youth's behavior chart and place the remaining copy in the Mental Health Log as indicated above.

Unit staff shall, at the beginning of each shift, open the Mental Health Log binder and review and initial each of the Mental Health Recording forms and the Request for Mental Health Consultation forms located on the right-hand side of the binder for updated mental health information regarding youth housed in the unit.

Upon completing their review, each staff shall then initial the Mental Health Log Review Verification Sheet located on the inside left side of the binder on the appropriate date and shift. Staff shall also make a notation that this review was conducted in the respective Sr. DSO and DSO Unit Logbooks at the conclusion of their review.

Specific instructions for complying with this process, as well as the specific responsibilities of unit staff regarding this process, are clarified below:

Instructions and Responsibilities for DMH Unit Staff⁵

Each time a DMH staff member consults with youth in the living unit, they shall complete a Mental Health Recording form and forward three copies of the form as noted below:

- Two (2) copies shall be provided to the living unit housing the youth.
- One (1) copy shall be provided to the DMH central office.

Note: The DMH clinician shall notify the OD via telephone of the placement of any youth on Level 3 Supervision status to ensure that appropriate housing and supervision services are immediately initiated to keep the youth safe and shall note on the Mental Health Recording form the date, time, and name of the OD with whom the DMH clinician spoke. The DMH clinician shall ensure that the OD receives a completed Mental Health Recording form that has been signed by the clinician.

⁵ Applicable to BJN staff only.

ANCILLARY PROGRAMS**Instructions and Responsibilities for Probation Unit Staff**

Upon receiving two (2) copies of the Mental Health Recording form, or upon receiving two copies of the completed Request for Mental Health Consultation form, the living unit Sr. DSO at BJN SYTF or DPO II/Lead at Dorothy Kirby Center (or Acting Sr. DSO) shall:

- Review the forms and ensure that the information on the form is clearly articulated and understandable.
- Immediately discuss any areas of significant concern with the DMH staff.
- Note any recommended changes in the level of supervision required for the youth and ensure appropriate housing and supervision are initiated to keep the youth safe.
- Immediately notify the OD/Supervisor of any youth whose level of supervision is enhanced to Level 3.
- Place one copy of the form in the Mental Health Log binder on the right-hand side, in chronological order by date, with the most recently dated form(s) on top.
- Remove from the Mental Health Log any "old" Mental Health Recording forms or Request for Mental Health Consultation forms for the named youth, if any are in the binder, and place them in a file in the unit file cabinet, labeled "Purged Mental Health Log documents."
- Place the remaining copy of the form in the youth's behavior chart on the top right-hand side of the file. Do not remove any of the forms from the youth's behavior file, as the forms in the file are considered a permanent part of the behavior file.
- Intake/Receiving Unit staff, HOPE Center staff, or Medical Unit staff receiving Mental Health Recording forms or completed Request for Mental Health Consultation forms from DMH shall ensure that these forms either accompany the youth back to their regularly assigned unit or if the youth has since been transferred back to their regular unit, shall forward these forms to the appropriate facility mailbox for the unit permanently housing the youth. Prior to placing any forms in the unit mailboxes, the Sr. DSO or DPO II/Lead shall review the forms and note any enhanced levels of supervision recommended (Level 2 or Level 3 Supervision) and notify the Sr. DSO/ DPO II/Lead of the unit currently housing the youth of the increased level of supervision. If a youth has

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been placed on Level 3 Supervision status, the OD/Supervisor shall be contacted and advised to ensure that appropriate housing and supervision have been initiated.

Instructions and Responsibilities for the DMH Central Office at the Facility

Upon receiving the copy of the Mental Health Recording form, designated DMH central office staff shall:

- Review the form and note any changes in the level of supervision required for the youth and update the DMH "Self-Harm Log" for the facility.
- Place a photocopy of any Mental Health Recording forms that indicate the initiation of an increase in the level of supervision or a change in the level of supervision for any youth into the facility's PCMS update basket in the clerical admissions office so that designated Probation staff may update the PCMS system with the changed level of supervision.
- If a youth's level of supervision is changed to Level 3 Supervision, telephonically contact the OD/Supervisor to ensure that Probation is aware of the needed supervision level and that appropriate supervision and housing has been initiated.

Note: Any Mental Health Recording form that has been signed by a DMH clinician may be used in lieu of a PCMS Update Form to change the level of supervision in the Probation Case Management System. Accordingly, clerical and/or Probation staff, as designated by the Superintendent, shall enter the noted enhanced supervision information into the PCMS system. A copy of the completed and signed form must be placed in the PCMS Update Box located in the clerical admissions area at the end of each business day by designated DMH staff.

Instructions and Responsibilities

The DSO at BJN SYTF, DPO at Dorothy Kirby Center, and GSN shall:

- At the beginning of each shift worked, open the Mental Health Log binder and review and initial each of the Mental Health Recording forms and the Request for Mental Health Consultation forms located on the right-hand side of the binder for updated mental health information regarding youth housed in the unit.
- Staff shall ensure that they review and initial documents they have not previously reviewed and initialed what may have been placed in the file during their absence from the unit due to days off, reassignments and,

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vacations, etc.

- After the review is complete, place their initials in the corresponding date and shift areas on the Mental Health Log Review Verification Sheet located on the left inside cover of the binder.
- Board staff shall make an entry in the unit logbook noting that the Mental Health Log was reviewed (a notation of "MH log reviewed at –note current time- AM/PM" is acceptable).
- Back-up staff shall make an entry in one of the unit's Log Books, noting that the Mental Health Log was reviewed (a notation of "MH log reviewed at –note current time- AM/PM" is acceptable).

Instructions and Responsibilities for the Day Shift Sr. DSO/DPO II

The Day Shift Sr. DSO/DPO II shall:

- At the beginning of each shift worked, open the Mental Health Log binder and review and initial each of the Mental Health Recording forms and the Request for Mental Health Consultation forms located on the right-hand side of the binder for updated mental health information regarding youth housed in the unit. The Sr. DSO/DPO II shall review and initial documents not previously initialed that may have been placed in the file during their absence from the unit due to days off, reassignments and, vacations, etc.
- After the review is complete, place their initials in the corresponding date and shift areas on the Mental Health Log Review Verification Sheet, located on the left inside cover of the binder.
- Make an entry in the Sr. DSO/DPO II Logbook noting that the Mental Health Log was reviewed (a notation of "MH log reviewed at –note current time- AM/PM" is acceptable).
- Verify that all staff on duty for that shift in the unit has reviewed and initialed the contents of the Mental Health Log and initialed the Mental Health Log Review Verification Sheet in the appropriate locations.
- Make a notation in the Sr. DSO/DPO II Shift Condition Report indicating that all staff have reviewed the Mental Health Log.
- Whenever DMH staff prepare updated Mental Health Recording forms or forward completed copies of the Request for Mental Health Consultation forms, take possession of the two copies of the updated form provided, review the forms, and ensure that the information on the

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form is clearly articulated and understandable.

- Immediately discuss any areas of concern with the DMH staff.
- Place one copy of the form in the youth's behavior chart on the top right-hand side of the file.
- Place the other copy of the form in the Mental Health Log binder on the right side in chronological order by date, with the most recently dated form(s) on top.
- Remove from the Mental Health Log any outdated Mental Health Recording forms or Request for Mental Health Consultation forms upon receiving updated forms from DMH for named youth.
- Place the outdated Mental Health Recording forms or Request for Mental Health Consultation forms that have been removed from the binder, -in a file in the unit file cabinet labeled Purged Mental Health Log Documents. Do not remove any of the forms from the youth behavior file, as the forms in the file are considered a permanent part of the behavior file.
- Each Sunday, on the 6:00 AM to 2:00 PM shift, review the Mental Health Log and purge it of any records of youth who have been permanently released from the unit or facility and are not expected to return. Place these purged documents in a file in the unit file cabinet labeled Purged Mental Health Log Documents.
- On the first day of every month during the 6:00 AM to 2:00 PM shift, remove the previous month's Mental Health Log Review Verification Sheet from the binder and replace it with a fresh Mental Health Log Review Verification Sheet, making sure to note the month, unit, and names of the Division Director and unit SDSO on it.
- Remove all the documents from the Purged Mental Health Log Documents folder.
- Combine the documents from the Purged Mental Health Log Documents folder with the previous month's Mental Health Log
- Review the Verification Sheet and place the Mental Health Log Review Verification Sheet on top of the combined documents.
- Forward the previous month's Mental Health Log Review Verification Sheet (with the stack of documents) to the Unit SDSO for distribution and filing.

ANCILLARY PROGRAMS**Instructions and Responsibilities for the Night Shift**

The night shift Sr. DSO at BJN SYTF or Supervisor at Dorothy Kirby Center shall:

- Conduct a security round of the institution as instructed by the OD/AD.
- During the security round, review the Mental Health Log binder in each unit and ensure that each GSN (or other ranked staff working in that unit) on duty has reviewed the contents of the Mental Health Log and initialed the Mental Health Log Review Verification Sheet in the appropriate locations.
- After reviewing the Mental Health Log Review Verification Sheet for night staff compliance with the policies and procedures, initial the Mental Health Log Review Verification Sheet in the section marked "Night Sr. DSO./Supervisor"
- Review the unit Log Books and ensure that the staff has made an entry noting that the Mental Health Log was reviewed (a notation of "MH log reviewed at –note current time- AM/PM" is acceptable).

Note: The Night Shift Sr. DSO/Supervisor is not required to review any of the Mental Health Recording forms or Request for Mental Health Consultation forms in the binder as a part of the review process.

Instructions and Responsibilities for the Unit SDSO or SDPO

The Unit SDSO at BJN SYTF or SDPO at Dorothy Kirby Center shall:

- Ensure that Mental Health Logs are being reviewed, initialed, and updated regularly by unit staff.
- Ensure that the Mental Health Logs are being purged regularly by the Sr. DSO/ DPO II.
- Ensure that appropriate documentation regarding the reviewing of the Mental Health Log is noted in the Sr. DSO/ SDPO Shift condition reports and Unit Logbooks as required.
- Ensure a new Mental Health Log Review Verification Sheet is placed in use at the beginning of each month.
- Provide one copy of each month's completed Mental Health Log Review Verification Sheet to the Individualized Behavior Management Plan (IBMP) Coordinator.
- Provide one copy of each month's completed- Mental Health Log

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Review Verification Sheet to the Division Director, attached to the monthly report.

- Retain a copy of each completed Mental Health Log Review Verification Sheet and the outdated documents removed from the Purged Mental Health Log file in a separate file in the SDSO office for twenty-four (24) months.

Instructions and Responsibilities for the Individualized Behavior Management Program (IBMP) Coordinator

The IBMP/ Alert Log coordinator shall:

- Obtain copies of each unit's completed Mental Health Log Review Verification Sheet each month.
- Maintain files, by month, of all the completed Mental Health Log Review Verification Sheets for the facility for twenty-four (24) months.

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MENTAL HEALTH RECORDING				(ATTACHMENT A)													
POL:	NAME:	DOB:	AGE:	UNIT:													
ACA:	ETH:	SEX: ☐ M ☐ F	IS MINOR ON PSYCHOTROPIC MEDICATION?		☐ Y ☐ N												
BEHAVIOR OF CONCERN																	
☐ 1. VERBALIZES SUICIDAL THOUGHTS/PLANS/HISTORY OF SUICIDE ATTEMPTS. ☐ 2. SELF-HARM OR SELF-MISTREATMENT. ☐ 3. ACTING OUT/AGGRESSIVE BEHAVIORS (THREATENS OTHERS, STARTS FIGHTS, DESTROYS PROPERTY). ☐ 4. DISRUPTIVE BEHAVIOR (DEFIANT, ARGUMENTATIVE, UNCOOPERATIVE, TEMPER TANTRAMS). ☐ 5. UNUSUAL/ODD BEHAVIOR (TALKING TO SELF, STARING OFF INTO SPACE, CONFUSED). ☐ 6. ATTENTION PROBLEMS (CAN'T SIT STILL, EASILY DISTRACTED, TALKS EXCESSIVELY, UNABLE TO STAY ON TASK, RESTLESS). ☐ 7. SHY, TIMID, LACKS SELF-CONFIDENCE, IS TEASED AND PICKED ON, SOCIALLY ISOLATED, WITHDRAWN. ☐ 8. DIFFICULTY FOLLOWING INSTRUCTIONS. ☐ 9. OTHER: _____																	
CURRENT ASSESSMENT: _____																	
ENHANCED SUPERVISION REQUIREMENTS FOR MINOR - AND POS UPDATE																	
☐ POS UPDATE - Change Minor's Supervision Level to:		☐ Level 1	☐ Level 2	☐ Level 3													
☐ NO POS UPDATE NEEDED - Continue Supervision at:		☐ Level 1	☐ Level 2	☐ Level 3													
RECOMMENDED INTERVENTION PLAN(S)																	
☐ A. NOTIFY MENTAL HEALTH WHENEVER SUICIDAL PLANS/THOUGHTS ARE VOICED, MONITOR CLOSELY. ☐ B. ADDITIONAL LEVEL 3 PRECAUTIONS: <table style="width: 100%; border: none;"> <tr> <td>☐ PLACE IN HELMET.</td> <td>☐ NO MAGAZINES WITH STAPLES.</td> <td>☐ NO SHEETS OR BLANKETS.</td> <td>☐ KEEP HANDS/WRISTBANDS IN SITS.</td> </tr> <tr> <td>☐ REMOVE DNA.</td> <td>☐ REMOVE SHARP OBJECTS.</td> <td>☐ NO PENS OR PENCILS.</td> <td>☐ REMOVE SHOELACES/BELT.</td> </tr> <tr> <td>☐ ACTIVELY INTERVENE BEFORE THE SITUATION ESCALATES IF MINOR BECOMES PHYSICALLY AGGRESSIVE OR ENGAGED IN ANY SELF-HARMING ACTIVITIES.</td> <td>☐ NO PLASTIC SILVERWARE.</td> <td>☐ FLOOD IN SUICIDE GOWN.</td> <td></td> </tr> </table> ☐ OTHER: _____						☐ PLACE IN HELMET.	☐ NO MAGAZINES WITH STAPLES.	☐ NO SHEETS OR BLANKETS.	☐ KEEP HANDS/WRISTBANDS IN SITS.	☐ REMOVE DNA.	☐ REMOVE SHARP OBJECTS.	☐ NO PENS OR PENCILS.	☐ REMOVE SHOELACES/BELT.	☐ ACTIVELY INTERVENE BEFORE THE SITUATION ESCALATES IF MINOR BECOMES PHYSICALLY AGGRESSIVE OR ENGAGED IN ANY SELF-HARMING ACTIVITIES.	☐ NO PLASTIC SILVERWARE.	☐ FLOOD IN SUICIDE GOWN.	
☐ PLACE IN HELMET.	☐ NO MAGAZINES WITH STAPLES.	☐ NO SHEETS OR BLANKETS.	☐ KEEP HANDS/WRISTBANDS IN SITS.														
☐ REMOVE DNA.	☐ REMOVE SHARP OBJECTS.	☐ NO PENS OR PENCILS.	☐ REMOVE SHOELACES/BELT.														
☐ ACTIVELY INTERVENE BEFORE THE SITUATION ESCALATES IF MINOR BECOMES PHYSICALLY AGGRESSIVE OR ENGAGED IN ANY SELF-HARMING ACTIVITIES.	☐ NO PLASTIC SILVERWARE.	☐ FLOOD IN SUICIDE GOWN.															
☐ C. SPECIFIC, CONSISTENTLY APPLIED CONSEQUENCES FOR THE DEFINED BEHAVIOR(S): _____ ☐ D. CHART THE FOLLOWING ACTIVITIES: ☐ EATING ☐ SLEEPING ☐ BATHING ☐ GROOMING ☐ RECREATION ☐ E. SPEAK TO THE MINOR IN CLEAR, SIMPLE SENTENCES WITH A SINGLE INSTRUCTION/REQUEST. ☐ F. PRAISE MINOR WHEN SHE DOES NOT ENGAGE IN THE PROBLEM BEHAVIOR. ☐ G. INCLUDE MINOR IN UNIT ANGER MANAGEMENT PROGRAMS. ☐ H. ISOLATE MINOR IF BEHAVIOR IS ESCALATING. ☐ I. ENCOURAGE PARTICIPATION IN DAILY UNIT ACTIVITIES. ☐ J. ALLOW MINOR PERSONAL SPACE; DO NOT STAND TOO CLOSE. ☐ K. DOCUMENT INAPPROPRIATE, UNUSUAL OR ODD BEHAVIOR. ☐ L. PRAISE AND REWARD POSITIVE BEHAVIOR. ☐ M. ASK MINOR TO REPEAT BACK WHAT SHE IS TOLD. ☐ N. REMIND MINOR OF WHAT IS EXPECTED. ☐ O. SPEAK IN A SOFT, CALM VOICE. ☐ P. LISTEN ATTENTIVELY.																	
☐ Q. MINOR REQUESTS SUBSTANCE ABUSE SERVICES FROM PROBATION AND DOES NOT HAVE A CO-OCCURRING MENTAL HEALTH ISSUE. ☐ R. IF ON MEDS, OBSERVE FOR: _____ ☐ T. OTHER INTERVENTIONS: _____ ☐ S. RECOMMENDED PROBATION PROGRAMS: _____																	
CLINICIAN NAME: _____ DATE: _____ TIME: _____ (print) (signature)																	
NEXT CONSULTATION WITH MINOR IS SCHEDULED FOR: _____ / _____ / 200____. Minors on Level 3 must be assessed daily. Minors on Level 2 must be assessed every 72 hours. Minors stepping down from Level 3 to Level 2 must be seen 24 hours after step-down, and then every 72 hours thereafter until stepped-down to Level 1.																	

MENTAL HEALTH LOG REVIEW VERIFICATION SHEET

(ATTACHMENT B)

Month: _____
 Unit: _____

Division Director: _____
 Unit SDSO: _____

	6AM - 2PM SHIFT						2PM - 10PM SHIFT						10PM - 6AM SHIFT				
	BrDSO	DSO	DSO	DSO	DSO	DSO	BrDSO	DSO	DSO	DSO	DSO	DSO	GSN	GSN	GSN	GSN	Night BrDSO
1																	
2																	
3																	
4																	
5																	
6																	
7																	
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UNIT SDSO REVIEW AND APPROVAL: _____ DATE: _____																	

At the start of each shift, all staff must review forms for each minor housed in the unit. Place initials in the box corresponding to the current shift and date.

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Emergency Psychiatric Hospitalization (Suitable Placement Orders)

The following pertains *only* to youth requiring emergency psychiatric hospitalization and who have a Suitable Placement order.

In order for a youth to be admitted on an emergency basis to a psychiatric hospital, they must, as a *result of a mental disorder*, meet at least one of the following criteria:

- Danger to self (e.g., threats or behavior indicating intent to commit suicide or inflict serious bodily harm to self).
- Danger to others (e.g., words or actions indicating a serious intent to harm another person).
- Grave disability (inability to use food, clothing, and shelter provided).

The procedure for initiating an emergency psychiatric hospitalization is as follows:

- Contact the OD/RS Supervisor and advise them of the situation.
- Immediately remove the youth to the HOPE Center.
- Contact medical staff and request an evaluation of the youth for any medical problems they may have.
- Prepare a Special Incident Report (SIR) clearly outlining the youth's behavior. Any statement the youth makes shall be quoted word for word.
- Prepare a Mental Health Referral; attach a copy of the SIR to the referral and hand carry it to the Mental Health duty clinician (during business hours).
- Request that DMH staff immediately assess the youth.
- Determine if the youth has a Suitable Placement order.
- If no DMH staff are on duty, the OD/RS Supervisor shall be contacted for guidance, advice, and determination of a Suitable Placement order on file. Copies of the Mental Health Referral and the SIR shall be given to the OD/ RS Supervisor.

OD/RS Supervisor Responsibilities:

- If no DMH staff are on duty, the OD/RS Supervisor shall contact the College Hospital and request the deployment of a Psychiatric Evaluation

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Team (PET) to the facility to assess the youth.

- Request a written transfer summary from Health Services in anticipation of the youth's transfer to College Hospital.
- Upon arrival, provide PET with the SIR, the Mental Health Referral, and the medical transfer summary. If it is determined by PET that the youth does not require hospitalization, refer the youth back to Mental Health for further treatment.
- If hospitalization is required, but bed space is not available at College Hospital, arrange to have the youth transported to the appropriate County center for a psychiatric evaluation.

If the youth does meet the criteria for admission to the College Hospital and a bed is available, the following procedure is followed:

- Place a copy of the 5150 WIC Psychiatric Hold Form in the youth's Behavior Chart and send a copy to DMH.
- Notify each court where the youth has a pending or current matter.
- Arrange to have Probation staff transport the youth to College Hospital. Should the youth require an ambulance, PET will make the arrangements (Probation staff is required to ride in the ambulance with the youth).
- Personally notify or have an authorized designee notify the youth's parents.
- Change the designation of the youth's unit in PCMS to reflect "Medical Center" (MC).

Releases from Psychiatric Hospitals

The OD/RS Supervisor from the sending facility shall dispatch Probation staff to pick the youth up from the psychiatric hospital.

The staff shall:

- Obtain a copy of the youth's Discharge Summary from College Hospital, as well as any documents prepared by Probation staff assigned to the hospital.
- Upon return from the psychiatric hospital, house the youth in the HOPE Center with at Level 3 supervision. After review by DMH, house the

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youth in an appropriate unit.

- Provide the Discharge Summary to DMH for assessment and review. Any documents prepared by Probation staff assigned to supervise youth at psychiatric hospitals shall be placed in the youth's Behavior Chart.

Note: A youth may be ordered by the Court to be released directly from a psychiatric hospital to a placement. When this occurs, the OD/RS Supervisor shall initiate the release process and ensure the appropriate entries are made in PCMS.

1807 SUBSTANCE ABUSE TREATMENT SERVICES

SYTF provides a safe and secure custodial environment in which rehabilitative efforts, including short-term substance abuse educational opportunities and longer-term substance abuse treatment services, are available to youth.

All youth shall be provided with short-term substance abuse educational opportunities provided through the Behavior Management Program (BMP).

Youth who have been "direct-filed" as adults pursuant to Proposition 21 or have a co-occurring mental health disorder (a mental health disorder and a substance abuse disorder) are eligible to participate in long-term substance abuse treatment services, which involve both individual and group treatment processes. These services have been designed to fit existing time schedules, be developmentally and gender appropriate, and skills-based. The programs will address behaviors related to abuse, addiction, and relapse prevention.

Participation in long-term substance abuse services is voluntary and is realized through a formalized referral process via the Substance Use Disorder (SUD) Screening Referral Form (See Attachment) initiated by staff or via a youth-initiated self-referral process.

The following outlines the various formal processes that are utilized by youth, staff, Juvenile Court Health Services, the Department of Mental Health, and the Los Angeles County Office of Education, County of Los Angeles Department of Public Health- Substance Abuse Prevention Control (SAPC) to refer youth for consideration for long-term substance abuse treatment services.

All referrals for long-term substance abuse treatment services, except those for youth with co-occurring mental health disorders, shall be processed through SUD Treatment Counselors. There are two contracted service providers for SYTF

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through SAPC. Tarzana Treatment Center (TTC) will provide services for youth at BJN. Phoenix House will provide services for youth at Campus Kilpatrick (CVK) and Dorothy Kirby Center (DKC).

Juvenile Court Health Services Referral Process

During the medical admissions processes, Juvenile Court Health Services (JCHS) nurses and physicians shall assess youth for substance abuse issues and provide medical care for detoxification and/or withdrawal according to their established policies and refer these youth to Mental Health for assessment. These youth shall also be offered the opportunity for a voluntary referral to participate in long-term substance abuse programs during the medical admissions process.

If a youth indicates to the Admissions nurse that they would like to participate in a substance abuse treatment program, the nurse shall make the notation "SAR" next to the youth's name in the Medical Admissions Log. A SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

During subsequent medical contacts with physicians, nurses, or other medical providers, if a youth indicates a desire to participate in long-term substance abuse treatment services, JCHS staff shall complete a SUD screening form. The SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Los Angeles County Office of Education Referral Process

Youth who voluntarily indicate a substance abuse problem to the school counseling or teaching staff or who are referred out of class for using a controlled substance under Education Code 48900 (c) shall be offered the opportunity for voluntary referral for substance abuse treatment services at. If a youth indicates they would like to participate, LACOE staff shall complete a SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Department of Mental Health Referral Process

Upon admission, DMH shall conduct a mental health assessment on each youth. Youth determined to have both a mental health disorder and a substance abuse disorder (generally defined as a co-occurring disorder) shall be treated by DMH in accordance with its policies and procedures.

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Youth with substance abuse disorders who do not have any other identifiable mental health illness shall be offered the opportunity for voluntary referral for substance abuse treatment. A SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Probation Referral Process

During the formal orientation process, all youth will be offered the opportunity to voluntarily participate in long-term substance abuse programs. Youth who indicate that they would like to participate in long-term substance abuse treatment programming opportunities a SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Living unit staff who become aware of a youth substance abuse disorder shall offer the youth the opportunity for voluntary referral for substance abuse treatment services. A SUD screening referral form should be submitted via email to Veronica Cardona (vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Youth's Self-Referral Process

During the orientation process, youth are introduced to the Request for Services and the Grievance forms, which can be found throughout the facility. Youth are encouraged to fill one of these forms out and place them in any Grievance or Access to Care box in the facility to request medical, mental health, substance abuse, or other services while detained at the facility. The facility grievance officer or nurse shall retrieve these forms daily from the boxes and forward a photocopy of any forms requesting substance abuse treatment services to the BMP Office.

BMP Office Staff Or Program Services Supervisor Referral Coordination Responsibilities

BMP Office staff or Program Services Supervisor shall maintain a current list of detained youth who wish to participate in long-term substance abuse treatment services.

The BMP Office shall, as outlined above, initiate contact with detained youth who have previously indicated a desire to participate in long-term substance abuse treatment. If the youth still desires to participate in this treatment, the BMP Office staff shall submit a SUD screening referral form via email to Veronica Cardona

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(vcardona@tarzanatc.org) or Denesha Neal (dneal@tarzanatc.org).

Substance abuse treatment services providers at the facility shall, prior to initiating services for the youth, consult with JCHS staff regarding the youth's medical condition and other information that would assist the treatment provider in providing service, which may include but is not limited to, type(s) of drug(s) used, co-morbidities, and other important clinical information.

The BMP Office or Program Services Supervisor shall be responsible for maintaining a log of services provided to youth at the facility each month. This log shall be compiled by the 15th day of the following month that services were provided and shall indicate the dates and types of long-term services that were provided and the total number of youth participating in them in the facility. The log shall also include the number of youth participating in long-term substance abuse services each month at the facility.

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) REPORTS AND RECORDS	Section Number: SYTF-1900
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) REPORTS AND RECORDS	Section Number: SYTF-1900
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

1901 INTRODUCTION

The Department maintains an extensive record-keeping system to chronicle its own operations and to report on the status 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 Superintendent/Director or Assistant Director shall ensure that there are written procedures governing the generation, review, dissemination, retention, purging, and destruction of all reports and records.

1902 PROBATION CASE MANAGEMENT SYSTEM (PCMS)

It is the policy of the SYTF that all deputized staff enter the required data into PCMS.

Screen Definitions

Primary Navigation: These are the primary modules of PCMS. Users shall click on the facility indicator in order to enter data. Once the user activates this indicator, it will automatically take the user to the Secondary Navigation.

Secondary Navigation: These are the options from the Primary indicators. This indicator is located on the left-hand side of the user's screen, directing the user to the Youth Information indicator. Click on the plus sign (+) to expand options. This will encompass all the youth's pertinent information.

Common Links: These are links which all PCMS users have access to, based on their user's role.

Data Entry Instructions

Below are the required procedures for entries into PCMS:

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Line Staff

Unit/The HOPE Center Assignment – Unit Assignments and room numbers shall be entered and completed in PCMS by the unit Board DSO/DPO when a youth is received into the unit. The Sr. DSO/DPO II or the authorized designee shall ensure that all youth assigned to the unit are entered properly into PCMS.

The HOPE Center Assignments and room numbers shall be entered and completed by the HOPE Center unit Board DSO/DPO when the youth is received into the HOPE Center. The HOPE Center Staff shall enter “Date and Time Entered into the HOPE Center”. In addition, when a youth is released, the HOPE Center Staff shall enter “Date and Time released from the HOPE Center.”

Case Notes—Behavioral documentation shall no longer be handwritten manually in the Behavior Chart. Staff shall enter supervision and behavioral information in the “Case Notes” section of PCMS.

Special Project Staff

All identified Special Project Staff are required to enter data into PCMS as referred to in the PCMS Training Manual.

1903 DAILY REPORTS

Unit Population and Grade Sheet/Daily Merit Ladder

This report shall reflect the name, birth date, ethnicity, PDJ number, charge, and special handling codes of each youth assigned to a particular unit. The grade level or high school graduate, age, number of days in the facility, school group, unit grades/Developmental stage system (DSS), and the youth’s whereabouts are also posted on the report. This report is initiated and completed prior to 12:00 midnight and updated by the following shifts.

Daily conduct grades assigned by the unit DSO/DPO are also noted on the *Unit Population and Grade Sheet*. These grades are employed as an aid in the evaluation of behavior and also as an incentive for good behavior. Staff should remember grades must reflect effort and attitude rather than skill or ability.

Shift Condition Report

This report shall be submitted by the Sr. DSO/DPO II or Acting Lead Officer at the

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end of the shift. The report contains opening and closing populations of the building, staff on duty, general and specific comments regarding the tone of the building, problems requiring follow-up, significant events, time of security checks, name of the person making the check, etc. Copies of this report shall be submitted to the Division Director (original) and Supervisor, and a copy retained in the unit.

Absence/Overtime Reports

This report shall be completed daily by the supervisor or the authorized designee, and the original submitted to Payroll. A copy shall be forwarded to the Division Director. If the supervisor is absent, provisions have to be made to have the report submitted-

Security Check Sheet

Sheets are completed at least once each shift by each unit DSO/DPO conducting the check.

Unit Verification Printout

A computerized printout listing each youth assigned to the unit is forwarded to the unit Sr. DSO/DPO II or Acting Lead Officer each evening. The Sr. DSO/DPO II or Acting Lead Officer is responsible for updating the document by lining out the names of released youth, noting the location to which the youth is released, and adding the names and PDJ numbers of youth transferred into the building that day.

The updated printout is to be received by the clerical sections by 7 PM each night.

Unit Log Book

The board DSO/DPO completes BMP and other related entries in the *Unit Log Book* each shift. Minimum elements include opening and closing populations, list of new admissions, list of releases and where released, general condition of the unit, unit tone, problem youth, and problem situations. In addition, DSO/DPO should list daily programming, activities, and time.

Inventory Control Log

The weekly log is posted each Saturday by the Unit DSO/DPO on the 2 PM-10 PM shift. The log is signed off by the DSO/DPO at the beginning of each shift and by

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the Sr. DSO/DPO II/or Acting Lead Officer at the conclusion of each shift (GSN and Sr. DSO/DPO II/or Acting Lead Officer at the beginning of the 10 PM- 6 AM shift. All maintenance equipment kept in the utility closet is to be accounted for and posted on the inside of the utility closet door. Any discrepancies shall be reported immediately to the building supervisor, and a follow-up investigation shall be conducted.

Recreation Equipment Control Log

This weekly log is posted each Saturday by the third DSO/DPO on the 6 AM-2 PM shift. The log is signed off by the third DSO/DPO of each shift to account for all recreation equipment. The log is to be posted in a high-visibility area in the staff office. Any discrepancies are reported immediately to the building supervisor with a completed investigation.

OD Report¹

The OD report is generated by the supervisors working MC. Entries are made to cover each shift. Minimum elements include the opening populations of the facility, the staffing level, youth movements, incidents involving staff leaving the institution (with or without authorization), any breaches of security, critical incidents, and any emergencies, etc. Other information may be required specific to that facility.

Activity Log²

The Activity Log shall be completed daily by the DSO/DPO board counselor of the unit. Youth shall receive a minimum of three (3) hours a day (one (1) hour for exercise + one (1) hour of recreation + one (1) hour of programming) during the week and five (5) hours a day each weekend or a non-school day of exercise, recreation, and programming. The five (5) hours must include a minimum of one (1) hour for exercise, one (1) hour of recreation, and one (1) hour of programming. The Activity Log must include specific information on the type of recreation, exercise, and programming provided in addition to the times provided (i.e., Basketball 4:00 PM– 5:00 PM). The logs shall be archived in the Senior Office for auditing purposes.

Title 15 Programming Log³

The Title 15 Programming Log shall be completed daily by the DPO board

¹ Applicable to BJN Staff only.

² Applicable to BJN Staff only.

³ Applicable to Dorothy Kirby Center Staff only.

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counselor of the unit. Youth shall receive a minimum of three (3) hours a day (one (1) hour for exercise + one (1) hour of recreation + one (1) hour of programming) during the week and five (5) hours a day each weekend or a non-school day of exercise, recreation, and programming. The five (5) hours must include a minimum of one (1) hour for exercise, one (1) hour of recreation, and one (1) hour of programming. The log must include specific information on the type of recreation, exercise, and programming provided in addition to the times provided (i.e., Basketball 4:00 PM– 5:00 PM). The logs shall be archived in the Senior Office for auditing purposes.

Bed Charts

The Unit DSO/DPO on the 2 PM-10 PM shift shall be responsible for completing a new Bed Chart each day. The Bed Chart shall reflect all youth-assigned rooms in the unit. The Bed chart shall be posted in the staff office and signed and dated by the staff preparing the chart. The old Bed Charts shall be given to the building supervisor each day for review.

1904 BEHAVIOR RECORD

The following procedures shall be observed when processing Behavior Records:

- A Behavior Record and Behavior Record Control Card are maintained for youth.
- Upon a youth's initial admission, a permanent Behavior Record is made by MC. This record shall have a logo on the outside specifying the initial place of detention.
- The record shall be transferred with the youth to other buildings and facilities and shall be returned to the home facility when the youth is released.
- On readmission of a youth, MC staff shall obtain the youth's Behavior Record either from the file room or by accessing PCMS to determine its location and any special instructions, AKAs, or monikers.
- If a Behavior Record must be obtained from another location, the MC staff shall set up a temporary file using a manila folder.
- The Unit Sr. DSO/DPO II/Acting Shift Leader shall later incorporate the temporary file material into the permanent record when it arrives in the unit.

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- If the permanent record is not received in the living unit within 48 hours, the Sr. DSO/DPO II/Acting Shift Leader shall contact file room personnel and request the permanent record.
- On both initial and readmitted cases, the OD/Supervisor shall determine from information received if the youth should be immediately coded for special handling. The OD/Supervisor shall take the necessary steps to affect such coding.
- Critical information is posted and dated on the face sheet in the special problems box, as applicable, using the following codes and colors:

Suicide	S	Red	Major Disturbance
Dangerous	D	Blue	Medical Emergencies
Escape	E	Green	Escape
Keep-away	K	Yellow	Outside Intruders
Court Ordered	C		
Administrative	A		
Disability/Impairment	I		
Pregnant	P		

Note: When such special information is posted on the face sheet, there shall be a corresponding entry in the Behavior Record as to the source and detail of this information.

Papers in the Behavior Record are listed as follows:

- All legal or court papers shall be filed on the left side. This includes detaining orders, release orders, minute orders, and Court Reports. In addition, the green Mental Health Assessment Summary shall be filed on the left side of the behavior file.
- The Board DSO/DPO is required to chart each youth at least once per week using PCMS ("Notes" section). All significant and pertinent events shall be notated in PCMS by the end of the shift regardless of how often

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or recently charting may have been done. This also includes BMP charting requirements.

- The Building Sr. DSO/DPO II/or Acting Shift Leader on each shift and the unit GSNs at night shall ensure each youth has a Behavior Record physically present in the living unit. The Behavior Record shall accompany each youth assigned to sleep in other locations within the facility.
- Records of released youth shall be brought to MC/RS and immediately forwarded to the file room. They are then sent to the appropriate facility in accordance with the logo on the file.
- Behavior Records of youth going to other facilities are sent to MC/RS by unit staff along with the youth.
- The Building Sr. DSO/DPO II/or Acting Lead Officer, upon receiving a record, shall review the file and ensure any special handling codes and AKAs are added to the population board.
- Behavior Records shall be retained for seven years from the date of the youth's last release.
- The Building Supervisor shall complete regular monthly audits to ensure court orders are followed and charting is current. The Supervisor shall document the audit in the Record of Supervision in the Behavior Record.
- All facility-generated papers are filed on the right side. This includes the Record of Supervision sheets, Children's Personal Property Slips, SIRs, and Mental Health Referrals.

1905 CHARTING

SYTF shall keep a record of significant information and observations by staff on each youth. Charting contains factual and objective information and interpretive summaries concerning the youth's attitude and behavior, as well as a historical record of events and programs.

Minimal Charting Requirements

When charting, the following guidelines shall be followed:

- Case notes shall be completed on each youth at least once per week per shift (AM, PM, and Relief).
- Each youth shall have a minimum of three (3) case note entries per

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week. The number of recorded case note entries does not relieve the staff's responsibility to record significant information on youth at any time.

- All case note entries shall be legibly recorded and dated.
- Efforts shall be made to prevent entries from becoming stereotypical and repetitive.

Behavior Record Maintenance

Behavior Records shall be maintained according to the following guidelines:

- Face sheets shall be correctly completed and reflect all current updates pertaining to special handling codes.
- Staff shall read and review each youth's chart weekly. Particular attention shall be given to youth requiring special handling. Staff shall be familiar with special handling codes as well as the youth's current status and progress in the unit.
- All court orders requiring staff action shall be recorded in the Behavior Record. In addition, an entry must be made when compliance with the order has been completed.
- The Board DSO/DPO shall be responsible for recording any information relative to the youth's activity status as determined by medical staff.

Note: The Board DSO/DPO is required to properly transfer any information of restricted or unrestricted activity or special handling codes to the *Unit Population, bed chart, and merit ladder* immediately upon notification. In some instances, it may be necessary to provide a temporary Behavior Record pending the arrival of the permanent chart.

The Supervisor shall instruct staff that Behavior Record reviews are to be conducted.

Temporary records shall be combined with the permanent Behavior Record upon its arrival. All information in the temporary chart is to be properly incorporated upon arrival of the permanent Behavior Chart.

The building supervisor shall conduct regular monthly audits to ensure that routine charting, behavior file maintenance, court order compliance, and filing are being conducted as required.

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1906 WORK ORDER PROCEDURE

Physical surroundings have an important effect on the attitude of the youth as well as upon the efficacy of the entire program. It is, therefore, essential that every staff member assist in reporting any situation which requires maintenance work or repair by forwarding Work Orders in accordance with the following procedures:

Non-Emergency Requests:

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Prior to submitting a Work Order, staff shall review the past Work Orders to avoid duplication. If no similar orders are found, staff shall write a Work Order indicating the problem, building number, building, room number, and description of work. Staff shall sign the completed Work Order and submit it to the Building Supervisor or OD for approval and prioritization. The Sr. DSO/DPO II or Acting Shift Leader must log the Work Order number and reason onto the Shift Condition Report and place the Work Order in the General Services Director's (GSD) mailbox.

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Work order shall be submitted to the designated staff at the facility. The DPO should indicate the problem, building number, building, room number, and description of work. The DPO II or Acting Shift Leader must log the Work Order number and reason onto the unit log book and notify the designated staff that a work order has been requested.

Like Requests: Work Orders shall only be requested for services of like kinds of problems; for example, lights out in rooms 10, 15 and 20. Under no circumstances are job requests to be mixed on a Work Order, such as lights out (electrical) and stopped-up toilet (plumbing). Even if the request is for the same room, such as lights out and the toilet stopped up in Room 5, do not mix.

Note: Non-emergency requests on weekends, holidays, and after 5 PM on weekdays shall be processed the following business day.

Emergency Requests: Any situation that requires immediate attention due to serious safety or security concerns shall be referred to the Management Services Division (MSD) by telephone to avoid delay. After 5 PM on weekdays, weekends, and holidays, the OD/AD shall be contacted. All such calls are to be followed up

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with a written Work Order and submitted electronically online.

Routing of Work Order⁴: The original (white) and the first copy (pink) of the Work Order form are forwarded to the General Services Director (GSD). The second copy (green) is retained in the building, originating the request until the repair has been completed. The Work Order is entered on the Master Work Order Log Sheet by the GSD. The original(s) shall be given to the appropriate crafts persons by the GSD. After the work has been completed, the original shall be returned to the GSD by the crafts persons. The originals shall be matched with the first copy (pink), which was retained by the GSD. The GSD shall forward the pink copy of the Work Order to the Building Supervisor to staple to the green copy. Once the green and pink copies have been matched, they shall be maintained on the Work Order board. Quarterly, both copies for previous months shall be removed from the board and given to the supervisor.

(Unit staff shall not give green Work Orders to the repairmen.)

Completed Work: If completed work is found to be unsatisfactory, the Building Supervisor or the authorized designee is to be notified, and the matter is referred to the GSD as soon as possible.

Follow-Up Process: The Building Supervisor shall complete a bimonthly check of all Work Orders to ensure orders are being completed in a timely manner. The GSD shall follow up on all Work Orders that are not completed within 30 days. The Superintendent/Director or Assistant Director shall follow up on all Work Orders that are not completed within 45 days. The Division Director shall be requested to verify the status of incomplete Work Orders.

Communications Equipment Repair (TV-Radio-Recorders): When communications equipment needs repair, the Supervisor may authorize one of the staff to call the General Services Director's Office and arrange for replacement if the item is available. If replacement items are not available, the items shall be sent out for repair, and the unit shall be notified upon their return. A Work Order is necessary for this transaction.

1907 SPECIAL INCIDENT REPORT (SIR) FORM

SIRs are documents prepared by staff to memorialize certain categories of incidents. SIRs shall be written immediately by **all staff** witnessing or involved in

⁴ Applicable to BJN facility only.

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such an incident. The SIR shall be submitted to the Sr. DSO/DPO II or Acting Lead Officer supervisor for approval within two (2) hours of the occurrence or before the end of the shift during which the incident occurred unless additional time is necessary and authorized by the OD/Supervisor or the authorized designee. If the incident occurs near the end of a shift, the OD/Supervisor shall be notified to ensure that sufficient time is provided for the involved staff to complete the SIR. As soon as the SIR is completed and approved by a Sr. DSO/DPO II, Acting Lead Officer, Supervisor, or OD copies must be distributed by the staff to the Supervisor, OD, and Director, as well as the youth's Behavior file. A copy of the SIR is not to be given to the youth.

When completing the form, staff must check off in which facility the incident occurred.

It is essential that SIRs be descriptive, detailed, and forwarded without delay. SIRs shall contain the following information:

- Facility.
- Time & date of incident.
- Youth's name, PDJ, DOB, unit/dorm assignment, and DPO of record.
- Date report was written.
- Date & time transported to Nurse/Medica.
- Name, title, employee number, and signature of staff writing the SIR.
- Action taken, if any (e.g., transfer to the HOPE Center, remain in unit etc.)
- Nature of incident.
- Location of incident.
- Names and titles of staff involved/present.
- Physical position or location of all staff at the time of the incident.
- The supervisor's signature as reviewer and approver. The supervisor shall not approve SIRs until required medical information, if appropriate, is included.

SIRs are mandated under the following circumstances:

- Major disciplinary problems.

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- Incident in which any youth or adult is injured.
- Serious threat of physical harm.
- Death of an employee or youth.
- Fights involving youth.
- HOPE Center Transfers (SIR is a document of transfer).
- Incidents in which County property or personal property is damaged or lost (A copy of the SIR and a completed Property Damage Report, which includes the youth's parent(s) name(s) and address(es), is forwarded to the Management Services Director).
- Behavior indicative of special problems that may require medical or psychiatric care (e.g., suicide attempts, suicidal ideation, irrational speech or conduct, fainting spells and bizarre conduct, etc.).
- Any other incident that calls for special attention on the part of administrative staff.

Note: If further investigation is necessary, an Affidavit may be required from staff and/or youth.

(Meets the standards set forth in Title 15, Section 1362)

1908 MENTAL HEALTH CONSULTATION FORM (MENTAL HEALTH REFERRAL FORM)

Refer to the manual section Programs, which contains a sub-section on mental health services and preparing the *Request for Mental Health Consultation* form.

1909 DETENTION OBSERVATION REPORT (DOR) FORM/COURT REPORT⁵

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The purpose of this report is to make available pertinent information regarding youth in detention. The DOR is written upon request of the Court, the Field DPO, or as authorized by a Supervisor. It shall be reviewed and approved by the Supervisor and a copy forwarded to the Director prior to submission.

The SDSO/SDPO shall authorize the immediate completion of a DOR to

⁵ Applicable to BJN Staff only.

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report a youth's serious illness or serious injury and all attempted suicides to the Court.

Note: All attempted suicides shall be reported to the Court, whether or not a physical injury occurred.

A serious illness is defined as one that requires removal to a hospital for treatment, overnight confinement in a Probation Facility Medical Unit, and/or that is chronic or 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 or not it is life-threatening.

When a youth is referred for a 72-hour mental health evaluation pursuant to Section 5150 WIC, notification to each court within the county where the youth has a pending matter is mandated by Section 4011.6, paragraphs 1 and 2 of the Penal Code. Notification is accomplished by completing an Information to Court Officer form. Notification is also given to the parents by phone and in writing when unavailable. The OD or the authorized designee shall notify the treating psychiatric hospital that the youth is under the care, control, and custody of the Probation Officer and can only be released to Probation Department staff.

The following procedure is to be followed when generating a DOR:

- Supervisor designates the person responsible for preparing the report.
- A draft report is then submitted to the Supervisor for review and approval and forwarded to the Director prior to submission.
- Once approved, the report is finalized in typewritten form.

Reports are not to be forwarded unless finalized and approved by the Unit Director. This shall ensure a quality work product since this report ultimately shall become part of the official record.

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The assigned 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 Probation Department who are housed in the juvenile facilities. The SDPO or the casework SDPO shall ensure that this is accomplished and that

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the youth's parent or guardian is notified.

A serious illness is defined as one that requires removal to a hospital for treatment, overnight confinement in a Probation 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. Incidents shall be immediately reported to the appropriate Court on an Information for Court Officer (Juvenile) form.

(Meets standards set forth in Title 15, Section 1341)

1910 REPORT OF ACCIDENT OR INJURY TO VISITORS

The OD/RS Supervisor completes the visitors' Injury Report Form (GR539). The OD/RS Supervisor shall designate a staff to complete and submit an SIR regarding the occurrence.

1911 PRELIMINARY AND FOLLOW-UP INCIDENT NOTIFICATION (PIN AND FPIN PROCEDURES)

The purpose of this policy is to outline the process for reporting serious incidents that take place within the Detention Services Bureau (DSB), Residential Treatment Services Bureau (RTSB), and Secure Youth Transition Facilities (SYTF).

All serious incidents involving youth that take place in any juvenile institution and during transportation shall be documented and reported according to the outlined procedures.

SERIOUS INCIDENTS DEFINED

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

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Any major disturbance at the facility (defined as having 10 or more youth involved);	Date and Time 10 youth or more involved is determined
Any suicide or suicide attempt;	Suicide: Date and Time of Incident 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: Juvenile - Prison Rape Elimination Act (PREA) For Juvenile Institutions Bureaus (Issued 01/04/2018);	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

Note: The above definition provided for a serious incident is not a complete and final list. If there is any uncertainty about whether an incident should be considered serious and submission of a PIN, the Duty Supervisor will be responsible for making that determination. Once a decision is made, the Bureau Chief or the authorized designee will ensure the information is disseminated as required. A PIN Qualifying Date and Time is when the incident met the criteria of becoming a PIN.

A PIN Qualifying Date and Time is when the incident met the criteria of becoming a PIN.

All serious incidents involving staff, that do not also involve youth, shall be reported on the Initial Notice of Special Incident, Prob. 1685. All timelines, notifications, and reporting requirements for serious incidents involving staff only are the same as the requirements delineated below for both the PIN and FPIN.

NOTIFICATION HIERARCHY

In the event of a serious incident, the Duty Supervisor shall notify the designated personnel, including the facility Director (Director/Assistant Director on Duty in DSB, RTSB, SYTF), all other Directors and Assistant Directors assigned to the facility, Superintendent/Regional Director, Bureau Chief, Bureau Consultant, and

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Bureau Special Assistant.

APPROVAL AND REVIEW

The Superintendent/Regional Director/Senior Director is responsible for reviewing and approving all final versions of Preliminary Incident Notifications (PINs) and Follow-up Preliminary Incident Notifications (FPINs) to ensure accurate completion.

IMMEDIATE NOTIFICATION REQUIREMENTS

The Duty Supervisor/RS Supervisor has the primary responsibility to ensure Immediate notification or shall be no later than one (1) hour of any serious incident to specified levels of management via telephone. The order of notification follows the PIN Telephone Tree:

1. Director/Assistant Director on Duty.
2. Superintendent/Regional Director/Senior Director.
3. Bureau Chief.
4. Deputy Director (only when necessary).

When reporting an incident, provide essential facts concisely: Who, What, Where, When How and Why. If the intended recipient is unavailable, a voicemail must be left, summarizing only essential facts before contacting the next level of management.

After a person-to-person telephone conversation, a follow-up email shall be sent memorializing the conversation. The PIN Telephone Tree recipient continues the process to the next superior officer listed.

After the Duty Supervisor completes their verbal person-to-person telephone conversation, a follow-up email that memorializes the person-to-person conversation must be sent to the Bureau Chief, Superintendent/Regional Director, Director on Duty, 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 recipient shall continue the notification process by reporting to the next superior officer listed in the telephone tree.

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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, Bureau Chief, Superintendent/Regional Director, all facility Director(s) and Assistant Director(s), Bureau Consultant, Bureau Special Assistant, and any parties designated by the Bureau Chief.

The PIN summary must include the date, time, name, and title of the manager that received the person-to-person notification immediately following the incident, along with the name and title of the Duty Supervisor that made the notification.

The Date and Time of Incident section for hospital transportation is the date and time the youth/staff were transported to the hospital. PINS involving a Suspected Child Abuse Report (SCAR), the date and time of the SCAR submission shall be indicated. For all other incidents requiring a PIN, the date and time the actual incident occurred shall be specified.

In the event of exigent circumstances, which results in a delay of the PIN completion, the reason for the delay shall be reported to the Deputy Director, Bureau Chief, Superintendent/Regional Director, Director/Assistant Director on duty, all facility Director(s) and Assistant Director(s), 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 must 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.

PIN/FPIN Email Procedures

PIN/FPIN email must include a subject line (i.e., YOYV/Medical, Mental Health, etc.), attachment of the PIN or FPIN in Word form to the email addresses specified below, and the inclusion of the PIN summary or FPIN Report Narrative in the email body. Only factual details shall be included in the email correspondence.

Note: A PIN or FPIN shall never be sent directly from a copy machine or machine with scanning capabilities.

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Email Reference Guide

Prison Rape Elimination Act (PREA) Compliance

PREA Compliance Manager or designee shall be notified of all Sexual abuse or harassment involving youth. Duty Supervisor contacts immediately includes details in PIN Summary or FPIN Report Narrative, and sends completed reports to: prob-prea.compliance@probation.lacounty.gov.

Systems Accountability Bureau (SAB) Critical Incident Review (CIR)

SAB shall be notified of all serious and critical incidents. The Notification Recipients is the Deputy Director, executive management, and SAB Bureau Chief. The Bureau Consultant or designee emails completed PIN/FPIN reports to pin.cir@probation.lacounty.gov.

Parent/Guardian/Caregiver Notification:

The youth's parent/guardian/caregiver is to be notified of all Serious incidents involving youth requiring a PIN. Three telephonic attempts are needed within 24 hours of the incident and upon return from the medical facility. Initial telephonic contacts and results shall be reported on the PIN by the Supervisor or the authorized designee. There shall be documentation of results reported on the PIN and continuing attempts on FPIN. Unsuccessful attempts reported on FPIN.

Court/Attorney Notifications:

The Court and the youth Attorney shall be notified of a Serious incident requiring a PIN. The court is to be notified through the use of the Detention Observation Report (DOR) or court report. The Attorney on file shall be contacted.

Critical Incidents to Public Defender and Alternate Public Defender:

The Public Defender and Alternate Public Defender shall be notified of critical incidents. The email notification shall be completed by the Bureau Consultant or designee; however, a copy of the PIN shall not be included. The email should only include youth's name, date, location, and incident description to: Critical.Incident.Notification.PubDef.APD@probation.lacounty.gov.

Office of Inspector General (OIG) Notifications:

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OIG shall be notified of all serious and critical incidents. The email notification shall include details (youth's name, date, location, brief description) to OIGProbCI@oig.lacounty.gov.

Campus Safety and Security Operations (CSSO) Notifications:

CSSO shall be notified of all Serious Contraband, Security Breaches, and Security Concerns. All serious and critical incidents should only include factual details a to EDL-PROBCSSO@probation.lacounty.gov.

Email Addresses for Notifications:

PREA Compliance Unit: prob-prea.compliance@probation.lacounty.gov

Systems Accountability Bureau Chief (CIR Process):

pin.cir@probation.lacounty.gov

Parent/Guardian/Caregiver Notification:

Parent's contact on file Court/Attorney Notification: Court/Attorney contact on file.

Critical Incidents to Public Defender and Alternate Public Defender:

Critical.Incident.Notification.PubDef.APD@probation.lacounty.gov

Office of Inspector General (OIG): OIGProbCI@oig.lacounty.gov

1912 CRITICAL INCIDENT REVIEW (CIR) PROCESS

The CIR policy outlines Probation Department procedures for incidents identified as serious, critical in nature, and requiring 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, during and after an event, to address the root causes of an event, and to prevent the incident from reoccurring.

After a serious suicide attempt incident occurs but no later than 24 hours, supervisory staff shall meet individually with any impacted youth and staff to review

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the incident and make an assessment regarding the need to make crisis counseling available. Supervisory staff shall contact facility administrators and DMH. DMH shall facilitate appropriate counseling services with the affected youth and staff as necessary.

The Superintendent/Director shall provide a written report to the Bureau Chief regarding the incident.

A Critical Incident is a significant event involving actual or potential liability, serious injury, significant loss, or major conflict within the Probation Department's responsibility, warranting high-level managerial review.

The CIR Process

- Provide rapid and timely review of significant events affecting the Department.
- Offer a forum for debriefing after a Critical Incident to identify systemic issues, weaknesses, tactical shortcomings, and training needs.
- Serve as a feedback and evaluation tool for continuous improvement across all Department operations.
- Collect information to provide an accurate, unbiased representation of events, addressing concerns and correcting misinformation.
- Facilitate a continuous system of Departmental improvement, including policy review and updates.

A CIR is neither a disciplinary investigation nor an audit of any individual or operation(s) but rather, a CIR will examine:

- Existing policy relevance to the Critical Incident.
- Contribution of human error, misapplication of policy, gaps in policy, or lack of policy to the incident.
- Appropriateness of training or re-training.
- Facility conditions or environment contributions.
- Need for Internal Affairs investigation recommendations.

The following events will automatically trigger a CIR:

- AWOL or escape from a Probation facility.

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- Any major disturbance (10 or more persons involved).
- Any suicide or suicide attempt.
- Death of a minor 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 youth, staff, or property.
 - Any physical intervention or altercation that results in staff or youth's hospital admission.
 - Any incident or situation that may (i) generate media interest, (ii) result in litigation, or (iii) result in possible criminal charges being filed against 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 unsuccessful strategies employed during the incident. Lessons learned and best practices will be shared with line supervisors and staff to implement throughout the Department. Additionally, CIR findings will 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 Systems Accountability Bureau (SAB).

PRELIMINARY INCIDENT NOTIFICATION PROCESS

Refer to the manual section—Preliminary and Follow-Up Incident Notification Procedures on protocols for completing and submitting a PIN and/or FPIN.

COMPLETION OF A CIR REPORT:

A CIR report shall be completed by the impacted Senior Manager 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.

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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 Senior Manager 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. Should the corrective action also have an impact across other operations, the Bureau Chief or the authorized designee shall share the corrective action needed, even if temporary, with relative 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 SAB CIR Unit (via email: 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.

CIRC PRESENTATION

A CIRC meeting will occur two times per month (or as needed). The impacted Facility Director, Senior Manager, and Bureau Chief shall be responsible for the CIR presentation and are required to attend the CIRC meeting.

The Bureau Chief 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 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.

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 will 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.

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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.

The SAB Bureau Chief will serve as the CIRC Chair. The CIRC shall consist of the following administrators:

- Deputy Directors,
- Administrative Deputy,
- At least one Bureau Chief and Bureau Consultant outside the impacted Bureau,
- Staff Training Bureau Chief,
- 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:

- 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 CAP Executive Steering Committee, including:

- Cataloging all PIN and CIR reports,
- Cataloging and tracking all CAPs, and
- Providing status reports.

1913 DESTRUCTION/ SHREDDING OF CONFIDENTIAL DOCUMENTS AND

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The purpose of this section is to provide guidelines for the destruction/shredding of confidential documents and records. The Probation Department generates, receives, and stores many documents and records of a confidential nature. If confidential documents and records are not securely maintained and periodically destroyed/shredded, there is a potential danger that confidential information can be obtained and misused for illicit purposes. Therefore, for the protection of the Department, it is critical that all confidential documents/records be maintained in a secure location and destroyed in a timely manner based on the Records Control Schedule timelines. Confidential documents and records shall be destroyed/shredded according to the following:

- They shall be shredded "in-house" with supervisor approval, provided a shredder is available within the facility/section, and all retention requirements have been met.
- An authorized vendor, in accordance with the contract provisions between the Purchasing Section and the vendor, shall shred them. If an authorized vendor is utilized, the vendor shall be contacted by the Facilities Services Office, who will arrange to have the bins picked up.
- Confidential records/documents found by any staff in a location other than where they are to be properly stored, such as in trash receptacles, recycle bins or other locations, should be brought to the attention of the supervisor for further action consistent with this policy.

1914 PROBATION DETENTION SYSTEM (PDS) UPDATE FORM⁶

The Probation Detention System Update Form (PDS Form) shall be used by Probation, the Department of Mental Health (DMH), Juvenile Court Health Services (JCHS), and the Los Angeles County Office of Education (LACOE) to:

- Update housing and appointment information
- Initiate changes in mental health supervision status.
- Update other information, such as name changes, medical clearances, visitor authorizations, gang affiliation(s), and other important information for individual youth.

⁶ Applicable to BJN Staff only.

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Completed PDS Forms shall be immediately placed in the PDS Update Box located in the Clerical Admissions Office. Clerical and/or Probation staff, as designated by the Superintendent, shall enter the updated information into the PCMS system on a continuous basis throughout the day.

After the updated information is entered into the PCMS system, the facility's head clerk shall, at the end of the business day, ensure that the PDS Forms are photocopied. The original copy shall be retained by the Head Clerk in a monthly file, and the photocopies distributed to the unit mailboxes for inclusion in the youth's behavior files.

Instructions for completing the various sections of the PDS Update Form are as follows:

Staff/Facility Information: This section must be filled out completely by all staff initiating a PDS Form. The staff member shall clearly print their name, note the date of the request, and check the boxes that indicate the Department the staff works for and the facility where the form was initiated.

Youth's Information: This section must be filled out completely by all staff initiating a PDS Form. The staff member shall clearly print the youth's PDJ Number, name, date of birth, age, and ethnicity on the form and check the box indicating the youth's gender.

Appointments: If the purpose of the update is to note a future appointment, the staff shall clearly note the date, time, destination, and reason for the appointment and then check the box that indicates the type of appointment (court, medical, other). Staff shall also use this section to note the cancellation of an appointment by filling out the "Remove Following Appointment" section.

Mental Health Supervision and Housing: This section shall be utilized to reflect updated mental health supervision levels for youth and/or housing holds for youth at that facility to facilitate psychotropic medication administration and/or mental health treatment.

- If the purpose of the update is to request a housing hold for the administration of psychotropic medication and/or continuity of mental health treatment services, the appropriate box(es) shall be checked by Mental Health staff.
- If the purpose of the update is to remove a housing hold that was placed for the administration of psychotropic medication and/or continuity of

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mental health treatment services, the appropriate box(es) shall be checked by Mental Health staff.

- If the purpose of the update is to note a change in the mental health supervision level of the youth, the box that reflects the newly determined level of mental health supervision for the youth (Level 1, Level 2, or Level 3) shall be checked by the staff completing the form.
- Changes in levels of mental health supervision are normally initiated by Mental Health staff; however, there are occasions when Officer of the Day (OD) or Nursing staff may determine that an enhanced level of supervision (Level 2 or Level 3) is appropriate for a youth pending evaluation by the Department of Mental Health.
- Each time a change in the level of Mental Health supervision (upward or downward) is initiated by the Department of Mental Health clinician, a PCMS Form shall be completed by the evaluating clinician. When a youth is placed on Level 3 supervision status by a clinician, the clinician shall contact the Officer of the Day and advise them of the change in the level of supervision so that appropriate housing and supervision can be affected to properly care for the youth.
- Each time the OD or Nursing staff places a youth on an enhanced level of supervision (Level 2 or Level 3), pending evaluation by the Department of Mental Health, a PDS Form must be completed by the OD or nurse. When a youth is placed on Level 3 Supervision status by a Nurse, the Nurse is to contact the OD and advise them of the change in the level of supervision so that appropriate housing and supervision can be affected to properly care for the youth.
- Mental Health staff shall forward completed PDS Forms to the main Mental Health Office at the facility that same day. After documenting the receipt of the form and noting the changed level of supervision, if any is indicated, identified Mental Health staff shall forward these updates to the PDS Update Box in the Probation Clerical Admissions Office twice daily (morning and late afternoon) for data entry purposes.

For LACOE Use only: If the purpose of the update is to request a housing hold for the purpose of facilitating Individual Education Planning (IEP) services or other educational services, the appropriate box(es) shall be checked by authorized LACOE staff. This section shall be completed only by LACOE staff. LACOE shall forward completed PDS Forms to the PDS Update Box in the Probation Clerical Admissions Office each afternoon at the conclusion of the

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school day for data entry purposes.

Court Housing Orders/ Administrative Hold Housing Orders. This section shall be used to reflect specialized housing orders from the court for identified youth or specialized housing situations within the facility that have been designated by a facility Director or the Superintendent.

- If the purpose of the update is to note special court-ordered housing, the court department shall be noted, and the appropriate box checked to indicate the facility in which the youth is to be housed. Occasionally, the court may indicate a specific unit that the youth is to be housed in and/or a reason for the housing order. If this occurs, the reason and/or the unit where the youth is to be housed shall also be noted.
- If the purpose of the update is to note the initiation of an "Administrative Housing Hold" order from the Superintendent or other facility Director, the Administrative Hold box shall be checked, and the unit where the youth should be housed noted. The Director approving the Administrative Hold must sign the form in the area indicated. Only PDS Forms requesting Administrative Holds and bearing the signature of a facility Director or Superintendent may be entered into the PCMS system.
- Youth on Administrative Hold status shall not leave the facility except to attend court or medical appointments. The facility Movement Coordinator shall be alert for youth on Administrative Hold status that are scheduled for movement out of the facility for court or medical appointments. The Movement Coordinator shall ensure that transporting staff returns the youth to the facility at the conclusion of the appointment.
- Administrative Hold orders may be removed from PCMS only with the written authorization of a facility Director or the Superintendent. To remove an Administrative Hold from the system, the "Remove Administrative Hold" box shall be checked, and the Director or Superintendent shall sign the form in the area indicated.

Special Handling Type: If the purpose of the update is to note the addition of a special handling code (or codes), the appropriate box(es) shall be checked. The signature of a Supervising Detention Services Officer (SDSO)/Supervising Deputy Probation Officer (SDPO) is not required when adding a Special Handling Code. If the intent is to remove a special handling code, the "Remove Following Special Handling Code" box is to be checked, and the Special Handling Code to be

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removed is to be noted in the space provided. The removal of a Special Handling Code must be approved by an SDSO/SDPO or higher-ranked administrator who shall affix their signature in the space provided. Suicide and Escape Codes may only be removed upon approval of the Superintendent.

Name Change: If the purpose of the update is to add "a known alias" (A.K.A), the alias name shall be noted in the section provided.

Medical: If the purpose of the update is to request a housing hold for medical reasons or the clearance of a medical hold, the appropriate box(es) shall be checked by JCHS medical staff or Probation staff.

Authorized Visitor: If the purpose of the update is to add an authorized visitor, the name and relation of the visitor are to be noted. Any additional comments may be placed in the section provided.

Other Information: This section is to be utilized to note any gang affiliation(s) for the youth and/or any other important information regarding the youth that may be of interest to staff members who will review PCMS records.

1915 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 Probation Department is in compliance with the meal reporting documentation guidelines outlined below. Designated representative from each facility is responsible for ensuring this report is completed on a daily basis and submitted to the Assistant Superintendent or Director/Assistant Director by 2:00 PM.

Requesting/Receiving Breakfast and Lunch Meals

- All staff shall use the revised Daily Meal Report form(s) (attached), in lieu of the *Monthly Meal Report* form. The form(s) are available on ProbNet.
- The Sr. Detention Services Officer (Sr. DSO)/Deputy Probation Officer II (DPO II_ or the authorized designee) 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*.

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- At each breakfast and lunch meal, the Sr. DSO/DPO II or the authorized designee 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 (attached) in the section entitled: "sack meals received".

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 Sr. DSO/DPOII or the authorized designee shall count the number of meals actually served to youth. The Sr. DSO/DPO II shall note this information in the section entitled "Actual Meals Served." Only a maximum of one meal per youth may be counted. If more youth are served than is in your population, a justification is required in the "comments" section of the Form.
- The Sr. DSO/DPOII or the authorized designee shall count the number of sack meals actually served to youth. The Sr. DSO/DPOII shall note this information in the section entitled "Actual Meals Served — Sack Lunches." If more youth are served than is in the population being supervised, a justification is required in the "comments" section of the form.
- The TD shall count the number of sack meals actually served to youth between 11:00 AM and 1:30 PM. The TD shall note this information on the Court Daily Sack Lunch Meal Report form in the section entitled "Actual Sack Lunches Served."
- The Sr. DSO/DPO II shall conduct a physical population count of youth in the unit, dayroom, dining room, or other designated area during mealtime. The Sr. DSO/DPO II shall note this information in the section entitled "Physical Pop During Meal." Receiving units shall record pit stops and new admissions in the sections entitled: "# New Admits" and "# Pit Stops."

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- After each meal, the Sr. DSO/DPO II and TD shall verify their form is completed in its entirety and contains accurate information.
- The Sr. DSO/DPO II shall enter the verified number of meals actually served on the Shift Condition Report or Supervisor Log.

Submitting Forms

By 2:00 PM of each day, the Sr. DSO/DPO II and TD shall forward the verified *Daily Meal Report* form(s) to the Assistant Superintendent/ Transportation Director or Director/Assistant Director or the authorized designee.

Verification of Forms

The Assistant Superintendent/Transportation Director, Director/Assistant 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). Once the documentation has been verified, it shall be submitted to the business office no later than 5 PM daily.

1916 CHILD ABUSE REPORTING

All allegations of suspected child abuse shall be reported immediately, or as soon as practically possible, to the local law enforcement agency servicing that facility in accordance with California Penal Code section 11165.9 (*Reports of Suspected Child Abuse or Neglect*).

Each facility shall post the name and telephone number of the local law enforcement facility servicing that facility in 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 servicing the facility but shall be referred to the Probation Department's Internal Affairs Bureau (IAB).

Facility administrators or supervisory staff that become aware of any allegation related to the reasonable suspicion of an incident of child abuse or excessive and/or unnecessary use of force shall ensure that each of these incidents are immediately reported to IAB. The IAB Director shall ensure that these allegations are responded to and investigated in a timely and thorough manner.

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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 pending any law enforcement agency and/or IAB interview.

The Probation Department shall provide child abuse training to staff assigned to juvenile facilities during Juvenile CORE training and shall provide remedial training as necessary.

State of California Child Abuse and Neglect Reporting Act (CANRA)

CANRA, outlined in Penal Code sections 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 Penal Code section 11165.7

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 observe a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

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.

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 are contained in the Penal Code.

1. Sexual Abuse

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- a. Sexual assault: Includes rape, statutory rape, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration and child molestation.
- b. Sexual exploitation: includes matter depicting a youth engaged in obscene acts, assisting, inducing, 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.

2. Neglect

- a. Severe: includes negligent 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 endangered
- b. General: includes negligent failure of the caregiver to provide adequate food, shelter, clothing, medical care, and supervision even though no physical injury has occurred

3. Physical Abuse

- a. Willful Harm: includes harming or injuring a child or endangering the person or health of a child.
- b. 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.
- c. Non-accidental Injury includes all other types of physical injuries inflicted upon a child by another person other than by accidental means.

4. Emotional Maltreatment (Psychological Abuse)

- a. Willful infliction of unjustified mental suffering on a child
- b. Permitting a child to suffer unjustifiable mental health suffering.
- c. Belittling or berating a child.
- d. Making unreasonable demands on a child or invoking unreasonable expectations
- e. Objectifying the child through comments related to the child or family.
- f. Rejecting the child in private or in a public forum and causing the child to feel unwanted, unneeded, or at risk.

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Reporting Suspected Child Abuse to Local Law Enforcement Agencies: All officers assigned to the juvenile facilities are mandated reporters and have a legal obligation to report incidents of suspected child abuse to the local law enforcement agency servicing the facility.

Any mandated reporter who has knowledge of or observes a child in their professional 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 such suspected incident of abuse or neglect to the local law enforcement agency servicing 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 Section 11166[a]).

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* form. The *Suspected Child Abuse Report* form is commonly referred to as a SCAR. Written reporting is affected by faxing or scanning and e-mailing a copy of the SCAR to the local law enforcement agency servicing the facility.

Staff from Probation, DMH, JCHS, or LACOE who file a SCAR on behalf of a youth shall immediately report their telephonic contact with local law enforcement to the facility 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 the incident is reported to the CASIU.

It should be clearly understood that 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 referring their concerns to supervisory or administrative staff does not meet the reporting requirement.

Supervisory and administrative staff at the facility shall not impede or delay the reporting of suspected child abuse to local law enforcement for any reason.

Reporting Suspected Child Abuse to CASIU: All incidents that occur within a probation facility and result in the preparation of a SCAR shall also be immediately reported to CASIU. The required method for notifying CASIU of incidents of suspected child abuse is via e-mail utilizing the SIU email address in the Probation

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Department's global e-mail address book. The formal email address for CASIU is: siu@probation.lacounty.gov. Staff requiring guidance regarding the reporting of incidents to IAB shall contact the IAB supervisor or Director at (626) 356- 5307 for consultation. Staff may also e-mail the SIU unit, and the on-duty investigator will receive the query and ensure a response to the staff.

The e-mail notification should include the following information at minimum:

- Date and time of incident.
- Location of incident (facility and unit), and facility main phone number.
- Name of youth(s) involved.
- Name of staff involved.
- Nature of allegation.
- Duty supervisor contact number.
- Facility contact phone number.
- A scanned copy of relevant documentation and reports (SCAR, Preliminary Incident Notification, etc.).

Notifications, etc., should be included in the email whenever possible. In addition to incidents of suspected child abuse, other incidents that involve 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 IAB. The preparation of a SCAR is not required on each and every incident reported to IAB, as there are incidents that occur (such as excessive or unnecessary force) that may not rise to the level of suspected child abuse.

When to Report Incidents to the IAB: Incidents involving allegations of abuse, and excessive and/or unnecessary force shall be reported to the IAB immediately upon the supervisor or administrator becoming aware of the incident's occurrence. Supervisory and administrative staff shall ensure the youth's safety and secure all relevant documentation relating to the incident pending any law enforcement and/or IAB 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. IAB staff will interview the youth to obtain any additional information related to the incident.

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If the allegation surfaces in a 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 affidavits regarding the incident. IAB 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 a Safe Crisis Management (SCM) Supervisory Review subsequent to a physical intervention incident, the interviewing of the subject youth and any other youth or staff related to the SCM incident shall be suspended. The supervisor may continue conducting the administrative portions of the review that does not involve interviewing staff or youth. The supervisor conducting the SCM review shall not prepare the written SCM supervisor summary related to the incident and shall just note on the summary page that the incident review was suspended pending investigation by IAB.

IAB Response to the Incident: Upon receiving the e-mail notification, an IAB investigator will contact the duty supervisor at the facility and make arrangements to respond to the facility. All efforts shall be made by facility administrators and supervisors to accommodate responding IAB investigators by providing all relevant documentation related to the incident as well as a confidential setting in which youth and/or staff may be interviewed. IAB investigators are authorized to access and interview all pertinent youth, staff, and other parties who may have information related to the investigation.

Staff that are the subject of or a witness to incidents of alleged child abuse, excessive force, or unnecessary force shall cooperate fully with IAB investigators in accordance with the Employee Cooperation policy. Staff shall not discuss the incident with other staff or youth. All staff have a 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 subject to disciplinary action up to and including discharge.

During the course of the investigation, any Probation staff assigned to the facility that is the named subject of a *Suspected Child Abuse Report* shall be reassigned to a post at the facility that does not involve contact with youth pending investigation/review of the incident by the IAB. At the discretion of the Superintendent or Director, staff may be reassigned to other work locations or reassigned to their homes during the investigative process.

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Staff of partner agencies such as DMH, JCHS, or LACOE who are named subjects in a *Suspected Child Abuse Report* may be denied access to the facility by the Superintendent or Director during the investigative process. The need to reassign staff and/or limit access to the facility during each investigative process will be dependent on the level and type of allegation made. The Superintendent or Director 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.

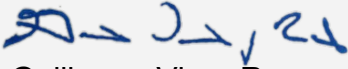
LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) SPECIAL SITUATIONS	Section Number: SYTF-2000
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) SPECIAL SITUATIONS	Section Number: SYTF-2000
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	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

2001 INTRODUCTION

This section addresses special situations not encountered in the daily operation, including deaths at the institution, notifying youth of deaths, and funeral attendance by the youth. The policy was developed in cooperation with Juvenile Court Health Services (JCHS) and the Department of Mental Health (DMH).

2002 DEATHS

The Probation Department will take appropriate action to fulfill mandated reporting requirements to include a medical and operational review of every in-custody 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/Facility Director or the authorized designee whenever possible. Telephonic or written notification is permissible only in situations where the parents, guardian, or person standing in loco parentis are not in the local area. Immediate notification shall include county counsel. Immediate notification may also be made to the Juvenile Court and the attorney of record, followed by a detailed Detention Observation Report or court reports to the Juvenile Court. The Superintendent/ Facility Director or the authorized designee is responsible for the following:

- Securing and preserving the body and the area until police arrive.
- Ensuring that the police, Bureau Chief, Chief Deputy of Operations, Chief Probation Officer, and DPO of record are notified so that notification can be provided to the Court and Board of Supervisors.

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- Ensuring that all staff, witnessing or involved in circumstances surrounding the death or discovery of the body, remain on duty until the police indicate they may be released.
- Next of kin notification should be conducted by the Bureau Chief or an authorized designee.
- Convening a Death Review Team to investigate and submit a written report of its findings within ten (10) days of the death to the Attorney General under Government Code Section 12525 and provide a copy of the report to the Board of State and Community Corrections.

Death of Probation Staff or Non-Probation Staff

These procedures are applicable once the death of a Probation staff or non-probation staff has been established by medical personnel or paramedics. When the death is confirmed, the Superintendent/ Facility Director or the authorized designee shall take the following actions:

- Immediately notify the police so that they can prepare the mandated death report. The police will notify the Coroner to claim the body when appropriate.
- Preserve the body and the site of death until police arrive.
- Coordinate with the police and chaplain relative to notification of next of kin.
- For Probation Department staff whose death occurs while on duty, the Superintendent/Facility Director or the authorized designee shall notify the next of kin.
- If the decedent is a Probation staff, refer the next of kin to the Personnel Department at Probation Headquarters for information concerning benefits.
- The police shall notify the next of kin for non-probation staff whose death occurs at the facility.
- Secure the personal property and vehicle of the decedent after consultation with the police until the secured items can be properly turned over to the next of kin or appropriate authority.
- If the decedent worked for another agency, coordinate with the police

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relative to the notification of that agency.

Death Review Team

A death review team shall be assembled. This team, which is overseen by the Superintendent/Facility Director, consists of the Health Administrator, the Mental Health Administrator, the attending physician, the Assistant Superintendent, Assistant Director, the Division Director, the Building Supervisor, Office of County Counsel, other health care and supervision staff relevant to the incident, 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 Section 12525. A copy of this report shall be sent within ten (10) days of the death to the Corrections Standards Authority and the Board. Copies of this report are forwarded to the Bureau Chief, Chief Probation Officer, and a copy is retained at the facility.

Upon receipt of a report of the death of a youth from the administrator, the Board may, within thirty (30) calendar days, inspect and evaluate the juvenile facility, jail, lockup, or court holding facility pursuant to the provisions of Title 15, Section 1341.

(Meets standards set forth in Title 15, Section 1341 (1))

In instances where the death involves a Probation staff or non-probation staff, the team will convene, investigate, and submit a report to the Bureau Chief and Chief Probation Officer within ten (10) days. A copy is retained at the facility.

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
- Race
- Date and time of admission to the facility

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- 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 staff making 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 a Probation staff or non-probation staff will contain the following information:

- Name
- Date of birth
- Sex
- Race
- Date and time of death
- Cause of death
- Any incident or circumstances related to the 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.

SPECIAL SITUATIONS**2003 DEATH OF A FAMILY MEMBER (NOTIFICATION)**

In the Suicide Prevention section of this manual, it has been noted that a significant stressful event in a youth's life occurs when they are informed of traumatic news from their family. News of a family member or relative's serious illness, impending death, or death is stressful. Many times, a family member will want to inform a youth in detention of this news personally. To ensure the youth is afforded the most appropriate support and care, the following policies and procedures shall be followed:

When the OD/AD is informed that a family member desires to inform a youth of a family member or close relative's serious illness, impending death, or death. The OD shall:

- Inform the parent/legal guardian that an immediate appointment shall be set to accommodate the parent to convey the news.
- Inform the parent/legal guardian that a mental health counselor would be present to assist the youth in this crisis at the time of notification.
- Ask the parent if they desire the facility's religious coordinator (Catholic, Protestant, or Jewish) to be present or if they desire the religious coordinator to facilitate the family's religious representative to be present.
- Set up a time and quiet place for the news to be conveyed to the youth with appropriate parties present.
- The OD/AD shall ensure that a Mental Health Referral form is completed on behalf of the youth.
- The OD/AD shall inform the unit Supervisor and Director of the impending appointment.
- The OD/AD shall consult with the Mental Health staff and place the youth on a different level of supervision as needed.

2004 FUNERALS

Upon issuance of a Court Order, the Department shall arrange transportation and supervision of the youth to attend the funeral services of a family member. A family member is defined as a parent, legal guardian, spouse, child, sibling

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(including step or half), or grandparent.

Ineligible Criteria

Youth may be considered ineligible if they meet any of the following criteria:

- Attendance by youth would create an unsafe condition.
- Is presently a danger to themselves or others.
- Represents an escape risk.
- Has an administrative, psychiatric, or medical hold on youth.

Travel Orientation

Prior to leaving the institution, Special Enforcement Operations (SEO) officers 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 attire

SEO staff shall wear suitable attire when assigned to funeral duty.

Security

Officer safety and security shall be the primary focus during a funeral assignment. SEO shall transport any youth attending a funeral. At least seven (7) days prior to the funeral, the unit supervisor or the authorized designee shall complete a "Request for Armed Assistance" form that must be submitted to the facility Superintendent/Facility Director or the authorized designee for obtaining approval by the SYTF Bureau Chief. The form should be emailed to: ArmedAssistance@probation.lacounty.gov (EDL-Probation Armed Assistance).

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 juvenile-facility authorities.

Transporting staff at funerals shall adhere to the following procedures:

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- The transporting staff shall have at least one backup vehicle to assist with the transport of the youth.
- Maintain possession of portable two-way radios to allow contact with the juvenile facility.
- 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.

2005 GENERAL REQUESTS TO INTERVIEW, PHOTOGRAPH, VIDEOTAPE, OR VOICE RECORD YOUTH

It shall be the policy of the Department that all general requests for interviewing, photographing, videotaping, or voice recording of dependent and/or delinquent youth 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 they know is under juvenile court jurisdiction and has been removed from the physical custody of their parent or legal guardian, and confidential information regarding the youth's case or dependency or wardship status may or will be disclosed as a result of interviewing, photographing, videotaping, or voice recording. Requests may be sent to:

Juvenile Court Presiding Judge's Office
Edmund D. Edelman Children's Court
201 Centre Plaza Drive, Suite 3
Monterey Park, CA 91754-2158
Fax: (323) 881-3794

- This rule does not prevent dependent or delinquent youth from initiating contact with any person or media representative without court permission.

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) MANAGEMENT SERVICES	Section Number: SYTF-2100
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) MANAGEMENT SERVICES	Section Number: SYTF-2100
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2101 INTRODUCTION

Management Services is responsible for payroll, personnel, clerical, supplies, laundry, property, and facility maintenance. Management Services liaises with other sections such as Communications, Health, Facilities Management, Purchasing and Stores, and the Internal Services Department. The monitoring of vendor contracts for food, clerical, and janitorial services also falls within the purview of this division.

2102 CLERICAL

The clerical support section shall:

- Maintain the entrance, detain/release orders, and other pertinent records of youth at the facility.
- Update information in the data storage system as appropriate.
- Keep updated records of admissions, releases, appointments, and court appearances.
- Maintain the timekeeping and payroll records for all staff.
- Process timecards and keep accurate records of benefits accrued and used.
- Maintain key control.

2103 SERVICES AND SUPPLIES

Responsibilities of the General Services Director are as follows:

- Complete weekly audits of laundry, kitchen, warehouse services, grounds maintenance equipment, and supplies.
- Inventory, store and distribute office supplies.

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- Purchase needed items.
- Approve the disbursement of funds to providers.
- Collect and process funds from the sale of meal tickets and public donations.
- Order, store, inventory and distribute furniture and equipment.
- Provide delivery, pick-up, and hauling services for the facility.
- Maintain vehicles and provide drivers.

2104 LAUNDRY OPERATIONS

It shall be the policy of the SYTF and the Management Services Bureau that youth be provided an adequate supply of clean laundry items such as linen, bedding, and clothing.

Inventory

The Management Services Bureau (MSB) Director shall ensure the Laundry Operation maintains an established "par" level supply of linen, bedding, and clothing for the living units to ensure that, at all times, sufficient laundry items are available for each youth in the facility. The laundry items provided shall be clean and sanitized, free of tears, stains, and knots, and of appropriate size.

To ensure that sufficient laundry items are available to all living units and to prevent the hoarding of laundry items by individual living units, the laundry shall deliver items based on the par level for each individual living unit. The par level of individual living units will be the maximum population for that living unit, plus ten (10) percent. For example, if a living unit has a maximum population of thirty (30) youth, the laundry will deliver thirty (30) items plus three (3) (or ten (10) percent).

Laundry staff shall maintain a daily *Damaged Clothing Log* that lists the number and type of clothing, bedding, and linen items that are removed from circulation due to stains or damages. Each month, a count shall be taken that notes the total number of salvaged clothing items. These totals shall be reviewed by the Management Services Bureau (MSB) Director to ensure sufficient replacement items have been ordered and delivered. A reorder point has been established for all laundry items. When items reach or fall below the reorder point, laundry operations MSB staff shall notify the Warehouse so that replacement items can be delivered to the laundry operation.

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Ordering and Delivery

BJN SYTF

Staff shall submit a written requisition (see attached copies) for clean laundry daily. Living unit staff shall ensure that appropriate-sized clothing is ordered to properly clothe the existing unit population. Staff shall include on the requisition the current population in the unit, the appropriate sizes needed, and the maximum capacity for their living unit.

If the living unit's current population is less than its maximum housing capacity, staff shall indicate on the requisition the clothing sizes they anticipate for youth that may be housed in their vacant beds. Laundry staff shall deliver clean laundry to the respective living units based on the written requisition made by staff.

The AM shift Sr. DSO shall be responsible for ordering clothing for the unit. The unit SDSOs shall monitor the laundry process in the living unit to ensure appropriately sized laundry items are ordered. Likewise, they shall monitor the clothing received to ensure that they are clean and of the sizes ordered.

If the laundry fails to meet the par level for the unit, or if the quality of the laundry items does not meet the established standards, the Sr. DSO shall contact the MSB Director or the authorized designee to resolve the discrepancy.

Dorothy Kirby Center

Youth at Dorothy Kirby Center 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.

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.

Accountability Process

The MSB Director or the authorized designee shall conduct a monthly inspection of the laundry operation process.

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POP _____

CLOTHING/LINEN DAILY ITEM REQUISITION

- LINEN -									
Laundry Bags	Dust Covers		Mattress Covers		Rags				
Pillow Cases	Sheets		Blankets		Towels				
- CLOTHING -									
Blouses	L		XL		XX				
Sport Bra	32	34	36	38	40	42	44	46	48
Panties	M		L		XL				
Gowns	Orange Jumpsuits				Jackets				
Night Shirt	34/36		38/40		42/44		46/48		50/52
Briefs	M		L		XL		XX		
T-Shirt	L		XL		XX		Socks		
Sweatshirt	M		L		XL		XX		
- PANTS -									
BOYS					GIRLS				
M	L	XL	XX		M	L	XL	XX	

REQUESTED BY (DSO NAME) _____

Unit _____

RECEIVED BY (L.H. SIGNATURE) _____

APPROVED BY (DSO NAME) _____

Unit _____

DATE: _____

RECEIVED BY (DSO SIGNATURE) _____

FILLED BY (Housekeeper) _____

DATE: _____

DELIVERED BY _____

TRAM OPERATOR'S SIGNATURE _____

MANAGEMENT SERVICES

MANAGEMENT SERVICES BUREAU
INVENTORY OF CLOTHING AND LINEN

MONTH: _____

ITEMS	NEW ITEMS	SENT TO BJN	SENT TO TO LP	RECEIVED FROM BJN	RECEIVED FROM LP	MENDED	MFG	DAMAGES	INVENTORY ON HAND
LINEN									
TOWELS									
SHEETS									
BLANKETS									
BEDSPREAD									
PILLOWCASES									
CLOTHING									
T-SHIRTS									
WHITE									
GREEN									
BLOUSES									
SWEATSHIRTS									
GRAY									
GREEN									
PANTS									
BLACK									
GRAY									
NIGHTGOWNS									
BOY'S BRIEFS									
PANTIES									
SPORTS BRAS									
SOCKS									
JACKETS									
SWIM TRUNKS									
BATHING SUITS									
SHOES									
MOP HEADS									

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2105 PROPERTY

The property supervisor:

- Provides for the storage and safekeeping of the personal clothing and possessions of youth.
- Keeps valuable items in a locked safe and stores other items in a locked room.
- Provides a claim process for property that may be lost or damaged.
- Provides proper disposal of unclaimed and abandoned property.

2106 CONTRACTS

The General Services Director monitors vendor performance to ensure compliance with standards and expectations, reviews the quality of services, and consults with providers regarding problems and needs.

2107 FOOD SERVICES PLAN

The following procedures support the Probation Department's plan for preventing food-borne illnesses associated with food preparation operations.

Food Preparation and Storage

The food services contractor shall follow the written guidelines in the *Food Services Statement of Work* regarding "Pre-Meal" preparation and "After Meal" clean-up.

To ensure the food services contractor complies with these guidelines, Management Services shall conduct ongoing inspections of kitchen operations, which shall include:

- Review of Monthly Audits by the Department's Food Services Consultant
- Monthly Physical Plant Maintenance Inspection
- Annual Inspections by the County of Los Angeles Office of Environmental Health
- Random meal inspections by food services contractor

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Kitchen Repairs

BJN SYTF

The food services contractor shall submit a Work Order request to the MSB work order clerk to initiate repairs, modifications, alterations, and enhancements to equipment associated with kitchen operations.

Dorothy Kirby Center

The food services contractor shall submit a Work Order request in the PFMS system to initiate repairs, modifications, alterations, and enhancements to equipment associated with kitchen operations.

Food Serving

Living unit staff shall serve all regular meals and snacks and special diets and snacks in a timely manner pursuant to guidelines. DPO II or designated lead shall monitor the food serving process to ensure staff is complying with the procedures.

The food services consultant shall conduct monthly "Tray to Service" timeline audits in random living units to determine if meals and snacks for youth are served in accordance with temperature guidelines to facilitate the elimination of food-borne illnesses. The findings of the audit shall be documented in the "Tray to Service" Audit. The audit shall be reviewed by the MSB Director and filed in their office. Discrepancies shall be reported to the Management Services Bureau Chief.

The food services consultant shall conduct audits of hand-washing practices (including individuals who are involved in serving meals – kitchen staff, facility staff, and youth) and plate time/temperature studies.

The food service contractor shall conduct a weekly "Food Temperature Audit" in random living units to determine if the temperature of food plates and snacks in the kitchen and in food carts is within the temperature guidelines designed to eliminate food-borne illnesses. The findings shall be noted by the food service contractor in the "Food Temperature Audit." A copy of the audit shall be provided to the MSB Director at the facility. Discrepancies shall be reported to the Management Services Bureau Chief.

Inspections

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In accordance with applicable laws and statutes, inspections of the kitchen shall be conducted. Those inspections shall include, but are not limited to, the following:

- County of Los Angeles Office of Environmental Health (annually)
- Probation Department Safety Officer or the authorized designee (quarterly)
- Probation Department Food Services Consultant (monthly)

After each inspection, the MSB Director shall review the findings, prepare a written corrective action plan for any deficiencies cited, and forward copies of the corrective action plan to the Superintendent, the Management Services Bureau Chief, and the SYTF Bureau Chief.

2108 FOOD HANDLING GUIDELINES

Staff will adhere to the following food handling guidelines relative to food temperature, transporting, serving, and special diets.

Temperature

Public health and safety regulations require that food be kept hot (140 degrees or above) or cold (41 degrees or below) as appropriate until it reaches the youth for consumption. Disease-causing bacteria are able to multiply rapidly at temperatures between 41 and 140 degrees Fahrenheit. All staff responsible for serving food must understand the health and safety risks that exist when food is not maintained or served at the appropriate temperature level. Staff also has the responsibility of notifying food services personnel when these temperatures have not been maintained. The food services provider shall discard the meal and issue a substitute (nutritious and safe) meal to the youth when the temperature of the regular meal falls outside acceptable limits.

Transporting Meals

Food shall be taken directly to living units and transported in insulated, heated, or cooled food carts or containers. Upon arrival, the food cart or container shall be plugged into an electrical outlet to maintain the proper temperature. The Superintendent and Food Services Manager shall coordinate a schedule for each meal to ensure the tray line process, delivery, and serving occur within one (1) hour. Proper notification should be made when delivery and serving falls outside this time frame.

MANAGEMENT SERVICES**Serving Meals and Snacks**

Food must be prepared and/or served under the immediate supervision of staff. Prior to serving, staff shall monitor temperatures and verify the number of meals received is the same as the number requested. The calculations must be documented for the *Monthly Meal Count Report*.

(Meets the standards set forth in Title 15, Section 1467)

In accordance with California Retail Food Code Article 4, Section 113953, food may only be served in living units or HOPE Center where at least one (1) hand-washing sink can achieve a temperature of at least 100°F. Staff shall immediately report any sink not functioning with warm water to the facility Services Director.

The Food Services Manager, the Services Director or the authorized designee, and the Food Services Consultant shall conduct ongoing audits of hand-washing sinks used in conjunction with food serving. At minimum, the audits shall be conducted by the Food Services Manager or the authorized designee (bi-monthly), the Services Director or the authorized designee (monthly), and the Food Services Consultant or the authorized designee (quarterly).

In accordance with California Retail Food Code Article 6, Section 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 serving 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 selected to assist with food serving may not have any medical restrictions or conditions.

Prior to serving food in the living units or HOPE Center:

1. Wear a hair covering if serving bulk food from a food cart or serving pans.
2. Wash hands thoroughly using the following proper hand-washing technique:
 - Wet hands with water, then apply soap or detergent beyond wrists.
 - Rub hands together to make a lather for at least 20 seconds.
 - Rinse soap or detergent off hands.

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- Dry hands with a paper towel.
 - Use the same paper towel to turn off the water and to open the door to exit the room.
 - Deposit the soiled paper towel in a trash receptacle inside the room if the receptacle is near the exit, and the paper towel can be deposited without then having to touch the door, thus re-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 serving process.
4. Observe the following hygienic practices during the food serving process at all times:
- Avoid touching the nose, mouth, hair, skin, or other surfaces during the food serving process.
 - Do not cough or sneeze onto food or around food.
 - Wash and re-glove hands after coughing, sneezing, or blowing nose.
 - Wash and re-glove hands after touching body parts.
 - Prior to initiating the food serving process, cover all wounds or cuts on hands and/or arms completely.
 - Be free from flu, gastrointestinal, intestinal, or other contagious or food-borne illness.
 - Cease serving food and report to the Senior/Supervising Detention Services Officer or on-duty supervisor when ill.
 - Re-wash hands and re-glove hands after any unhygienic practice.

Each youth shall begin eating upon receiving their meal. Youth shall be allowed a minimum of twenty (20) minutes to consume their food except for those youth on medical diets where the responsible physician has prescribed additional time. Food not eaten should not be stored in the youth's living quarters.

(Meets the standards set forth in Title 15, Section 1460)

Special Diets

Only the attending physician or nursing staff shall prescribe therapeutic/special diets. Staff shall ensure the following:

- A meal is available for each youth authorized to receive a special diet.
- Youth receiving the special diet must sign a verification sheet (receipt) indicating they received the specified meal.

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- Youth receiving special diets only eat the specific meal ordered.
- Special diet meals shall only be consumed by the designated youth.

2109 WORKSITE TOOLS AND MATERIALS–SAFETY AND SECURITY PROCEDURES

The following guidelines shall apply to contractors or vendors performing repair, alterations, improvements, or capital project work within the secure perimeter of any juvenile facilities:

- The Services Director or the authorized designee shall conduct a *Tool and Materials* security briefing with each contractor or vendor before they will be allowed to start work inside a juvenile facility.
- The contractors or vendors shall sign the *On-Site Contractor Policy Memo* indicating they participated in the briefing and must agree to comply with all written security procedures. All records pertaining to the *On-Site Contractor Policy Memo* and security briefings shall be maintained in a file in the MSB Director's office.
- Upon completing the contracted service or leaving the worksite during their normal workday while the project is still in progress, or upon completing the scheduled work for that day, the contractors or vendors must contact the MSB Director's office so that a visual work area inspection can be completed by an MSB staff member prior to the contractor or vendor being allowed to exit the facility grounds.

Upon completion of the inspection, a designated MSB staff member shall authorize the departure of the contractor or vendor and record their findings in a *Work Areas, Tools, and Materials Inspection Log*. This log shall include the date, name of the contractor, time in, time out, name of the staff completing the *Work Areas, Tools, and Materials Inspection Log*, and the time the inspection was conducted.

The MSB Director's Office shall maintain a monthly file of completed *Work Areas, Tools, and Materials Inspection Logs*.

The MSB Director shall, monthly and more often, if necessary, ensure that the *On-site Contractor Policy Memos* and the *Work Area Tools and Inspection Logs* are maintained in a file in the MSB Director's office.

In addition to the security procedures outlined above, staff shall also assist in maintaining a secure environment.

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Living unit staff shall conduct security checks in their living units each shift. Findings from the security checks will be recorded in the *Security Check Sheets* that are maintained in the living units.

Staff in the units shall also be informed of work being performed by contractors and other County employees. Staff shall ensure that work areas used by the contractors are free of materials and tools prior to youth being allowed back into these areas.

Access to work areas shall be sealed off and/or clearly marked to prevent youth from inadvertently entering a work area.

Living unit supervisors shall ensure staff performs required security checks.

Upon conducting these required security checks, if any safety or security concerns arise, or if any tools or materials are determined to be missing, the Officer of the Day shall be notified immediately so that appropriate institutional security precautions can be initiated.

FACILITY CONTRACTOR'S and WORK SITE INSPECTION LOG

TO BE COMPLETED BY MSB STAFF ONLY
WORK AREA TOOLS AND MATERIAL CLEARANCE

[illegible]

FOR NON RESIDENT ISD AND OUTSIDE CONTRACTORS

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2110 MISCELLANEOUS DUTIES OF THE GENERAL SERVICES DIRECTORS

In addition to other duties, the Services Director:

- Assist with the preparation of the facility budget.
- Coordinate the Personnel function of transferring, hiring, and reassignment.
- Develop written procedures to ensure the proper preparation, storage, and securing of food; responsible for promoting a program of staff awareness relative to these concerns; maintain accurate records for all meals on-site for at least six months.
- Develop written procedures for the maintenance of an acceptable level of cleanliness, repair, and safety throughout the facility. Such a plan shall provide for equipment and physical plant maintenance, a regular schedule of housekeeping tasks, and weekly inspections of the kitchen, laundry, warehouse, and grounds maintenance to identify and correct unsanitary and unsafe conditions or workplaces.
- Ensure that annual inspections are conducted by local building, health, and fire authorities as prescribed by the California Standards Authority (CSA).
- Develop a written procedure that provides for waste disposal and a program to ensure staff follows the correct procedures. Each year a report shall be submitted to the Superintendent verifying compliance.

2111 HOLIDAY DECORATIONS IN BUILDINGS

The Chief Executive Office has provided information on fire regulations and minimum requirements concerning festive decorations, displays, exhibits, and focusing on Christmas trees due to their frequent involvement in holiday fires. The following requirements are applicable to all places of employment, assemblage, public lobbies, and other occupancies where the public is admitted and invited.

2112 PLACEMENT OF DECORATIONS

- A permit is required prior to the placement of Christmas trees in public buildings, per Universal Fire Code, Section 1101.1. Such permits are issued by local fire departments.
- Decorative materials, trees, and displays must not obstruct or conceal exits, doors, aisles, exit signs, exit lights, fire alarms, fire extinguishers,

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or any other fire protection equipment and must be clear from all sources of ignition.

- Decorative materials must not create slipping or tripping hazards.
- Trees must be secured by a sturdy base or other means to prevent falling.
- A Class 2A:20BC portable fire extinguisher must be available within 25 feet of all-natural and artificial Christmas trees and electrical decorations.

Natural Cut Trees

- Trees must be treated with a flame-retardant material and must be maintained in a flame-resistant condition. A State Fire Marshal Certificate of Flame Resistance tag must be attached near the base of the tree. The tag must state the date of placement, the type of flame-retardant used, and the name and registration number of the chemical used. The tag must also reflect the name of the person who applied the flame-retardant and the name of the person affixing the tag. The tag should state recommended fire safety, care, and disposal tips. The tag must not be removed and must be visible for review by the fire department or safety inspector.
- Any tree, even those treated with flame-retardant materials, will dry out. Make a fresh cut one (1) inch from the base of the trunk and keep the tree in a one-gallon (or greater) container of water. Add a preservative to the water to keep the tree fresh and check the water level daily. If the moisture content of the tree is not maintained, the flame-retardant may actually enhance the combustibility of the tree.
- Keep trees away from all heat sources, such as heating vents, fireplaces, stoves, radiators, television sets, and sunny windows.
- Trees must be checked for dryness by the following method: Stand in front of a branch, grasp it with reasonable firm pressure, and pull your hand towards you, allowing the branch to slip through your grasp. If the needles fall off readily, the tree does not have adequate moisture content and must be removed immediately.
- Trees should be removed promptly after the holidays.

To recycle the tree, call your city or 1-888-CLEAN LA for unincorporated areas of the County, or visit <http://www.888cleanla.com>.

MANAGEMENT SERVICES**Live Trees**

Live trees will not require flame-proofing treatment. However, ensure that the tree is properly maintained and watered.

Artificial Trees

Trees must be made of flame-resistant materials or treated with a flame-retardant solution. A State Fire Marshal Certificate of Flame Resistance tag must be attached to the base of the tree.

2113 USE OF LIGHTS AND DECORATIONS

- Lights and cords on natural or artificial trees (except metal trees) must be approved by the Underwriters Laboratory (UL) and maintained in compliance with UL Standards. Limit strands to two (2) per plug.
- Open flame devices (candles, lamps, torches, etc.) must not be used on any kind of tree or display.
- Metal trees must only be illuminated by flood lamps. No electrical lights or devices are allowed to prevent electrical shock hazards.
- Decorations must be non-combustible or treated with flame-retardant materials. Do not use dry or deteriorated decorations.
- It is strongly recommended that decorations designated as flame-resistant not be used if they are over three (3) years old unless they have been re-treated annually with an approved flame-retardant.
- Do not leave lights on when unattended. Use lights labeled for indoor use only. Consider using mini lights since they produce less heat.
- Restrict the use of extension cords; do not "daisy-chain."
- The amperage capacity of extension cords shall not be less than the total of the rated amperage draws of all electrical lights or devices connected and shall be grounded.
- Extension cords and flexible cords shall not be affixed to structures, extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage.

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Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) EMPLOYEE UNIFORM POLICY	Section Number: SYTF-2200
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

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	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

2201 INTRODUCTION

The Department officers working at the SYTF facilities and Transportation section shall wear the approved uniform designated and provided by the Department.

The Chief Probation Officer has final authority on matters pertaining to official uniforms, safety equipment, alternative equipment, and identification items.

2202 PURPOSE

The purpose of officers wearing uniforms is to project a professional operating image of the Probation Department's Officers as defined in the Probation Department Mission statement, to allow for easier identification by youth and staff, to enhance staff unity, and to project a symbolism of authority.

2203 CLASSIFICATIONS REQUIRED TO WEAR UNIFORMS

Staff holding the sworn classifications designated below and assigned to SYTF, or the Transportation section, are required to wear the Class "B" uniform while on duty as described below:

- Transportation Deputy
- Senior Detention Services Officer
- Deputy Probation Officer II
- Detention Services Officer
- Deputy Probation Officer I
- Group Supervisor, Nights

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2204 STAFF EXEMPTED FROM THE WEARING OF UNIFORMS

Staff holding the sworn classifications designated below and assigned to SYTF facilities and Transportation section shall not be required to wear Class "B" uniform while on duty. Staff in these classifications may wear a Class "B" uniform as necessary and approved by the Superintendent/Facility Director.

- Senior Probation Director
- Probation Director
- Assistant Director
- Special Assistant
- Supervising Detention Services Officer
- Supervising Transportation Deputy
- Sworn staff on specialized assignments outside of facilities*

*Staff assigned to specialized assignments/duties or who require a special accommodation, wherein the wearing of a uniform is impractical and where the Bureau Chief has granted prior approval, shall not be required to wear the uniform during their assignment or during the special period of accommodation. Alternatively, these staff shall wear appropriate business attire that is commensurate with their assignment or as designated by their immediate Director.

2205 CLASS "B" UNIFORM

The Class "B" uniform is the standard sworn staff uniform for juvenile facilities and the transportation division, which shall always be worn while on duty. The basic uniform shall consist of the following department-approved and issued items:

- Boots
- Belt
- Headgear (hat) with Cloth Badge Emblem
- Polo-Type Shirt with Cloth Badge Emblem and Embroidered Employee Name
- Uniform Cargo Pants – Non-bloused
- Field Jacket with Cloth Badge Emblem and Embroidered staff's Name

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- Key Holder Clasp
- Lanyard for Securing Institutional Keys
- Oleo-Resin Capsicum Spray Container*
- Oleo-Resin Capsicum Spray Canister Holder*
- Metal Handcuffs
- Handcuff Case
- Radio Holster/Clip
- Rank Pins

*Pertains only to staff assigned to BJN SYTF and the transportation division. As a result of the OC Phase Out Board Motion issued on February 19, 2019, new incoming staff will not be assigned Oleo-Resin Capsicum (OC) Spray or an OC Spray canister holder.

Optional department-approved items indicated below may be purchased by staff from the department-approved vendor at negotiated prices and worn with the uniform. The department-approved vendor shall maintain a current list containing the make and model of all department-approved optional items at their place of business.

- Foul-Weather Gear (rain jacket)
- Foul Weather Gloves – Black
- Long Sleeve Shirts

2206 GENERAL INSTRUCTIONS REGARDING THE CLASS “B” UNIFORM

Staff may not wear any item on/with their uniform that is not Department-approved at any time. Uniformed staff shall not wear full or partial uniforms, safety equipment, or Department identification items while off-duty that would identify them as uniformed members of the Probation Department.

Staff may wear uniforms while traveling to and from their work location, but such activity is considered “off-duty activity.” The Director, prior to the off-duty activity, shall authorize any exceptions.

Funerals and transporting youth to another county or state are exceptions to the off-duty uniform policy.

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Issued items shall be authorized for use only while on duty and must be returned to the Department upon termination.

2207 MAINTENANCE OF UNIFORM AND EQUIPMENT

Approved uniforms and safety equipment shall always be maintained in a clean, serviceable condition, ready for immediate use. Items shall be replaced when they are worn, damaged, present an unacceptable appearance, or do not meet current specifications. Uniforms and equipment are to be always maintained in a secure manner.

2208 UNIFORM INSPECTION

Uniformed staff shall be subject to daily inspections by a supervisor to ensure that articles of the uniform and safety equipment are prescribed for the assignment. A Supervisor on each shift shall complete the *Uniform Inspection Sheet* (Attachment A).

Supervisors shall inspect the following for uniform compliance:

- Polo shirt tucked into trousers with only the top button unbuttoned.
- Trouser not worn in the bloused position.
- If worn, hat with Probation Department badge insignia in the forward position.
- Belt worn with the trousers and non-buckled end of the belt threaded through each belt loop from left to right on the trousers.
- Boots laced crosswise and zipped.
- Black calf-height socks
- If worn, undershirt white only.
- If worn, field jacket with badge insignia and name facing forward.
- Keyholder clasp attached to a belt between the buckle and the second belt loop.
- Black lanyard to secure keys to the staff's person.
- Handcuff case attached to the belt area located in the small of the back with handcuffs secured in the handcuff case.
- In operations where Oleo-Resin Capsicum (OC) is used, the OC spray

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canister holder is attached in an upright position to the belt between the first and second belt loops on either the left or the right side of the body*

- OC spray container secured inside the OC spray canister holder.
- Facility identification card not worn.
- Rank pin shall be worn as part of the approved departmental uniform. The pin shall be placed lengthwise, centered, at the base of the left lapel.
- If worn, approved black gloves.
- If worn, approved foul-weather rain gear.
- Radio clip attached to the belt anywhere between the belt buckle and the second belt loop on either the left or right side.
- Jewelry consisting of one ring and one watch. Medic Alert necklace and/or bracelet are exceptions.
- Staff with pierced ears are allowed a single stud earring no larger than 3/8 in diameter.

The *Uniform Inspection Sheet* shall indicate the names of those uniformed staff that are **not** in compliance with the uniform policy. The supervisor shall indicate in the comments section the uniform violations, and in the action taken section, the supervisor shall indicate the type of action taken (i.e., verbal warning, conference, Letter of Warning, etc.). A copy of the *Uniform Inspection Sheet* shall be given to the Assistant Superintendent who shall take appropriate action and ensure compliance with the uniform policy.

Staff who report to duty without an appropriate uniform may be instructed to leave the facility grounds to retrieve the proper uniform. Staff shall not receive compensation during any absence from duty to retrieve an appropriate uniform.

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UNIFORM INSPECTION SHEET

Date: _____ Shift: ☐ AM ☐ PM ☐ 10-6 Supervisor: _____ Unit/location: _____

	STAFF NAME	COMMENTS	ACTION TAKEN
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EMPLOYEE UNIFORM POLICY**2209 WEARING OF UNIFORMS**

Class "B" uniforms shall be worn as always required by staff while on duty and/or while inside of the facility. Official uniforms and/or business attire shall always be kept as clean and neat as possible. Leather accessories shall be kept polished and clean. Staff on duty shall present a professional appearance when representing the department. The following outlines the particular way each approved part of the uniform shall be worn:

- Uniform Polo Shirt-Short Sleeved: Shall be worn with the sleeves straight and only the top button unbuttoned. The shirt shall be neatly always tucked inside of the trousers. The sleeves of the shirt shall be allowed to settle naturally. Sleeves shall not be rolled up or otherwise rearranged. Uniform shirts shall be routinely laundered and pressed prior to reporting for duty. No pins or other insignia may be attached to or worn on the uniform shirt.
- Uniform Polo Shirt-Long Sleeved: Shall be always worn with the sleeves straight and only the top button unbuttoned. The shirt shall be neatly always tucked inside of the trousers. The sleeves of the shirt shall be allowed to settle naturally. Sleeves shall not be rolled up or otherwise rearranged. Uniform shirts shall be routinely laundered and pressed prior to reporting for duty. Long-sleeved shirts may only be worn by staff that has prior authorization from their director. No pins or other insignia may be attached to or worn on the uniform shirt.
- Uniform Trouser: Shall be ironed and worn with the pants appropriately buttoned and the zipper secured. The trouser legs shall be allowed to settle naturally. Uniform trousers shall not be worn in the bloused position, nor may they be tucked inside boots. Nothing may be carried in the pockets of the uniform pants that produce an obvious bulge or protrusion. Uniform trousers shall be routinely laundered and pressed prior to reporting for duty.
- Uniform Headgear: Shall be always worn with the Probation Department badge insignia forward. The baseball-cap style headgear provided by the department may not be worn backward or adjusted to the side. No pins or other insignia may be attached to or worn on the uniform headgear.
- Uniform Belt: Shall be always worn with trousers. The non-buckled end of the belt shall be threaded through each belt loop from left to right on

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the trousers. The belt shall be secured so that the outside vertical edge of the secured belt buckle is symmetrically aligned with the outside vertical edge of the zipper fold and the trouser-clasp area. This aligning of belt and trouser edges is often referred to as a "gig-line." It is expected that each staff's gig-line shall be properly always aligned. Items that must be attached to the belt are as follows:

- Keyholder
- Clasp and lanyard
- Handcuff case
- OC canister holder¹
- Radio Holster/Clip

Cellular telephones or other electronic devices may not be attached to the belt.

- Uniform Boots: Shall be always worn with the uniform. Boots shall be well maintained and shined prior to reporting for duty. Boots shall be laced crosswise (x-style) and always remain zipped.
- Black Calf-Height Socks: Shall be provided by the staff and always worn with the uniform. These socks shall be of sufficient length that when seated, the uniform trouser rises upward in the calf area so that skin is not visible. These socks shall be free of holes or other defects and shall be routinely laundered. The wearing of ankle-length-type socks is prohibited.
- Undergarments: May be worn, providing the undergarment is clean, white, and has a round crew neck collar. Turtlenecks are prohibited.
- Field Jacket: An approved Field Jacket may be worn with the badge insignia and staff's name forward-facing and visible at all times. The approved rain gear may be worn in place of the field jacket. No pins or other insignia may be attached to or worn on the uniform field jacket.
- Keyholder Clasp: An approved key holder may be attached to the belt anywhere between the belt buckle and the second belt loop on either the left or right side of the body in accordance with the staff's preference. The keyholder shall not be attached to the belt at any point past the second belt loop at any time, nor should it be in a position where it will interfere with access to the OC canister holder. Approved lanyards that are black in color and utilized to secure keys to the person shall be

¹ Applicable to BJN staff only.

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attached to this key holder.

- Lanyard: An approved black lanyard shall be utilized to secure keys to the staff. The lanyard shall be attached to institutional keys on one end and the other end secured to the approved key holder clasp.
- Handcuff Case: One approved handcuff case shall be attached to the belt area located in the small of the back. The handcuff case shall be well maintained and shined as necessary to maintain its professional appearance.
- Metal Handcuffs: One approved pair of metal handcuffs shall be secured in the handcuff case on the belt. Handcuffs may not be worn on the staff's in any other location.
- Oleo-Resin Capsicum (OC) Spray Canister Holder: The approved OC Spray canister holder shall be attached, in an upright position, to the belt between the first and second belt loops on either the left side or the right side of the body in accordance with the staff's preference. The canister holder shall not be worn in the area between the belt buckle and the first belt loop at any time².
- Oleo-Resin Capsicum (OC) Spray Container: Shall be always secured inside of the OC canister holder³.
- Radio Clip: An approved radio clip must be attached to the belt anywhere between the belt buckle and the second belt loop on either the left or right side of the body in accordance with the staff's preference. The radio clip shall not be attached to the belt at any point past the second belt loop at any time.
- Facility Identification Card: A Facility Identification Card shall not be worn with the department-approved uniform. All staff in the juvenile facility shall continue to provide their Probation Identification Card to obtain their keys from the key center. All non-uniformed staff shall continue to wear a Facility Identification Card while inside the juvenile facility.
- Rank Pin: Staff shall be issued two (2) pins that identify their current rank within the Department. One pin shall be worn as part of the approved departmental uniform. The pin shall be placed lengthwise, centered, at the base of the left lapel. Staff shall be issued new pins upon change of rank.

² Applicable to BJN staff only.

³ Applicable to BJN staff only.

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- Optional Black Gloves: Approved foul-weather gloves that are black in color may be worn with the uniform during foul weather periods. When not worn, gloves shall not be attached to the uniform in any visible manner.
- Optional Foul-Weather Rain Gear: Approved foul-weather rain gear (jackets) may be worn by staff during periods of inclement weather, such as rain or snow. Rain gear shall be worn with the black side of the rain gear facing outward. The reversible side of the rain gear may only be worn in emergent situations when the reflective surface will aid in promoting staff safety. Rain gear may not be worn unless rain or snow is present or immediately imminent.

2210 WEARING OF JEWELRY

When wearing the uniform, all visible jewelry shall be limited to one (1) ring and one (1) watch. Visible necklaces, ornamental bracelets, and/or anklets shall not be worn while in uniform. Body piercing, including but not limited to, nose rings, tongue rings, eyebrow rings, or any other form of ornamentation visible or affixed in a position which may be seen by a member of the public are prohibited.

Staff with pierced ears are permitted to wear a single stud earring (no larger than 3/8-inch diameter) in each ear lobe. No other visible jewelry piercing is permitted on staff. The Medic Alert necklace and/or bracelet are exceptions to these regulations.

2211 WEARING SUNGLASSES

Sunglasses shall not be worn inside of facility buildings such as church, dorms, kitchen areas, living units, medical service areas, school, etc.

2212 UNIFORM ISSUANCE

Staff required to wear a Class "B" uniform shall have the initial basic prescribed uniform provided to them by the Department via a voucher at no-cost to the staff. The initial distribution of the uniform shall consist of the following:

- Five (5) Short-sleeve (or specially authorized long-sleeve) polo-type shirts with approved embroidery
- Five (5) Trousers
- One (1) each field jacket, belt, boots, and headgear (ball-type cap)

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Staff shall be initially fitted for a uniform by the vendor at the work location or, if necessary, at the vendor location. The Transportation Director, Assistant Superintendent, Director, Assistant Director, or the authorized designee at their work site shall facilitate the issuance of a voucher, determine if the staff shall be fitted at the work location or the vendor location, and set up appropriate appointments for the staff to be fitted for their uniform. Appointments are to be made at a work site to the extent possible in the best interest of facility operations and to provide the least inconvenience to staff. New hire staff shall receive a uniform voucher and shall be fitted at the vendor location.

The pre-approved appointment for issuance of a uniform is a work assignment. As such, staff are expected to conduct themselves appropriately and arrive on time for their appointment with reasonable consideration for potential delays such as traffic, weather, shift-change times, and parking. For staff being fitted at one of the vendor's retail stores, it is anticipated the staff will travel the best available route directly to the store, arrive on time, and promptly proceed back to the work site or home as designated by their manager or facility uniform coordinator.

Because the initial uniform issuance appointment is a work assignment, staff may claim on their timecard the actual reasonable time necessary for the fitting time and roundtrip travel. Staff who experience or anticipate extended time for this process should notify their facility uniform coordinator or manager in advance. Delays resulting from unforeseen issues or beyond the staff's control should be reported to the staff's facility uniform coordinator or manager as soon as reasonably practical. Vendor store appointments should be arranged at the most convenient location to expedite the fitting process, with consideration for traffic patterns and proximity to the work site or the staff's home. Any fitting appointment that extends beyond three hours, including travel, requires immediate notice of the extended time before the three hours have been surpassed.

The uniform may not be provided to the staff at the time of the initial fitting, generally due to the need to alter or embroider garments. In those instances where the initial uniform is not provided, the vendor will arrange with the facility uniform coordinator the pick-up or shipment of garments (individually packaged and labeled for the specific staff) to the Department for distribution. The staff is not to make a second trip to the vendor store on County time unless specifically pre-authorized by their manager or facility uniform coordinator.

Staff may purchase additional uniforms manufactured to department-approved specifications from the vendor at their own expense. Additional items purchased by the staff with the Probation insignia require a voucher.

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Employees who require maternity-type uniform accommodations shall be provided an additional issuance of maternity-specific uniforms to be worn while on duty until such time as the accommodation is not needed.

Staff can purchase optional department-approved items that may be worn with the uniform from the department-approved vendor at reduced rates. The Department-approved vendor shall maintain a current list containing the make and model of all approved optional items at their place of business. A copy of this list shall also be maintained on the Probation Department's Prob-Net website.

2213 UNIFORM VOUCHER

Sequentially numbered, five-part blank Uniform Vouchers (attachment A) shall be maintained at the work location. Vouchers shall be issued to staff to acquire basic uniform equipment from the vendor.

Initial Uniform Issuance Voucher

- Staff requiring an initial uniform issuance or a subsequent issuance shall contact the Transportation Director, Assistant Superintendent, or Facility Director at their work site.
- The Transportation Director, Assistant Superintendent, or Facility Director shall authorize the facility uniform coordinator to prepare a 5-part multicolored "Uniform and Equipment Issuance Voucher," noting which items are approved for issuance. Hereinafter, the Uniform and Equipment Issuance Voucher shall be referenced as the "voucher."
- The Director shall sign the voucher as approval.
- The issuing facility Uniform Coordinator shall retain the final copy (green copy-page 5) of the voucher in a file.
- The issuing facility Uniform Coordinator shall sequentially log the issuance of vouchers in the "Facility Uniform Voucher Reconciliation Log" (attachment B), noting the following information:
 - Voucher Number
 - Staff Issued To (Last Name, First Name)
 - Employee Number
 - Title

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- Unit/Assignment
- Date Voucher Issued

Note: Voided vouchers shall also be logged into the Facility Uniform Voucher Reconciliation Log for accountability purposes

- Staff shall take the remaining four copies of the voucher to the vendor.
- The vendor shall determine the sizes needed and issue the approved available uniform items.
- Upon issuance of the approved available uniform items, the vendor shall document the issuance of the uniform items and sign the four remaining pieces of the voucher.
- The staff shall also initial and countersign the voucher, confirming receipt of the various uniform items.
- The vendor shall retain all four copies of the voucher until the complete order is filled.
- Once the order is complete, the vendor shall retain the first two white copies of the voucher (pages 1 and 2) for business reconciliation and provide the staff with the yellow and pink copies (pages 3 and 4) of the voucher.
- Staff shall retain the yellow copy (page 3) of the voucher as their personal receipt.
- Staff shall provide the pink copy (page 4) of the voucher to the facility Uniform Coordinator for processing.
- The issuing facility Uniform Coordinator shall log the return of the pink copy of the voucher (page 4) in the "Facility Uniform Voucher Reconciliation Log," noting the date items received on the same line as the initially issued, like-numbered voucher.
- The facility Uniform Coordinator at the facility or Transportation section shall attach the pink and green copies of the voucher to each other and shall maintain them in a monthly file. Voided vouchers shall also be maintained in the monthly file.
- By the 5th of each month, the facility Uniform Coordinator at each location shall forward the Facility Uniform Voucher Reconciliation Log along with the pink and green vouchers to the respective Bureau Uniform Coordinator.

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- The respective Bureau Uniform Coordinator shall forward the Facility Uniform Voucher Reconciliation Log to the Management Services Bureau Office for budget-tracking and vendor remuneration purposes.
- The Bureau Uniform Coordinator shall maintain a copy of the log and voucher forms for accountability purposes.

2214 REPLACEMENT OF UNIFORMS

When a staff member's Department property is lost or stolen, the following process shall be followed:

- If the property that was lost or stolen consisted of any of the below-noted items, a police report must be filed by the staff in the jurisdiction where the loss occurred.
 - Uniform items where a badge or emblem is attached.
 - Probation Identification Card
 - Metal Probation Badge
 - Oleoresin Capsicum Spray Container
 - Handcuffs
- The staff shall complete a *Special Incident Report (SIR)* regarding the loss. The staff shall also complete a *Uniform and Equipment Replacement Request (UERR) form*.
- The staff shall present the completed *SIR*, the completed *UERR*, and any applicable police report to their assigned supervisor for review and consideration.
- The supervisor shall review the documents and note their comments on the *UERR* and sign the *UERR* indicating which items the Department, after review and approval by the Director, shall consider replacing or shall be paid for by the staff. The supervisor shall forward these documents to the Division Director or Transportation Director for review and consideration.
- The Director shall review the matter and determine the degree of responsibility of the staff member for loss. If the Director determines that the staff member was responsible or negligent or that the loss was preventable, the Director shall recommend that the staff pay replacement cost. In addition, the Director may recommend that appropriate remedial or disciplinary action be taken in accordance with

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existing Department guidelines. If the Director determines that the staff member was not at fault or only partially responsible for the loss, the Director shall determine which items the Department shall replace at no cost to the staff. The Director shall then complete and sign the *UERR*, noting the type and quantity of items that the Department shall replace at no cost to the staff, and the type and quantity of items which shall be paid for by the staff.

- The Director shall instruct the facility uniform coordinator to prepare a *Uniform and Equipment Issuance Voucher*, noting the type and quantity of items that the Department shall replace at no cost to the staff and the type and quantity of items which the employee must pay for at their own expense.
- The Facility Uniform Coordinator shall provide the staff with the first four copies of the voucher and retain the green copy (page 5 — last page) of the voucher.
- The staff, after receiving the voucher, shall follow steps six (6) through thirteen (13) outlined above in the section titled "Uniform Voucher Process" to acquire the approved items.
- After providing the staff with the voucher, the facility uniform coordinator shall attach the *UERR* and any applicable *Special Incident Reports* and/or police reports to the green copy (page 5) of the voucher and follow steps five (5) through eighteen (18) as outlined above in the section titled, "Uniform Voucher Process."

2215 DAMAGE TO DEPARTMENT UNIFORMS/EQUIPMENT WHILE ON DUTY

The Department will replace uniforms and equipment damaged during the staff's duties. Staff whose Department property is damaged while on duty shall:

- Complete an SIR regarding the damage to the uniform part(s)
- Follow steps 3 through 9 in the section titled "Replacement of Uniforms."

Note: A police report is not required when equipment is damaged while on duty.

2216 PURCHASING ITEMS AT GALL'S STORES

The following changes apply to all sworn staff who are required to wear an approved Class "B" uniform designated and approved by the Department:

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Staff may now purchase additional department-approved uniforms or equipment at their own expense from any Gall's store location without a voucher. Staff shall be required to show two (2) forms of pictured ID (Driver's License and Probation Employee ID) for any transaction to occur. Vouchers are still required to obtain the initial uniform or any department-purchased replacement due to work-related damage.

2217 LONG-SLEEVED SHIRTS

Staff may purchase long-sleeved shirts approved by the Department directly from any Gall's store location at their own expense. The Department shall continue to be responsible for purchasing long-sleeved shirts for those staff who have visible arm tattoos. Long-sleeved shirts that are purchased by the Department shall have approval by a Director on the voucher.

2218 SHORTS

Staff are not permitted to wear shorts.

2219 RANK PINS

Staff shall be issued two (2) pins that identify their current rank within the Department. One pin shall be worn as part of the approved departmental uniform. The pin shall be placed lengthwise, centered, at the base of the left lapel. Staff shall be issued new pins upon change of rank.

2220 STAFF ASSIGNED A UNIFORM POSITION

Staff assigned a uniform who are promoted to a non-uniform assignment need not turn in their uniform if they are anticipating working Section 170 time in the facilities. All staff must return their uniform upon separation from Probation service.

2221 RETURN OF UNIFORM

Staff who leave the Probation Department or County service are required to turn in to their supervisor their polo shirts, hats, rank pins, and jackets as part of the exit process prior to leaving their assignment. Staff may keep their pants, belts, and boots. The uniforms that are turned in shall be sent to Property and Supply for destruction.

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2222 DISCIPLINARY GUIDELINES FOR FAILURE TO ADHERE TO UNIFORM AND DRESS CODE

It is the Department's objective to project a professional image among the different agencies, clients, colleagues, and the community with which we collaborate in meeting our mission. Appearance is important in demonstrating the professional nature of job assignments and in receiving respect from colleagues.

Departures from the Departmental dress or personal grooming standards are not permitted regardless of the nature of the job assignment unless specified in the staff dress and grooming policy, Probation Department uniform policy; or approved by management staff. Doctor notes must address the physical accommodation need, not the uniform/dress code. Failure to maintain appropriate personal appearance will result in the following:

First Offense – Verbal Warning

Documentation of the verbal warning shall include the date and time the verbal warning was given and the specific violation (e.g., staff was wearing denim) observed. The staff shall be provided with a copy of the uniform policy.

Staff may be sent home without pay ONLY if they have not yet started to work their shift. For example, should managerial or supervisory staff observe a staff member in non-compliance with the uniform/dress code at 9:00 am and their workday began at 6:00 am, it is not acceptable to send the staff member home without pay. The needs of the facility and the severity of the violation should also be considered when making this decision.

Second Offense – Worker/Supervisor Conference

Staff shall be advised of their failure to comply with the uniform/dress code and/or grooming standards, and if the persistent non-compliance continues, it will be necessary to take further action. The specific areas of non-compliance by the staff shall be addressed in a written Worker/Supervisor Conference memo. The staff shall be provided a copy of the Uniform Policy.

Third Offense – Letter of Warning

In addition to the current incident of non-compliance, the Letter of Warning shall include and reference the dates of the verbal warning and Worker Supervisor Conference, with the Uniform Policy attached.

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If the warning is referenced in the staff's performance evaluation covering the period in question, the Letter of Warning is not removed from the staff's work location personnel folder. However, if the Letter of Warning is not referenced in the performance evaluation, it shall be removed from the staff's work location personnel folder after one year.

Fourth Offense – Letter of Reprimand

The Letter of Reprimand shall reference all previous attempts to gain compliance from the staff. It is written and signed by the supervisor after consulting with the Office/Facility Head and the Discipline Unit. Its contents include those points made in the Letter of Warning.

The procedural steps are the same as for the Letter of Warning except that the copy of the Letter of Reprimand and the staff's response are made a part of the staff's Master Personnel File consistent with provisions outlined in the employee's bargaining unit Memoranda of Agreement (MOA). The staff shall be provided a copy of the Uniform Policy.

Fifth Offense – Letter of Suspension

The first level of suspension shall start with three days and increase from there until 30 days have been imposed. Again, this letter should reference all previous attempts to garner staff compliance.

Letters of Suspension for less than 30 days are signed by the Office/Facility Head. Letters of Suspension for 30 days or longer must be approved and signed by the Bureau Chief.

Discharge/Insubordination

The staff is recognized to be insubordinate after failing to adhere to warnings, conferences, reprimands, and suspension. As such, the staff is notified that they have failed to follow instructions and comply with the policy and procedures set forth by the Department's uniform/dress code and grooming standards, and now places their employment with the County in jeopardy.

The staff will be given direct orders to adhere to the uniform/dress code and advised that failing to adhere to this order will be considered insubordinate, which will result in disciplinary action up to and including discharge. The Discipline Unit in Human Resources shall be consulted to ensure appropriate procedures are followed.

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Attachment A

UNIFORM AND EQUIPMENT ISSUANCE VOUCHER

LOS ANGELES COUNTY PROBATION DEPARTMENT

NO. 00001

Last Name First Name Employee # Title

Name of Facility Unit/Assignment Facility Phone Number

Issuing Director's Signature Division/Camp/Operation Date Voucher Approved for Issue

Uniform Items/Equipment Authorized for Issuance

Print Employee Last Name: _____

Uniform Equipment	Quantity Approved	ITEMS TO BE PURCHASED BY:		Quantity Received	Probation Staff Initials
Short Sleeved Shirt	_____	☐ Probation	☐ Employee	_____	_____
Uniform Trousers	_____	☐ Probation	☐ Employee	_____	_____
Jacket	_____	☐ Probation	☐ Employee	_____	_____
Boots	_____	☐ Probation	☐ Employee	_____	_____
Belt	_____	☐ Probation	☐ Employee	_____	_____
Headgear	_____	☐ Probation	☐ Employee	_____	_____
Key Holder & Lanyard	_____	☐ Probation	☐ Employee	_____	_____

**REFER ANY
QUESTIONS
TO**

Dalila Fragoso
RTSB Assistant
(562) 940-2874

Carolyn Cloman
DSB Assistant
(562) 940-3693

Randy Herbon
RTSB Consultant
(562) 940-3554

Larry Rubin
DSB Consultant
(562) 940-2523

Special Issue Uniform Items - Director Approval Required

Long Sleeved Shirt	_____	☐ Probation	☐ Employee	_____	_____
Maternity Shirt	_____	☐ Probation	☐ Employee	_____	_____
Long Sleeved Maternity Shirt	_____	☐ Probation	☐ Employee	_____	_____
Maternity Trousers	_____	☐ Probation	☐ Employee	_____	_____

Director Signature: _____

Employee's Signature Indicating Receipt of Items: _____

Signature

Date

GALL'S STORE LOCATIONS

Long Beach Uniform 2789 Long Beach Blvd. Long Beach, CA 90808 Phone: (562) 424-0220 Fax: (562) 424-6464	Los Angeles 6365 S. Arizona Circle Los Angeles, CA 90045 Phone: (310) 338-6800 Fax: (310) 338-6810	Orange County 1249 W. Katella Ave. Orange, CA 92667 Phone: (714) 633-3880 Fax: (714) 633-8641	Riverside County 2225 Kansas Ave. Riverside, CA 92507 Phone: (951) 781-6366 Fax: (951) 369-6757	San Diego County 8841 Clairemont Mesa Blvd. San Diego, CA 92123 Phone: (619) 505-1900 Fax: (619) 505-1940

For more store locations call (888) 424-3938 or visit www.galls.com/stores.html

Comments by Vendor: _____

White (2 copies) - Vendor

Yellow - Employee (upon completion)

Pink - Facility Coordinator (upon completion)

Green - Facility Coordinator

Attachment B

Facility Uniform Coordinator Reconciliation Log

[illegible]

EMPLOYEE UNIFORM POLICY**UNIFORM EQUIPMENT REPLACEMENT REQUEST****Attachment C****LOS ANGELES COUNTY PROBATION DEPARTMENT**

DATE: _____

TO: _____, ☐ SDPO ☐ SDSO ☐ STD

FROM: _____, Work location: _____ Rank: _____

- ☐ Request annual uniform issuance as per policy.
- ☐ Request replacement for damaged equipment. (Attach a copy of the Special Incident Report)
- ☐ Request replacement for worn out equipment. (Provide damaged equipment to supervisor for review)
- ☐ Request replacement for stolen equipment. (Attach copies of Special Incident Report and police report)
- ☐ Request replacement for lost equipment. (Attach S.I.R. Attach police report if badged item(s) or OC canister were lost)
- ☐ Request issuance of maternity uniform equipment.

SUPERVISOR'S REVIEW

After review of this matter, I am recommending to the Director that the following item(s) be authorized for replacement either at County cost or employee cost as indicated below:

ITEM	Quantity Approved	PURCHASED BY	ITEM	Quantity Approved	PURCHASED BY
Short Sleeved Polo Shirt	_____	☐ Probation ☐ Employee	Jacket	_____	☐ Probation ☐ Employee
Long Sleeved Polo Shirt	_____	☐ Probation ☐ Employee	Boots	_____	☐ Probation ☐ Employee
Maternity Shirt	_____	☐ Probation ☐ Employee	Belt	_____	☐ Probation ☐ Employee
Long Sleeved Maternity Shirt	_____	☐ Probation ☐ Employee	Headgear	_____	☐ Probation ☐ Employee
Uniform Trousers	_____	☐ Probation ☐ Employee	Key Holder & Lanyard	_____	☐ Probation ☐ Employee
Maternity Trousers	_____	☐ Probation ☐ Employee			

Supervisor's Comments: _____

Supervisor's Signature: _____ Date: _____

The Supervisor shall attach any SIRs and/or police reports to this UERR form

Director's Comments: _____

Was a voucher authorized? ☐ Yes ☐ No If YES, voucher number _____ was issued.

Director Signature Approving: _____ Date: _____

Attach this document and any SIRs and Police Reports to the GREEN copy of the Uniform Voucher

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) STAFF POLICIES AND PROCEDURES	Section Number: SYTF-2300
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

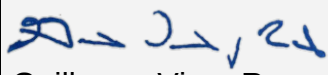
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LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: SECURE YOUTH TREATMENT FACILITY (SYTF) STAFF POLICIES AND PROCEDURES	Section Number: SYTF-2300
	Effective Date: May 10, 2024
	Approved By:  Guillermo Viera Rosa, Chief Probation Officer

2301 INTRODUCTION

This section contains Bureau-specific policies and procedures. It also highlights various Departmental policies and procedures that impact the day-to-day routine of SYTF staff. This section is by no means all-inclusive of policies and procedures pertaining to all Probation Staff. Staff members are urged to review both Directives and other Departmental manuals (such as the Probation Department Policy Manual, the Administrative Services Bureau Manual, and the Information Systems Bureau Manual) to keep abreast of the most current policies and procedures in place.

2302 IDENTIFICATION PROCEDURES

All persons entering the juvenile facilities shall wear proper identification, either a uniform with a name, an identification badge, or a visitor's badge. Visible identification is to be worn at all times in SYTF. The identification badges is to be worn on the chest area with the picture showing. The only exception is parents visiting on Sundays during normal visiting hours.

General Guidelines

Staff shall observe the following:

- SYTF Staff shall provide their facility identification badges, before they are issued keys.
- Those Staff without facility identification shall be issued a visitor's badge.
- A record of temporary facility identification issued, including staff's name, date, identification number, time of issuance and return, will be maintained

STAFF POLICIES AND PROCEDURES

- May 10020224
- A record of temporary facility identification issued, including 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 normal visiting hours.
 - No one is to be admitted onto facility grounds unless they are wearing the required identification.
 - The loss of an identification badge is to be immediately reported to the staff's Supervisor and to the OD. A Special Incident Report shall be required to obtain a replacement facility identification badge.

Note: To ensure the return of temporary identification, a driver's license or other appropriate positive (picture) identification will be required from Probation staff and visitors.

2303 FACILITY IDENTIFICATION (ID) CARD PROCEDURES

Permanently assigned Staff shall be issued a color-coded, picture facility ID card. The color code is as follows:

- Blue SYTF Staff
- Green Contract Staff (Food service, custodian, clerical, ISD)
- Purple Health Services, Mental Health
- Orange School Staff
- Light Blue Volunteers (VISTO, sub-contractors)

BJN SYTF

All visitors to the facility shall also be issued a color-coded facility ID card. The visitor color code is as follows:

- Light Green Probation staff

LOS ANGELES COUNTY PROBATION DEPARTMENT	SYTF-2300
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- White All other visitors (JAWS, PAWS, GAIN, GR, Legal, youth's family, clergy, vendors)

Dorothy Kirby Center

All visitors, including Probation staff, shall be issued a white color facility ID card.

Facility Identification Card Exchange Process

- A facility ID card will be issued to staff in exchange for an Employer's Identification Card. If the staff does not have the Employer's Identification Card, then a Driver's license or a California Identification Card will be acceptable. If staff does not have an appropriate I.D., they will not be admitted into the facility unless authorized by the Officer of the Day and/or Director.
- Staff will turn in the Facility ID card in exchange for the Employer ID card when they leave the facility.
- A record of the facility ID cards issued without appropriate identification will be maintained on the Staff Facility ID Card Control Sheet. A copy of this form shall be forwarded to the Assistant Superintendent daily.

Lost or Stolen Facility Identification Card Process

- Staff must notify their supervisor immediately of a lost/stolen facility ID card and submit a Special Incident Report (SIR).
- In the event of a lost/stolen facility ID card, the supervisor shall submit the SIR to the Staff's Division Director.
- Replacement badges will cost \$7.00. The staff will be responsible for paying this cost.

Facility Visitor Identification Card Exchange Process

A visitor is identified as any person conducting business at the facility but not assigned to the facility.

STAFF POLICIES AND PROCEDURES

- A numbered facility visitor ID card will be issued in exchange for the visitor's Employer's Identification Card, Driver's License, State Identification Card OR any other government issued identification. If the visitor does not have an appropriate ID, they will not be admitted into the facility unless authorized by the Officer of the Day (OD), Facility Director, and/or the Superintendent.
- A record of the facility visitor ID cards issued will be indicated on the Visitor ID Control Sheet. This information will include facility ID card number, visitor's name, signature, identification type received, destination, time of issuance, staff initials, and time of return.
- The visitor's ID card will be retained and placed in the numbered slot coinciding with the number appearing on the facility visitor ID card.
- Visitor's ID will be returned upon receipt of the facility visitor ID card.

Identification Card Coordinator

The Identification Card Coordinator (Office Manager or Designee) at BJN SYTF or RS staff at Dorothy Kirby Center are responsible for the following:

- Ensure that ID card audits are performed daily to determine if staff is in compliance with the ID card procedures and forwarded to the Assistant Superintendent.
- Review the Missing ID Card Report. An identification card discovered missing during an audit is reported to the individual's Director at BJN SYTF or supervisor at Dorothy Kirby Center.
- The Staff Facility ID Card Control Sheet shall be collected and forwarded to the Assistant Superintendent at BJN SYTF or Facility Director at Dorothy Kirby Center daily.

2304 USE OF PROBATION BADGES AND IDENTIFICATION CARDS

Use of badges and identification cards shall be strictly limited to official duties. Identification cards shall be worn on the chest area only, with the picture showing and visible at all times while on duty. Unauthorized use (i.e., solicitation of gratuities/discounts, etc.) of badges or identification cards by Staff is prohibited and may result in corrective action.

STAFF POLICIES AND PROCEDURES

The loss of an identification card or badge shall be promptly reported to the staff's immediate supervisor via the DPO Badge Declaration form.

2305 KEY PROCEDURES

The Key Control Policy is designed to ensure the secure and responsible management of access through key cards and key blocks within the juvenile facilities. The policy outlines the issuance, tracking, and safeguarding of key cards and key blocks to prevent unauthorized access and maintain the safety and security of the facility, its occupants, and its resources.

DEFINITIONS

Key: All physical means of access to or exit from the secure areas of the juvenile institution.

Key Card Holder: An authorized individual who is issued a key card for entrance into the facility and main doors.

Key Block Holder: An authorized individual who is issued a key block for access to facility room keys for detained minors and specific access doors.

Access Control Log: A record-keeping document that logs the issuance and return of key cards and key blocks, including relevant details such as serial numbers, recipient's name, date of issuance, and purpose.

Secure Key Card and Key Block Storage: Designated, locked storage areas or containers for key cards and key blocks not in active use.

POLICY

It is the policy of the department that all keys used to access or exit secure areas of the juvenile institution are strictly controlled. Staff members will be held accountable for the security and safety of the juvenile institution. All key control activities shall be accurately documented daily.

LOCK POLICY:

All security perimeter entrances, Movement Control doors, and housing unit doors shall be kept locked except when used for admission or exit of staff members,

STAFF POLICIES AND PROCEDURES

youth, or visitors and in an emergency. Sallyport operators should ensure that only one door is opened at a time for entry or exit purposes, except when the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit. Each time the sallyport override function is engaged, the staff member must submit a written report to the on-duty supervisor prior to the end of the shift.

IDENTIFICATION AND KEY CARD PROCEDURES

This Key Control Policy is established to ensure proper access management through key card entry systems, key blocks, and physical keys within the Juvenile Institution.

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 in the facility.

Under no circumstances shall a staff member pass a key or key set to another staff member. All keys must be checked out through the control process. Staff members shall not possess any key for which they have not been authorized.

Staff members shall not duplicate, mark, alter, or manufacture any key without written authorization from the Superintendent at BJN SYTF or Facility Director at Dorothy Kirby Center or the authorized designee.

MC staff at BJN SYTF or RS Staff at Dorothy Kirby Center shall, at the beginning and end of their respective shifts, inventory the key box and its contents. All keys must be accounted for before the end of the shift.

Under no circumstances will security keys be made available to youth regardless of their status.

General Guidelines:

- Juvenile facility staff will have their identification badges visible and properly secured to their person before they will be issued key cards.
- Visitors who are agency representatives or volunteers must also display appropriate identification or obtain a visitor's badge.

STAFF POLICIES AND PROCEDURES

- All other visitors must register and obtain temporary identification.
- Key sets issued to staff members for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter. Exterior door keys shall not be permitted inside the facility except during an emergency requiring access to the exterior doors.

KEY CARD AND KEY BLOCK ISSUANCE AND TRACKING¹

Key cards and key blocks shall be issued to authorized personnel as follows:

- Key Card Holders: Authorized personnel requiring entrance into the facility and main doors.
- Key Block Holders: Authorized personnel requiring access to facility room keys for detained youth and specific access doors.

The Key Card and Key Block Administrators are responsible for maintaining an Access Control Log for all key cards and key blocks distributed. The log includes relevant information such as the recipient's name, signature, date of issuance, purpose, and access areas granted.

Key cards and key blocks are to be used only for the specified purposes and areas within the facility.

KEY CARD AND KEY BLOCK RETURN AND TRANSFER²

Key card and key block holders are responsible for returning key cards and key blocks to the respective Administrators immediately upon completion of their duties, transfer to a different role, or termination of employment.

When a key card or key block holder is transferred to a different role or leaves the facility, the respective Administrator must ensure that all key cards and key blocks are returned before authorizing the transfer or departure.

¹ Applicable to BJN staff and facility only.

² Applicable to BJN staff and facility Only.

STAFF POLICIES AND PROCEDURES**KEY CARD AND KEY BLOCK SECURITY AND STORAGE³**

Key cards and key blocks not in active use must be stored in designated secure key card and key block storage areas, accessible only by authorized personnel.

Secure key card and key block storage areas are equipped with appropriate security measures, including locking mechanisms and access controls.

Regular inspections of key card and key block storage areas will be conducted to ensure the integrity of the security measures.

KEY PROCEDURES

Each staff member is issued a set of keys by number, which is checked in and out each day from the Key Center.

Staff shall immediately attach facility keys to their uniform lanyard, which is to be worn at all times during the shift.

Keys shall remain attached to each staff member at all times during the shift.

Staff shall be responsible for exercising proper control over the keys needed to perform required duties and return them to the key center upon leaving the facility.

Assignment of Keys⁴:

A shift roster will be maintained for the accounting and security of all key sets. Each shift is responsible for reporting any key malfunctions or missing key sets. Key control measures shall be documented by the Movement Control staff member on logs and forms and the records retained in accordance with established records retention schedules.

- Keys shall be assigned to full-time staff and as-needed staff working at least ten days per month, essential to the performance of their work function.

³ Applicable to BJN staff and facility only.

⁴ Applicable to BJN staff and facility only.

STAFF POLICIES AND PROCEDURESKey Inventory and Control⁵:

Ma1 0, 2024

- A key inventory card shall be kept for each staff member issued keys, signed by the staff member.
- The Key Coordinator will manage the key inventory.

Use of Keys:

- Keys are to be used only by the staff member to whom they are issued. They are never to be lent or given to a youth, visitor, or unauthorized individual by any staff.

EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and made accessible only to the Superintendent, the supervisor, or the authorized designee in the event of an emergency.

MISSING KEYS

Any staff member who discovers that a key or key set is missing shall immediately make a verbal report to a supervisor and shall prepare a Special Incident Report (SIR) as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor should order a lockdown of the juvenile institution. All youth should be locked in their housing areas or held in place, and a youth count should be conducted. Youth shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Superintendent/Facility Director regarding the loss of the key, when the loss was discovered, and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff members. Additional staff members may be called to assist with the search. If, after a thorough search, the key or key set is not located, the Superintendent/Facility Director will determine whether to re-key any locks that may have been compromised and whether this should be done immediately.

⁵ Applicable to BJN staff and facility only.

STAFF POLICIES AND PROCEDURES

The Superintendent/Facility Director or the authorized designee shall initiate an investigation into the disappearance of the keys to re-examine the procedures for key control. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

DAMAGED KEYS OR LOCKS

Damaged keys or locks shall be promptly reported to a supervisor. No part of a broken key shall be left in the lock. All portions of the damaged key must be turned in to the OD/RS Supervisor, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures should be taken until the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No youth should be secured in a sleeping room, detention room, or area that has inoperable locks.

KEY AUDITS⁶

Regular key audits will be conducted to ensure the accurate tracking and control of key cards and key blocks.

- Key Card and Key Block Administrators will conduct these audits daily after 10 PM and periodically during the day shift.
- Audits will involve verifying key cards and key blocks issued against the Access Control Log.

Discrepancies identified during key audits will be thoroughly investigated, and corrective actions will be taken as necessary.

STAFF RESPONSIBILITIES⁷

All staff members are responsible for the following key card and key block procedures:

- Proper Usage: Staff members issued key cards and key blocks must use them only for their designated purposes and access areas.

⁶ Applicable to BJN staff and facility only.

⁷ Applicable to BJN staff and facility only.

LOS ANGELES COUNTY PROBATION DEPARTMENT	SYTF-2300
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- Safekeeping: Key cards and key blocks must be safeguarded at all times. They should not be left unattended, shared with others, or used by unauthorized individuals.
- Reporting Loss: In case of a lost or stolen key card or key block, staff members must immediately report the incident to their immediate supervisor and the Officer of the Day (OD).
- Key Card and Key Block Return: Staff members are responsible for returning key cards and key blocks to the respective Administrators upon completion of their duties, transfer to a different role, or termination of employment.
- Compliance: Staff members are required to adhere to all key card and key block policies and procedures outlined in this document.

IDENTIFICATION CARD COORDINATOR

The Identification Card Coordinator at BJN SYTF and RS Supervisor at Dorothy Kirby Center are responsible for the following:

- Ensuring ID card audits are performed regularly to determine compliance with ID card procedures and reporting to the Assistant Superintendent/Facility Director
- Reviewing computer-generated reports for missing ID cards and reporting to the individual's Director at BJN SYTF or Facility Director at Dorothy Kirby Center.

2306 ASSIGNMENT PREFERENCES

Assignments within a facility shall be made exclusively by Probation Department management. When a staff prefers one assignment to another, the staff member may submit a facility BID Request form. However, it is clearly understood that 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.

Eligibility for Reassignment

To be considered for reassignment, a staff member shall meet the following criteria:

STAFF POLICIES AND PROCEDURES

- Have on file in the facility's Payroll Office 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 year from the date filed.
- Be a permanent staff member, not on probation, and rated competent or above on the last performance evaluation.
- Must have served at least one year in the current assignment.
- Be able to serve at least one year in the new assignment.

Note: Any or all of the eligibility requirements may be unilaterally waived by supervisors or Directors relative to the needs of the facility.

Nepotism

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 relationship and not merit.

FAMILY MEMBERS DEFINED

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.

DISCLOSURE REQUIREMENTS

This Directive 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 Probation Department is mandated of all current and potential Staff as part of the selection process for hiring or promoting.

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A staff member who marries another Probation Department staff member must notify their Supervisor/Manager/Bureau Chief of the marriage immediately.

Family Members as defined within this directive shall not be assigned to the same work unit, and a staff member 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 name and relationship 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 Staff are aware of the policy.

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, and Administration Secretaries.

The staff member is responsible for reporting such real or potential conflicts of interest to their 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.

MANAGEMENT RESPONSIBILITIES

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.

SPECIAL EXCEPTIONS

STAFF POLICIES AND PROCEDURES

Exceptions to the Department's general policy against hiring or assigning 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.

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.

2307 ATTENDANCE AND TARDINESS**BJN SYTF**

Staff shall submit their absence on the Callout System on E-CAPS no later than four (4) hours prior to the start of a shift and no later than (1) one hour prior to the start of the shift for a tardy. Failure to do so may result in the imposition of "A" time and/or progressive corrective action.

No more than one absence or tardy per month (12 absences or 12 tardies per year) is allowed. Exceeding these standards may result in corrective action.

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Staff, upon request and when on Certified Time status, shall be required to furnish acceptable documentation for any absence before the absence is authorized and pay allowed.

Dorothy Kirby Center

Employees are responsible for promptly notifying their immediate supervisor or the 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 scheduled reporting time.

If an employee is involved in an accident, medically incapacitated, or otherwise injured, 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.

Proof of Absence

County Code, Section 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 for in Section 6.20.080 of the County Code, 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.

All Staff will be required to provide proof of absence for medical leaves in excess of five (5) consecutive workdays. Please submit the original proof of absence to your immediate supervisor. The supervisor will notify Disability Management and Compliance Unit of your absence.

Failure to provide proof of absence to support a medical leave of absence may result in your time off work being coded as "unauthorized" absence without pay. Excessive unauthorized absences affect time benefit accrual amounts and may be considered for corrective disciplinary action.

2308 OBSERVANCE OF WORK HOURS

STAFF POLICIES AND PROCEDURES

Each staff member shall report to their assigned post on time and remain there until properly relieved. 0. 2024

2309 BREAK PERIODS

The supervisor, or the Sr. DSO/DPO II in their absence, shall allocate two 15-minute break periods for staff during each eight (8) hour shift if and when workload permits. Staff are not permitted to leave the institution during breaks without the permission of the OD/ RS Supervisor. The shift leader must be informed when and where the staff is taking a break. The break periods cannot be used to justify tardiness or early departure, nor can they be accumulated.

2310 POST-POSITION COVERAGE

Staff shall not leave their post assignment unless properly relieved or given specific authorization by the OD/ RS Supervisor. Staff are not allowed to engage in any activity that interferes with the proper execution of their duties.

2311 SPECIAL ASSIGNMENTS

SYTF has several positions for staff that are considered “special assignments” or “staff assistants”. These assignments are generally outside the scope of a general definition of the staff and, at times, require alternate skills. When special assignments become available or vacant, the position is posted internally at the facility and sent via email, which lists the qualifications necessary to be eligible. Those interested in the position shall have the opportunity to submit their interest. The position is 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 by a team of supervisors. 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

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attendance or is incapable of keeping up with the demanding workload, will become subject to removal from their special assignment position.

2312 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 the staff member
- 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 (such as feet on a desk or chair, shoulders slumped, head back or chin resting on the chest).

2313 DAILY SCHEDULE SIGN-IN AND SIGN-OUT⁸

This section outlines procedures for the roles and responsibilities for juvenile facility staffing assignments, scheduling, and time-off management to maintain sufficient staffing levels and prioritize the safety and security of both youth and staff.

Facility Scheduler: Facility scheduler uses the application to manage staff's schedules. The Facility Scheduler adds, modifies, and deletes schedules as needed, including handling approved absences and callouts. Their primary role is to ensure adequate staffing levels and compliance with scheduling requirements.

The Facility Scheduler is responsible for the following:

⁸ Applicable to BJN staff and facility only.

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- Gather information on officer availability, time-off requests, and staffing considerations.
- Using the scheduling app, create a monthly schedule that ensures adequate staffing per required ratios for each shift (AM, PM, 10/6).
- Distribute the monthly calendar to all facility managers, supervisors, and movement control staff for review and awareness.
- Regularly check the scheduling app and other sources for staff time-off requests.
- Coordinate with management to approve time-off requests, ensuring that staffing remains compliant with required ratios.
- Update the monthly and daily schedules to reflect approved time-off and any changes in staffing.
- Using the application, generates and distributes daily schedules for all three (3) shifts.
- Include the master count and list all staff due to report for each shift.
- Send the daily schedules to facility managers, supervisors, and movement control staff.
- Continuously monitor the scheduling app and other sources for changes in staff availability or other unforeseen circumstances.
- Make real-time adjustments to the schedules as needed to ensure proper staffing for upcoming shifts.
- Communicate with staff daily to assess the need for overtime to cover staffing shortages.
- Coordinate with management to approve overtime requests and update the scheduling app with the approved overtime assignments.

Field Designee (for Deployed staff): Field designees, typically schedulers from outside the facility, ensure that monthly deployment schedules are provided to SYTF Deployment Scheduler within operational requirements so that there is adequate time to enter deployment staff schedules for the facility.

Supervisors and Approvers: Supervisors and approvers use the application to review, approve, or reject schedule changes, especially for work-hardening assignments or changes to staff schedules. Supervisors and approvers play a role

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in ensuring the accuracy and compliance of schedules. This includes OD, backup OD, and other supervisors or the authorized designees who are responsible for the following:

- Review the daily staffing sheet to ensure compliance with the required youth-staff ratios per unit and shift.
- Before the start of the shift, verbally instruct officers reporting to work about their assigned post positions.
- Continuously monitor staffing levels and reassign officers as needed to maintain proper youth-staff ratios during the shift.
- Accurately record and contact officers who need to be held over (Holdover OT) due to low staffing numbers.
- Coordinate with the Facility Scheduler to resolve any discrepancies in staffing assignments.
- Ensure that officers are properly relieved from their posts at the end of their shifts and that all officers check out before leaving the facility.
- Regularly review the Sign-In/Out App records to verify attendance and address any discrepancies.

Management and Administrators: Managers and administrators use the application to access reports and dashboards for management and statistical purposes. These reports help them analyze staffing trends, track attendance, monitor approved absences, and assess callout data for decision-making and compliance purposes.

Staff on Counsel (SOC): Staff on Counsel is responsible for providing assistance to the OD and maintaining operational accounting of staffing within the facility. The SOC helps manage and maintain accurate daily records within the scheduling application through each shift.

Staff: Staff interact with the application indirectly through requesting approved absences or reporting callouts.

SIGN-IN/OUT APP Procedures⁹:

⁹ Applicable to BJN staff and facility only.

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The Sign-In/Out App is a crucial tool for tracking staff attendance and ensuring the proper sign-in and sign-out procedures are followed. This section outlines the procedures for using the Sign-In/Out App effectively. Supervisors or the authorized designees such as the ODs provide oversight of sign-ins/outs and address schedule issues.

Accessing the Sign-in/Out App

- Supervisors/OD/Back-up OD/SOC shall ensure to set up or be available in a location where staff can be signed in/out.
- Supervisors/OD/Back-up OD/SOC shall access the Sign-In/Out App using their unique login credentials.
- Upon arrival/departure, staff shall provide their employee number for the system sign-in/out process.
- Ensure the displayed name matches the ID or stated name.
- Review the displayed shift to ensure it matches the date/time of sign-in/out.
- Notify staff of scheduled assignments prior to signing in.
 - If the assignment is "to be assigned," cancel sign-in and redirect it to the OD.
 - If staff refuses the assignment, check the "refused to work on line-" box, and include the reason in the Comment section such as "[staff name] refused [assignment] due to [reason]."
- Sign in and redirect to the OD.
- Do not sign staff in and direct staff to the OD if:
 - "No schedule found" alert is displayed upon sign-in,
 - Staff arrived for shift other than displayed upon sign-in
 - Staff did not check out from the prior shift, resulting in work hours outside of policy.
- Sign-outs more than fifteen (15) minutes past shift, check "Holdover" and leave a comment on the screen.
- Supervisors/OD/Back-up OD/SOC must confirm the sign-in/out action and verify that the app recorded the entry.

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- Additional information can be provided within the application, such as the shift end time or any additional notes.
- Supervisors/OD/Back-up OD/SOC shall ensure that any discrepancies or errors are promptly remedied.
- Staff shall report to Movement Control outside regular shift change hours for sign-in/out.
- Sign-in/out times shall be recorded in the Daily Attendance Report.
- Troubleshooting "No Schedule Found" Alert for Current Shift: Use the staff's first or last name to search the Daily Attendance Report screen for the staff's schedule:
 - Regular Staff: Enquire about who called staff for overtime. Identify whether overtime is within Policy and have Scheduler/OD/Back-up OD/SOC add staff to schedule or elevate to Manager as needed.
 - Deployed Staff: If two other shifts are scheduled for the week, redirect staff to report on assigned shifts and do not have Scheduler/OD/Back-up OD/SOC add a new shift unless the need exists in a Unit.
 - Full-Duty Staff: The current shift is overtime, and staff agrees to deploy on existing shifts.
 - Overtime Shifts: All overtime schedules must be entered in the application. Staff receiving overtime prior to, or post-current shift will be required to be signed out and signed back in for each shift.
- Troubleshooting Adherence to Sign-out Protocols: If Sign-out screen shows a shift outside of overtime/holdover policy OR staff is signing in, but the Sign-out screen appears:
 - Enquire about shift start date/time.
 - If staff worked outside of overtime/holdover policy, include a comment in sign- out screen indicating who authorized the overtime.
 - If staff error, redirect/guide staff to adhere to sign-in and out protocols.
 - Sign-out staff and comment error reason and date/time of actual departure in the comment box.

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- If needed, re-enter the employee number to sign in staff for the current shift.
- Refusing Assignment:
 - Depending on the reason provided, refer to and/or verify with:
 - Disability Management & Compliance Coordinator (DMCC): Check whether the assignment is within the staff's work restrictions.
 - Shift Change Director: For further discussion/direction.
 - If reasonable accommodation is accepted by staff, edit printed/electronic Daily Schedules.
 - In the staff's Daily Attendance Detail Report, uncheck the "Refused to work on line" box and add a comment such as: "[Name] was originally assigned to [unit/post] and due to [reason], agreed to work [assignment]."
 - If reasonable accommodation is refused by staff, include the reason in the Comment section of the Sign-out screen such as "[staff name] was offered to work within their restrictions in [assignment] & refused." Sign-out staff.
- Processing New/Renewed IPMs:
 - Verify reasonable accommodations with DMCC.
 - Adjust assignments on printed/electronic Daily Schedules as needed to align with IPM.
 - Inform Scheduler to replace existing schedule to align with new IPM (restrictions/timeframe).
 - Add comment "directed [staff name] to DMCC for IPM."
 - Sign staff in.
 - Instruct staff to return to OD when IPM is completed.
- Redirected After Signing Out: If staff is signed out but called back to work:
 - Add comment in staff's Daily Attendance Detail Report with the amount of time stayed and name of supervisor/manager requiring a return.

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- If staying for an additional shift, the Scheduler to add a new schedule and sign-in staff.

SCHEDULING APPLICATION PROCEDURES¹⁰:**Officer of the Day (OD)/Back Up OD:**

- Reviewing Schedule: Before shift change, (click on update callout) review Daily - Schedule screens (Administrative, Unit, Post) to identify and make changes prior to printing hard copies:
 - At least one (1) Regular staff is in each unit,
 - Duplicates (same shift time but different units),
 - New callouts or new Industrial Accidents,
 - Population - enhanced supervision and medical transportation needs,
 - "To Be Assigned" staff- all reassigned to where needed,
 - Print Approved Absence Report for partial shifts and arrange for overtime/holdovers as needed.

Staff on Counsel / Senior on Counsel (SOC):

- Processing Sign-ins/outs: SOC's support ODs during sign-ins/outs and assist in addressing schedule issues.
 - While ODs/ Supervisors sign-in staff, SOC's check off staff on printed or directly in the Scheduling Application Daily Schedule.
 - Identify no call/no show timely and coordinate coverage.
 - Edit printed/electronic Daily Schedule prior to staff signing in if possible.
 - Assist in signing in and out staff that report to Movement Control outside of regular shift change hours.
- Maintaining Daily Schedule: SOC's are responsible for maintaining an up-to-date Daily Schedule within the application.

¹⁰ Applicable to BJN staff and facility only.

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- Ensure that staff are properly distributed to assigned Units/Assignments in Daily Schedule:
 - All Units/Assignments have the appropriate staff assigned to them.
 - All staff have been assigned from the "To Be Assigned" sections of each assignment roster page.
- Contacting units to verify staff presence in units.
- Daily schedules must be maintained throughout the shifts. Any changes must be revised within the application as soon as possible.

Training and Support

All required staff shall receive training on how to use the Sign-In/Out and Scheduling Apps. If staff encounter technical issues or require assistance, they should contact the IT department or the designated support personnel.

Compliance

Staff are expected to comply with all policies and procedures related to the Sign-In/Out and Scheduling Apps to ensure accurate attendance records.

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The daily schedules shall be posted in the unit office, and an electronic copy shall be provided to the RS office. Any revisions to the schedule shall be re-distributed to staff.

2314 TIMECARDS

Staff shall complete their timecards accurately to claim the number of hours worked hours of overtime earned and to report the number of hours of absence during a given pay period.

Supervisors shall review the claims against facility records prior to approving them. Any discrepancies necessitating changes in the number of hours claimed shall be reported to the staff at the same time that the changes are made. Supervisors shall

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also ensure that the proper codes, funding organizations, pay locations, and item numbers are indicated for overtime.

A work week begins on Sunday and ends on the following Saturday at the conclusion of the 10 PM – 6 AM shift on Sunday morning.

Procedures

Claims for compensation shall be completed to the following procedures:

- Hours worked are reported for each day in increments of 15 minutes. Examples: 8 ½ or 8.5.
- Night Bonus shall be added for staff working at least four hours between the hours of 5 PM and 6 AM to claim bonus pay above their regular pay scale. (All hours are listed on the date corresponding to the start of the shift, even though part of the shift was worked after midnight).
- The “Hours Absent” shall be used to indicate the number of hours missed on a regularly scheduled workday. Staff must also indicate the code denoting the reason for the absence to claim earned compensation. Overtime Hours shall be used by permanent staff to record all hours worked in excess of forty (40) hours of work within a given week. As-needed staff may not claim overtime until they exceed forty (40) hours of work in a given work week, no matter how many hours are worked on a given day.
- Staff shall include extra hours worked for compensatory time. Local 685 members must take compensatory time off during the same work week in which it is earned.

Supervisory Responsibility

Supervisors must ensure that all claims for overtime include the proper coding:

- The code denoting the reason for which overtime was paid
- The column “Fund Org. Charged” denotes the organization charged for the overtime

2315 OVERTIME AND WORK HOURS

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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 a general overtime policy 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.

Overtime Authorized overtime shall be paid if the total hours actually worked (excluding paid leave such as sick and vacation) by a covered staff exceed 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 pre-approved by a Bureau Chief except in the event of an immediate major emergency. A major emergency is defined by Title 6 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, the time and date of pre-approval, and the reason(s) for overtime. Managers shall not grant open-ended approvals.

Pre-approvals shall specifically document the need for 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 or living unit. For reasons such as late relief or "call outs," the specific name of the

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late or sick staff shall be documented. It is anticipated that supervisors and managers will pursue progressive corrective actions for staff that violate attendance standards.

Overtime worked at a location other than the staff's usual work assignment shall be subject to the same documented manager pre- approval requirements discussed above. The staff's usual work location manager and the overtime location manager must each pre- approve the specific assignment when overtime is worked outside of the staff's usual Bureau. Staff shall not act independently of their usual work location manager to "shop* for overtime opportunities – rather, in a timely manner, staff will keep their immediate manager informed in advance of overtime to be worked in other work assignments. Documentation verifying overtime pre-approval 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 staff's pay-period timecard. staff who worked overtime shall not be involved in the forwarding/handling of overtime documentation to their immediate supervisor.

The supervisor of the staff's usual work assignment shall ensure a local record is 'maintained of each of their Staff' cumulative overtime hours worked, including overtime hours worked at other locations.

Excessive overtime by an individual staff can result in fatigue and inattentiveness. Cumulative overtime hours for an individual staff shall not exceed 24 hours in any seven consecutive days. Staff shall not work back-to-back double shifts, defined as an eight (8)-hour period of overtime on each of two (2) 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 Staff in the same organizational unit and/or work location. Management may consider special skills required to perform a particular assignment.

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Overtime indicated on the staff's timecard shall be appropriately and legibly signed off by a supervisor and coded with the five-digit organization code of the location where the overtime was worked. Staff shall never have access to modify their original timecard after the timecard is approved by a supervisor or manager.

At the end of each pay period, a supervisor or manager is to sign their staff's completed timecards, signifying that they have reviewed and confirmed the indicated hours worked. A completed and approved timecard shall never be returned to staff. 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 condition notations. Uncertainties about regular and/or overtime hours actually claimed should be confirmed with applicable records before approving a timecard. The supervisor's or manager's approval signature indicates they are sufficiently aware of and agree that the claimed hours and overtime were, in fact, worked. When in doubt, the supervisor or manager should seek a secondary record to confirm the hours and overtime claimed were, in fact, worked.

Work Hours. Staff are expected to arrive and depart the workplace as scheduled. Staff are responsible for keeping their supervisor informed if arriving or leaving other than as scheduled. The supervisor Shall be informed of schedule deviations in advance and in writing when practical.

With certain regulatory or industry-specific exceptions (such as some peace officer assignments supervising detained youth, the California Labor Code requires that Staff take a meal period of at least 30 minutes in length if the staff's workday is more than five (5) hours. The meal period must be provided by the fifth hour. Mutual written agreement may waive A specific meal period if the workday is no longer than six(6) hours. Staff working over six(6) hours must take a 30-minute meal period (excluding peace officers working in custody supervision positions). California law specifically states that staff 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 (8) -hour workday. Thus, an eight (8) -hour workday consists of eight (8) hours of work *plus* the required 30-minute meal period. An eight (8)-hour workday is not seven and a half (7 1/2) hours of work plus a half (½) hour lunch.

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With the exception of peace officer assignments supervising detained youth, Staff are entitled to two (2) fifteen-minute break periods in an eight (8)-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 (2) break periods may not be combined to create one (1) longer break, and the meal period may not be combined with a break period(s) to create a longer meal period.

Overtime and Holdover Policy

SYTF 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 procedures shall go into effect:

Each facility shall take proactive steps to fulfill staffing requirements by hiring additional staff in the following order:

As-Needed Staff. Each facility shall establish and maintain a current list of as-needed staff along with at least two (2) contact numbers for each staff. As 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 Staff shall be included on the holdover list, which shall be sorted by shift and classification. Once an employee is held over, the staff's name is placed at the bottom of the holdover list. Staff shall be held over only when needed.

STAFF POLICIES AND PROCEDURES**Holdover Exceptions**

- Any officer who has completed two (2) shifts (16 hours)
- Any officer who is scheduled to work the shift following the holdover shift. (Creating 24 consecutive hours of work)
- The Superintendent/Facility Director or the authorized designee shall approve any emergency situation where an officer may be excluded from being held over.
- Two (2)-hour notice shall be given for possible holdover
- One (1) -hour notice shall be given for confirmed holdover

Each facility shall make every reasonable effort to ensure that officers holdover is the means of last resort to ensure adequate coverage and used only when the safety and security of youth and staff is in jeopardy.

2316 HOME ASSIGNMENT WHILE RECOVERING FROM ON OR OFF-DUTY ILLNESS OR INJURY

Standards for the use of leave benefit time, including but not limited to sick, vacation, and industrial accident time, are established by Federal and State regulations, Civil Service Rules, and within the County Code, including Titles 5 and 6 of the County Salary Ordinance. It is County policy that Departments support the appropriate use of leave benefit time and ensure accountability for such use. The following Departmental policy has been developed to ensure clarity and consistency with applicable standards and with other County agencies' policies.

When a staff is injured or suffers an illness on or off duty and is unable to return to work, the staff is responsible for notifying their immediate supervisor or the authorized designee as soon as possible prior to the beginning of their shift. It is required that the staff remain home during the period of time that they would normally be at work and provide their immediate supervisor 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, staff shall be placed on an 8:00 AM to 5:00 PM, Monday through Friday schedule. Staff shall be instructed in writing by their supervisor that they are required to remain at their residence during these hours. Varying or "flex" work schedules (56, 4/40, and 9/80 schedules) will require unit

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timekeepers to accomplish the time schedule change at the end of the 56 or flex work cycle. 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 member's supervisor.

It is the responsibility of the supervisor to make regular contact with the staff throughout the recovery process. Regular contact needs to be documented, and at a minimum, include calling the staff weekly to determine the status of staff's general welfare, return to work status, and morale. Occasional random home visits may also be performed. Significant changes to staff's general welfare shall be reported to their Bureau Chief, and a remedy for the concerns shall be sought on the staff'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's recovery is ongoing. The Disability Management Compliance Coordinator may also contact the attending physician to inform the physician of the availability of temporary light-duty workplace accommodations that address the staff's work restrictions.

If it is found that the staff is not complying with this policy, the staff shall be subject to disciplinary action, wage or benefit interruption, and possible termination from County service.

Staff absent five (5) workdays or more due to illness or injury shall present, prior to return to work, a written release from the attending physician indicating the staff's ability to return to work. Approval to return to work is contingent upon review of the medical release by the Department's Return to Work Unit.

2317 CHANGE 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.

2318 OUTSIDE EMPLOYMENT

Staff shall report any outside employment, including 170-time worked outside of the institution, to their immediate Supervisor. Outside employment shall be limited to no more than 24 hours in any work week.

STAFF POLICIES AND PROCEDURES**2319 CONFLICT OF INTEREST**

Staff shall not engage in any paid employment outside of the Department when such employment is in conflict with their position within the Department or conflicts with their assigned hours of work.

2320 STAFF CONDUCT

Staff shall conform to the policies and procedures of the Department and Bureau as well as the instructions of their superiors. Failure to do so may result in disciplinary action, up to and including discharge.

2321 SAFE FOOD HANDLING FOR WORKPLACE GROUP EVENTS

The purpose of this policy is to clarify safe food handling guidelines for workplace group events such as potlucks and social gatherings. These guidelines serve to corroborate the importance of food safety during preparation, transportation, storage, and serving periods for workplace group events. Handling food properly is essential to ensure appropriate food temperatures are maintained, and to avoid potentially hazardous food conditions such as cross contamination. All Staff share in the responsibility for the safety and security of the work location.

Staff must keep food safe during preparation, transportation and storage for workplace group events and adhere to the following baseline safe food handling guidelines:

- Food brought into Department locations for workplace group events may be from one or more of the following:
 - Catered Food
 - Personal Food
 - Prepackaged Food
- Staff must:
 - Wash hands with soap and warm water for at least 20 seconds before handling food, after handling food, and after using the bathroom.
 - Wear gloves when handling food near food surfaces. Remove and replace gloves with a clean pair when transitioning or

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- returning to serve food, and when gloves become soiled or contaminated.
- Clean utensils, appliances and surfaces with hot soapy water before and after use.
- Cook and store food at the right temperature:
 - Use a food thermometer to ensure food is cooked to a safe
 - internal temperature:
 - 145°F for whole cuts of beef, pork, veal and lamb (then allow the meat to rest for three minutes before carving or eating)
 - 160°F for ground meats, such as beef and pork
 - 165°F for all casseroles and poultry, including ground chicken and turkey.
 - Refrigerate perishable food within two (2) hours. (If outdoor temperature is above 100°F, refrigerate within one (1) hour).
 - Thaw frozen food safely in the refrigerator, in cold water, or in the microwave. Never thaw food on the counter.
 - When using a microwave, follow recommended cooking and standing times, to allow for additional cooking after microwaving stops. This allows food to cook more completely.
 - Use food thermometers frequently to make sure food is at a safe temperature and continues to be at that temperature until the food is disposed or returned to appropriate longer-term safe storage.
- Keep hot food HOT:
 - Hot food should be held at 140°F or warmer.
 - Use chafing dishes, slow cookers and warming trays to keep food hot.
 - Serve hot food in smaller containers or small plates instead of large platters.
 - Reheat hot food to 165°F. Never re-heat food more than once.

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- When reheating food, use food thermometers to ensure it remains at a safe temperature.
- Keep cold food COLD:
 - Cold food should be held at 40°F or colder.
 - Keep food cold by nesting dishes in bowls of ice or serving in small batches and replenishing from the refrigerator as needed.
 - Use food thermometers to ensure it remains at a safe temperature.

Remember: Staff must discard food left out at room temperature for more than two hours (one hour if the temperature is above 100°F)

Group events such as potlucks and social gatherings incorporate the philosophy of health and wellness in the workplace. Keeping these events enjoyable and safe for everyone is the responsibility of all Probation Staff. No staff shall commit any act which may result in contamination or adulteration of any food, food contact surface, food packing material, utensils or equipment.

DEFINITIONS:

Cater - Food that has been purchased from a retail food facility

Perishable Foods - Food that requires refrigeration (may also be labeled "keep refrigerated"). Examples include, but are not limited to food containing meat, poultry, fish, shellfish, eggs or milk products.

Personal Foods - Food that has been prepared, cooked, stored, and transported to the work location event by a staff member ; to be served.

Potentially Hazardous Foods - Food that requires time or temperature control to limit pathogenic (disease causing) micro- organism growth or toxin formation.

Prepackaged Food - Properly labeled processed food that has been prepackaged to prevent any direct human contact with the food product upon distribution from the manufacturer, a food facility, or other approved source.

STAFF POLICIES AND PROCEDURES**2322 PERSONAL RELATIONS, PHYSICAL CONFRONTATIONS, AND ABUSIVE LANGUAGE**

Staff shall work cooperatively and harmoniously with other staff. Physical confrontations, vulgar language, profanity, sarcasm, or 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. Staff must set an example of courtesy and consideration in their contacts with youth as well as with fellow staff members. Care must be taken to avoid scolding or directing personalized criticism, which may embarrass or antagonize a youth. When it is necessary to reprimand youth or to lower their daily grades for misconduct, it should be done without personal involvement on the part of staff. Staff will not use sarcasm, ridicule, profanity, or threats. This may result in psychological harm and can be considered child abuse. Praise and encouragement, on the other hand, may actually promote desired behavior.

Staff violating this policy will be subject to disciplinary action up to and including dismissal.

2323 WORKPLACE VIOLENCE/THREAT MANAGEMENT**Performance Expectations**

Department Staff must adhere to applicable County and Department policies associated with Safe Practices and Rules for their Safety that include, but are not limited to:

- County of Los Angeles (COLA) Employee Handbook Performance Expectations
- COLA Department of Human Resources (OHR) Policies, Procedures and Guidelines (PP&G) #620-Workplace Violence/Threat Management
- Probation Department Policy Manual (PDPM) -Staff Conduct
- PDPM -Health, Safety & Security
- Probation Department -Referrals to Internal Affairs

Definitions and Explanation of Terms

STAFF POLICIES AND PROCEDURES

This section has been included to assist Staff in their understanding and application of important terms used in this Section. Key terms used in this Section are defined as follows:

Security Incident: The Office of Security Management (OSM) defines a security incident as follows:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security at a County facility, whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty (including lunch periods) County staff while on County property or during the performance of their official duties. This classification includes parking facilities, or while walking to or from an off-site parking facility to start or end a workday, or
- An incident of a suspicious or unusual nature on County property that places people or property at risk or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

Staff Responsibilities

Staff must understand their responsibility to report acts of violence, threats, and suspicious activity to their supervisors, as referenced in the COLA OHR PP&G #620- Workplace Violence / Threat Management

Managers/ Supervisors Responsibilities

Supervisors and managers must ensure that Staff understand their responsibility to report acts of violence, threats, and suspicious activity to their supervisors as referenced in the COLA OHR PP&G #620-Workplace Violence/ Threat Management (See Attachment-A).

A threat or act of workplace violence constitutes a security incident and must be reported by the involved person, supervisors, or managers to the OSM telephonically at 213-893-2069 and must be followed by the completion and

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submission of the Office of Security Management Security Incident Report (OSM-SIR) by the end of the business day following the incident to the following locations:

- **Los Angeles County Office of Security Management**
785 Kenneth Hahn Hall of Administration
500 W. Temple St.
Los Angeles, CA 90012
Or Via Fax: (213) 613-0848
Or Via E-mail Attachment to "osm@ceo.lacounty.gov"

- **Probation Department-Risk Management/Civil Litigation**
4549 Telegraph Rd.
Commerce, CA 90022
Or Via Fax 323-526-4008
Or Via MS-Outlook E-mail Attachment to
"Risk Management"

- **Involved Bureau Chief requesting that an Investigation be conducted**
Via MS-Outlook E-mail Attachment to "Bureau Chief"

A blank copy of the OSM SIR is available online via the OSM website located at the following link: <http://ceo.lacounty.gov/osm/pdf/SIR.pdf>

Supervisors and managers must ensure that a Safety Plan is established associated with each submission of an OSM SIR as reflected on the bottom of the OSM SIR. Other actions that may be taken in addition to those listed on the OSM SIR include, but are not limited to:

- Offer the services of the Los Angeles County District Attorney's Victim-Witness Assistance Program by providing their toll-free number of 1-800-380- 3811.
 - May also provide a copy of the Crime Victims Know Your Rights Brochure.
- Offer the services of the Los Angeles County Domestic Violence Hotline (if applicable) by providing their toll-free number of 1-800-978-3600.
- Contact Employee Assistance Program (EAP) to schedule an on-site training (depending on the extent of the issue) such as:

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- Coping with Crisis
- Dealing with Difficult People
- Stress Management
- Effective Communication Techniques

Bureau Chief and/or the authorized Designee Responsibilities

The involved Bureau Chief and/or the authorized designee are responsible for the following:

- Determining the entity most appropriate to investigate the case based on -Referrals to Internal Affairs.
 - If it is determined that the bureau will conduct the investigation, it will be appropriately assigned for such within the bureau.
 - If it is determined that Internal Affairs should conduct the investigation, the bureau chief will make a referral for such investigation.
- Determine whether the matter should be referred to the Office of the County Counsel for review.
 - If so, send an e-mail request for review via MS-Outlook E-mail to Probation Risk Management.

2324 STAFF PARTICIPATION IN SPORTS

Staff shall not engage in recreational activities, sports, or games of any type while on duty. Staff shall only supervise and referee youth involved in these activities.

2325 HORSEPLAY

Staff shall not engage in horseplay with youth or other Staff.

2326 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

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any youth. Staff are forbidden to verbally abuse a youth. These acts constitute child abuse.

2327 CLIENT/STAFF RELATIONSHIPS

Staff shall be prohibited from communicating with youth after they are released or from knowingly entering or engaging in a business or social relationship with youth on probation or parole or with their relatives.

Staff shall never give a youth their home address or telephone number.

All correspondence from released youth addressed to individual staff members shall be turned over to the staff's supervisor immediately.

Chance contacts with former detainees in the community shall be reported to the staff's supervisor in writing immediately upon return to duty.

Staff shall not accept any gift of material value from Probation Department youth/clients, relatives of clients/youth, or any person connected with a case. Offers of such gifts shall be immediately reported to the supervisor.

2328 CONFIDENTIALITY OF JUVENILE RECORDS

In accordance with 827 WIC, all Staff shall be instructed as to the confidentiality of juvenile records as listed under Criminal Offenders Records Information (CORI). Staff shall safeguard the confidentiality of such records, releasing information only to authorized agencies and then only with the prior approval of the Superintendent or the authorized designee.

2329 PUBLIC INFORMATION

Only the Superintendent or the authorized designee shall issue statements to the media. This is to ensure that the Department's position is clearly stated and that the information given is accurate. All precautions shall be taken to safeguard the confidentiality of detainees.

2330 PUBLIC CONTACT

STAFF POLICIES AND PROCEDURES

Staff shall maintain a courteous, respectful, and civil demeanor when dealing with the public. In the event that they are unable to provide the requested information, they shall refer the party to the appropriate agency or person who can help them.

2331 SMOKING AND TOBACCO USE

Staff are not permitted to smoke anywhere inside the facility walls. This is to include any post position within the facility as well as outside any building on the grounds. Staff are not permitted to smoke while supervising youth off-grounds.

Smoking and the use of tobacco and tobacco-like products are not permitted within the secure perimeter of juvenile detention facilities. Tobacco and tobacco-like products include but are not limited to, cigarettes, cigars, pipes, smokeless tobacco, beedi, clove, and herbal products designed for smoking. This policy is applicable to all staff, including visitors, contract Staff, school staff, medical and mental health staff, community-based organizations, and volunteers.

Smoking is generally permitted in any area outside the secure perimeter that is open to the sky, at least 20 feet away from facility entrances, and that is not visible to youth.

**2332 USE OR POSSESSION OF ALCOHOL, ILLEGAL DRUGS AND WEAPONS
(Cross-reference Directive 1199)**

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 Probation Department to forbid any person from knowingly sending, bringing into, or assisting in bringing into any Los Angeles County facility 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 Department staff to observe these restrictions shall represent a violation of department policy, as well as statutory law pursuant to PC4573 (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 PC4574 (Firearms, deadly weapons or explosives; bringing into prison, camp, jail, etc.).

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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, the staff member shall immediately contact the OD/Supervisor. The visit shall be immediately terminated. Law enforcement should be contacted, and the violators should be handcuffed and held in a secured area until officers arrive. Once local law enforcement arrives, the OD/Supervisor shall provide them with all relevant information and evidence. The OD/Supervisor shall notify the Superintendent/Facility 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, should be thoroughly documented by the reporting staff with a Special Incident Report (SIR) to the OD/Supervisor. The OD/Supervisor shall also notify the Superintendent/Facility Director about the incident for internal investigation and reporting purposes. After the arrest, the facility should cooperate with the ongoing legal process and investigations as needed.

In support of the above-expressed Probation 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 being 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;
- Breakrooms;
- Facility furniture;
- Sleeping areas;

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- Staff and guest vehicles entering onto county property.

As indicated, this search policy shall apply equally to all county Staff, contractors, partner agencies, and visitors at any juvenile facility. With respect to Probation Officers, shall be subject to the provisions of the Public Safety Officers Procedural Bill of Rights, Government Code Section 3300 et seq.

2333 ARREST NOTIFICATION AND USE OF BENEFIT TIME (Cross-reference with Directive 1359)

In keeping with the existing expectation that the 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 the staff is named as a subject of an investigation:

Arrests, Detentions, and Citations

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 entering any Probation 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; (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 and
- Upon returning to work, report directly to the supervisor or manager, unless instructed otherwise, to be cleared to continue their normal working assignment.

The supervisor or manager shall:

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- Complete the LEC sheet (review and approve if provided by the staff member) and forward it to the location designated on the sheet; and
- Modify staff's duties, if deemed necessary, after consultation with the affected Bureau(s) and the Internal Affairs Office

The Internal Affairs Office shall:

- Verify all available information and notify the Bureau in writing of the facts.

Bureau Chief or the authorized designee shall:

- Decide whether staff's presence at their job assignment is a potential danger to persons or property or would interfere with normal operations and take appropriate departmental action.

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); and
- Completed the LEC sheet and provided to the supervisor or manager annually

The supervisor or manager shall:

- Forward the LEC sheet to the Bureau and the Internal Affairs Office and
- Modify staff's duties, if deemed necessary, after consultation with the affected Bureau(s) and the Internal Affairs Office.

Internal Affairs shall:

- Verify all available information and notify the Bureau in writing of the facts.

Bureau Chief or the authorized designee shall:

- Decide whether staff's presence at their job assignment is a potential danger to persons or property or would interfere with normal operations.

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- Issue a written order instructing the staff to immediately resolve the warrant, suspended/restricted license, and/or restraining order, if feasible.
- Track and document staff's compliance with the order;
- Take appropriate departmental action.

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); and
- Cooperate with the supervisor or manager by fully disclosing basic and verifiable information needed in completing the LEC sheet and
- Obtain clearance to return to work from the Disability Management Compliance Unit prior to entering any Probation 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 Disability Management Compliance unit.

Disability Management Compliance unit shall:

- Clear the staff for return to work or modify staff's duties, if deemed necessary, after consultation with the appropriate professionals.

All Other Law Enforcement Encounters and Criminal Court Proceedings

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); and
- Complete the LEC Sheet and provide it to the supervisor or manager annually.

The supervisor or manager shall:

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- Take appropriate steps following consultation with the Internal Affairs Office and the affected Bureau.

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).

2334 USE OF COUNTY TELEPHONES

Probation Department policy prohibits the use of County telephones for making personal telephone calls. In an emergency, Staff may be relieved from their post and allowed to use the pay telephone in the lobby. Incoming personal calls are discouraged. The use of personal communication devices (cell phones, radios, two-way pagers, PDAs, etc.) while on duty is prohibited.

2335 PROPERTY DAMAGE

Staff are to promptly submit a written report of any damage to the County or personal property resulting from the execution of their official duties. Willful or negligent abuse, mutilation, or destruction of county property will be grounds for disciplinary action.

2336 EQUIPMENT

Staff are accountable for equipment issued to them by the Department and are required to properly maintain it as necessary. Such equipment includes but is not limited to, handcuffs, leg irons, walkie-talkies, flashlights, lanterns, hand-held metal detectors, utility belts, and OC spray canisters¹¹. Loss or damage to any Department-issued equipment shall be reported immediately to supervisory staff and followed up by an SIR.

2337 USE OF AUTOMATED INFORMATION SYSTEMS AND PERSONAL COMPUTERS

¹¹ Applicable to BJN facility.

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Automated information systems, personal computer applications, and computer-based communication media have become common in most workplaces of any significant size. These automated resources are tools that can increase the efficiency, quality, and effectiveness of service delivery, and expedite communication and the dissemination of information. Examples of automated information systems include the Adult Probation System, and the Juvenile Case Management System. Examples of personal computer applications include Microsoft Word and Microsoft Outlook (including e-mail).

Expedient communication is an important facet of our services to our clients, to the courts, to other agencies, and within our Department. E-mail allows us to communicate rapidly, exchange documents as e-mail attachments, make inquiries, or share ideas in carefully articulated text. E-mail also provides a written record that a message or attachment was transmitted, and a documentary trail based on the e-mail conversation.

It is the Department's expectation that as Staff complete network registration forms and are provided with network access capability, and the access capability is accompanied by the availability of appropriate training, Staff will use automated information systems and personal computer applications applicable to their assignment and be accountable for communication and information originating from or delivered to the staff's e-mail account. In addition, network-registered Staff are expected to access ProbNet to avail themselves in a timely manner to policies, procedures, Directives, Notices, forms and information about the Department.

2338 COUNTY VEHICLES

Only Staff possessing a valid driver's license appropriate to the vehicle, have no departmental restrictions and who have specific authorization from their supervisor may drive a County vehicle. The use of such vehicles is restricted to County business. Staff are to obey all traffic laws and shall not operate vehicles in an unsafe or negligent manner.

Prior to operating the vehicle, Staff are to conduct a proper safety check of the vehicle and fill out a Vehicle Inspection Sheet. Safety deficiencies shall be noted on the form and reported immediately to the Supervisor.

2339 CELL PHONES AND ELECTRONIC DEVICES

STAFF POLICIES AND PROCEDURES

Safety, security and professionalism are important components of our 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. Youth supervision 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 away from workstations so as to avoid disturbing coworkers. The use of County-issued cellular phones is covered under existing guidelines.

Detained youth shall not be allowed to possess or use personal cellular phones for any reason.

Personal electronic devices shall be prohibited from being brought into Probation facilities. Prohibited devices include, but are not limited to:

- iPods, DVD Players, MP3 players, radios, and any other video, television, and/or audio equipment
- Laptops or portable word processors
- Game Boys or other 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 may be brought into SYTF with written managerial permission for a limited period of time for a special celebration such as a cultural celebration or dramatic presentation. A personal laptop may be brought into an office as part of a PowerPoint presentation. Each situation where an exception is needed should be individually handled on a case-by-case basis with the pre-approval of the workplace Director.

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Should the need arise, the Superintendent/ Facility Director is authorized to prohibit staff and/or visitors at facilities from bringing personal electronic devices, including cellular telephones, into the facility to facilitate ongoing safety and security.

Adherence to these standards will contribute to Departmental safety, security, and service delivery goals.

2340 STAFF TRAINING

It is Department policy that staff shall provide a safe and secure environment for youth in custody. In order to ensure this, staff working with detained youth shall receive appropriate training relative to the supervision and management of youth pursuant to standards set by the Board of State and Community Correction (BSCC) and the Department. Interagency training shall be used to enhance the skills needed to effectively manage detained 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 detained youth.

SYTF provides both initial and annual training for all line and supervisory staff. Training may be provided under the auspices of the Staff Training Office 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 of behavior cited below.

New Staff

All new staff shall receive 40 hours of core training that is approved by the Corrections Standards Authority (CSA) before they shall be allowed to supervise youth. Included in the training is an orientation as to their duties and responsibilities. Specific classes may include, but are not limited to, such topics as use of force, de-escalation techniques, use of restraints, group supervision techniques, and counseling.

(Meets standards set forth in Title 15, Section 1322(c))

STAFF POLICIES AND PROCEDURES**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 breadth 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 staff training. It is the Department's intent to provide staff with applicable training prior to or as soon as possible following their appointment to a new position or assignment.

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. 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. 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. Staff who provide appropriate documentation pertaining to the reason they were late to a training class may be approved by the Assistant Superintendent/Assistant Director or the authorized designee to work the remainder of their assigned shift. Appropriate documentation may consist of a medical certification, traffic report printed from the internet, etc.
- **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. Trainees who leave before the end of a session (morning or afternoon) shall forfeit credit for the entire session.

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Trainees are expected to remain for the duration of the class until dismissed by the instructor.

- **Absences.** Trainees shall call the OD or Assistant Director, if they are unable to attend or have to leave class early.
- **Written notices are required for absences.** Written notices shall be required for absences. Unexcused absences shall be recorded as "Absent Time" unless proper documentation is provided.
- **Sign the 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.
- **Attend enrolled classes only.** Trainees shall only attend classes for which they have been previously enrolled. Walk-ins will not be allowed into the class.
- **Return from breaks and lunch on time.** Breaks are 10 minutes unless otherwise noted. Trainees who return 15 minutes or later from a break or lunch shall not be allowed into the class and shall forfeit credit for the entire session (morning or afternoon).
- **Dress appropriately.** Trainees shall wear appropriate business casual attire for all training classes, which at a minimum, excludes wearing jeans, sweats, shorts, t-shirts, shirts with sports or other inappropriate logos, and baseball caps. Some classes, such as those including physical activity, may necessitate clothing specific to the training activity as directed by the instructor or the Staff Training Office.
- **Exhibit professional behavior.** Trainees shall exhibit exemplary 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 nor use cell phones, laptop computers, iPods, Game Boys or other electronic devices during class that are not approved by the instructor. Cell phones and pagers should be placed on vibrate during the entire class. Any unprofessional behavior (e.g., arriving late, being disruptive in class, or refusing to participate) shall result in dismissal from class and forfeiture of all credit.
- **Complete the course evaluation form.** Trainees shall complete the course evaluation form at the end of the class.

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- **Observe rules.** Trainees shall observe all the rules of the training site.
- **Bring materials.** Trainees shall bring, at a minimum, a pen or pencil and paper to all classes unless otherwise directed by the instructor or the Staff Training Office.

It is the expectation of the Department that Directors or supervisors who are in attendance of a class shall assist the instructor in enforcing the prescribed guidelines. It may be necessary for an SIR or memo to be prepared by a Director or Supervisor to document inappropriate classroom behavior for subsequent disciplinary follow-up.

The Department is committed to enhancing its focus on quality training for staff. This commitment will serve to advance our professional image and improve services to the communities and individuals we serve.

2341 STAFF INVESTIGATIONS

It is the responsibility of SYTF 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 Probation Department, or through referral to a police agency. The purpose of all investigations is to determine whether the allegation is founded or unfounded and to take appropriate action.

Types of Investigations

The investigations outlined below differ as to scope, process, and consequence. They shall be investigated at the level of supervisor or higher.

- **Policy and Procedure Violations:** Investigations may range from allegations of suspected child abuse, use of excessive force, or other violations of Probation Department Policies and Procedures. The investigation is performed at the level of Supervisor or higher.
- **Staff Conduct:** These are investigations relating to a lapse in the performance of a staff member, such as an advanced safety check or failure to prepare an SIR. The investigation is performed at the level of Supervisor or higher.
- **Discrimination or Harassment:** Allegations of this nature are referred to the Affirmative Action representative at Probation Headquarters for

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investigation after the complaint is received and staff is formally notified of the investigation. The Affirmative Action representative shall be consulted prior to transferring the case to Probation 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 SYTF Bureau Chief, 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 Internal Affairs.

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, 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, 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. Staff who are the subject of an investigation shall be notified in writing relative to the allegations and that an investigation has been initiated.

Whenever an investigation focuses on matters that are likely to result in disciplinary action, staff 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. Staff are expected to obtain their desired representation within a reasonable length of time. If staff fails to obtain timely representation, then the investigator will give written notice of the date and time of the mandatory interview.

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NOTE: Failure to respond to questions or to submit to an interview shall be regarded as insubordination.

The representative may consult with 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 staff not to answer questions or to give false answers.

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 member is not to discuss the matter with anyone other than their representative, immediate supervisor, or other personnel as directed by Probation 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 member shall be advised in writing of the completion and outcome of the investigation.

Witness Statements

Any staff who are a witness and are 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 member 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.

2342 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 complainants, 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 will be agitated, even angry, during the presentation of their complaint.

STAFF POLICIES AND PROCEDURES**Procedures**

Complaints may be made in person, by telephone, or in writing. The first two types are more likely to be received by line staff initially, while the third would probably be addressed to the supervisor of the building 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.

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.

2343 SUBPOENAS

Periodically, subpoenas primarily concerned with criminal matters and complaints or summonses related to civil procedures are brought to a facility for service. The following procedures and guidelines are established to assist staff in expediting these matters whether service is made by way of law enforcement or private process servers.

Acceptance of Work-Related Subpoenas (Cross-reference with Directive 1422)

The Probation Department only accepts service of subpoenas for matters related to Probation services. Probation does not accept subpoenas for private matters not having a Department nexus. Management at Probation 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 East Imperial Highway
Downey, CA 90242

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Subpoena Service is accepted Monday-Friday during the following hours:

9:00am to 12:00pm

2:00pm to 5:00pm

Duces Tecum

827 WIC, 828 WIC, along with 1423 WIC of Juvenile Laws and Court Rules, clearly establishes the confidentiality of juvenile records and who may access them. The policy of the Probation Department recognizes these requirements and sets forth the following guidelines to provide procedures consistent with policies for the release of those records, documents, and information.

Under 827A WIC, certain parties or agencies are eligible to review or receive copies of juvenile records of youth in Probation custody upon signed and certified approval of the judge presiding over the instant (current) matter.

Procedures

Upon receipt of the Subpoena Duces Tecum, signed by the judge, the custodian of records shall, either personally or via the authorized designee, 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 forwarded to the Court. The custodian of records must maintain tracking of all Subpoenas Duces Tecum received and executed.

Note: A Subpoena Duces Tecum must be signed by a judge to be considered a valid request.

Criminal Subpoena

When a law enforcement officer attempts to serve a criminal subpoena, the OD/Supervisor shall not accept the subpoena as the Probation Department only accepts subpoenas for matters related to Probation services.

2344 CIVIL SUMMONS AND COMPLAINTS

Periodically, the Department is named in a civil suit. Normally, civil suits are served at Probation headquarters. However, occasionally, service is made to a Director at a facility. When this occurs, the following steps shall be taken:

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- Immediately upon service, the Director shall notify the personnel litigation coordinator, Monday through Friday, 8 AM to 5 PM
- The OD/Supervisor or staff immediately makes copies of all documents served and forward the originals to the litigation coordinator at Probation headquarters by mail or messenger.

Note: Federal civil actions must be responded to within 20 days, and local or 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 are forwarded to the litigation coordinator immediately so that sufficient time remains for a response to the court. Failure to make timely notification may result in a default judgment.

Civil Summons – Staff Individually Named

If a staff member is individually named in the suit and the process server arrives on the grounds to serve the staff, the following shall occur:

- The process server must be referred to the OD/Supervisor who shall make the individual available for service in private.
- If the individual to be served is unavailable, service is not accepted. If service is accepted, the following shall occur:
- Immediately upon service, the OD/Supervisor shall notify a facility Director of the situation. The OD/Supervisor shall then notify the personnel litigation coordinator, Monday through Friday, 8 AM to 5 PM.

The OD/Supervisor shall immediately make copies and forward them to the litigation coordinator at Probation headquarters by mail or messenger.

Civil Summons – Not Job-Related

If the process server arrives on grounds for the purpose of serving a civil suit on staff that is not job-related, the following shall occur:

- If the staff member agrees to accept service, service shall be accomplished in a private area.

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- If the staff member is not available, service shall not be accepted.

2345 DISCRIMINATION/HARASSMENT

No staff shall be treated differently because of race, sex, age, disability, political beliefs, organizational affiliation, marital status, sexual orientation, or medical condition where that difference in treatment adversely affects the staff member's employment or conditions of employment. Such behavior constitutes disparate treatment.

Harassment is a form of discrimination where the behavior directed against a staff is repeated or severe and is based on the same protected categories listed above. Harassment affects the terms or conditions of employment and potentially creates a hostile or offensive work environment.

2346 COMMUNICATION WITH THE BOARD OF SUPERVISORS

It is the policy of the Department that Staff below the level of Bureau Chief shall not initiate official communication or correspondence with Board members or their staff on behalf of the Department without direct written approval at the Deputy Director level.

Nothing in this policy prohibits Staff from responding to direct communication or correspondence from a Board member or their staff; however, when this occurs, it needs to be reported within 24 business hours to the appropriate Bureau Chief, who will inform the Deputy Director. Further, nothing in this policy is intended to interfere with an individual's right to communicate with a Board Office so long as they are not representing the Probation Department in an official capacity.

In this, as in other matters, the Chief Probation Officer has final authority regarding official communication with the Board of Supervisors.

2347 RELATIONSHIPS INCONSISTENT WITH PROBATION DEPARTMENT STAFF

It is the policy of the Department that Staff conduct themselves in a manner consistent with professional standards governing County employment and the stated expectations of the Chief Probation Officer. As a member of the law enforcement community, Probation Department Staff have a duty to the public to adhere to exemplary moral and ethical standards, and to project a professional image at all times. These standards apply to both on and off-duty conduct.

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It is the policy of the Department that Staff shall not knowingly establish or maintain any personal, social, or business associations with identified criminal street or prison gang members or organizations, incarcerated individuals, registered sex offenders, and/or felons who are on parole or formal probation unless expressed written permission is received from the staff member's Bureau Chief. The restriction against association does not apply to close family members defined as a grandparent, parent, legal spouse, siblings, or any child for whom the staff member is the parent, step-parent, or legal guardian.

Within 30 calendar days of return to work for Staff on any form of extended leave, or within 30 calendar days of becoming aware of a potential association issue, and as part of the background check process for new hires, Staff are to disclose in writing to their manager any associations they may have with the above-described individuals or groups including when those associations involve family members. Staff who fail to disclose associations inconsistent with the Department employment may be subject to disciplinary action up to and including discharge.

Staff who find themselves unwittingly within circumstances inconsistent with employment, such as locations where controlled substances are illegally distributed or consumed and/or areas where gang members congregate, are to remove themselves from these circumstances as soon as reasonably possible and report such circumstances in writing to their manager within one workday. Staff are also to notify their manager in writing within one workday if they visit a prison or jail for non-work-related purposes. The manager shall notify their Bureau Chief and Performance Management.

2348 STAFF 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.

Inquiries and Investigations

The Department has developed a process for collecting evidence to support or refute allegations of staff misconduct. An administrative inquiry and/or investigation

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may be conducted by the work location or by a specialized unit within the Department, such as the Internal Investigations Office (110) or the Department's Affirmative Action Compliance Programs Office (AACPO). In addition, as we are 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 an agency's operations is attained. A complete record supports the integrity of the investigation and ensures that all interested parties are treated fairly.

Staff who is identified as a charging party, witness, or subject of an internal or external investigation or law enforcement inquiry shall comply with the following:

1. Notify their supervisor, manager, or other appropriate superior upon receipt of the subpoena or notice so appropriate steps can be taken to mitigate workload or scheduling impact.
2. Appear at the date, time, and location identified on the Interview Notice.
3. Promptly notify the unit or person issuing the Interview Notice of any scheduling conflict.
4. Provide truthful and complete responses to questions asked by the investigator(s).
5. Provide any and all requested information or evidence. Concerns about the provision of confidential documentation should be discussed with Performance Management before documentation is released.
6. 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 an investigatory interview. The subject of 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. Staff who fail to answer questions directly related to the

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administrative investigation may be charged with insubordination, which could result in disciplinary action up to and including discharge.

At times, Staff may be required to participate in a deposition process. Deposition testimony shall be truthful and complete. Trial, hearing, and/or Civil Service testimony that is substantively inconsistent with statements made by the same individual within a deposition and/or as part of an investigation are subject to investigation. Knowingly providing inaccurate testimony may lead to disciplinary action.

Administrative Hearings

The Civil Service Commission plays an important role in evaluating various administrative actions. Probation Staff may be issued subpoenas requiring their appearance and testimony at a Civil Service hearing. Decisions by Probation to subpoena a witness are made with careful consideration of the relevance of the witness to the proceedings and the operational burden of the staff's absence from their regular work assignment. Subpoenas may also be issued by the plaintiff's representative. Staff who receive a subpoena for their appearance or testimony shall comply with the following:

- Notify their supervisor, manager, or other appropriate superior upon receipt of the subpoena or notice so appropriate steps can be taken to mitigate workload or scheduling impact.
- Promptly contact the party who issued the subpoena.
- Make themselves available to discuss their testimony.
- Fully answer all questions and provide requested documentation. Concerns about confidential documentation should be discussed with Performance Management before provision to the plaintiff's counsel.
- Appear at the date, time, and location identified on the subpoena.
- Testify truthfully.

Staff cooperation is required in preparation for the proceedings with designated departmental representatives and for the duration of the proceedings.

It may also be necessary for Staff to provide relevant documentation for or testify at other administrative hearings, such as the California Unemployment Insurance

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Appeals Board or the Workers' Compensation Appeals Board. These proceedings differ from the Civil Service Commission in that subpoenas may not be issued. However, Staff 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.

Retaliation and Interfering

Staff who participate in the administrative or criminal investigative process should do so free from any improper influence. Under no circumstance shall staff contact another staff, directly or indirectly, for the purpose of interfering with their cooperation or participation at any point of the process. This includes but is not limited to inquiries, investigations, pre-disciplinary hearings, settlement negotiations, legal proceedings, appeals, and through the final disposition, resolution, and discipline of an administrative or criminal matter. Retaliation, an adverse action due to an individual's involvement in a matter (past or present), is absolutely prohibited. The Department shall take action to prevent retaliation, including the discipline of any staff who engages in such behavior. These admonitions extend to prohibit any such contact with probationers, Department staff conducting the investigation, or any other individual who may have been involved.

Confidentiality

Other than as part of the investigation interview process or testimony as described above, the content of an investigation or administrative hearing shall be kept confidential at all times. Staff who are involved in these proceedings shall not discuss the nature of their testimony or documentation with anyone other than designated Department staff, their own representative, or pursuant to a subpoena.

Staff who fail to cooperate with designated staff or who fail to comply with the admonition not to discuss matters outside the investigative setting could be the subject of disciplinary action up to and including discharge.

2349 EMPLOYEE SUPPORT SERVICES (Cross-Reference with Directive 1387)

The Employee Support Services program for LASD provides a wide range of personnel resources to administrators, managers, supervisors, and Staff working in organizations with a public safety mission.

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The resources provided to Departmental Staff include the following:

- Critical Incident Debriefings
- Law Enforcement Psychological Services
- Education-Based Discipline for early prevention and diversion

In order to accommodate the needs of all Staff throughout the Department, ESS provides services at the following locations:

Palmdale
1529 Palmdale Blvd., Suite 114, Palmdale

Santa Clarita City Hall Building
23920 Valencia Blvd., Suite 720, Santa Clarita

Star Center
11515 So. Colima Rd. Bldg. C-102, Whittier

Wilshire
3055 Wilshire Blvd., Suite 200, LA

A description of each service and method of accessing each service is outlined below:

Critical Incident Debriefings

Personnel involved in shooting incidents or other life-threatening events often experience significant trauma. Incidents that can result in trauma include wounding or fatally shooting, firing or attempting to fire, being fired upon, and other life-threatening events such as struggling with an armed suspect who has a position of advantage and witnessing a suicide. These circumstances have the potential to affect the performance and health of the Staff involved. A debriefing conducted by a Department psychologist can assist in reducing potential problems. The exact impact of the incident varies with each individual and is difficult to predict. In some cases, there is no change in the individual. In others, the change may occur immediately, several hours, or even days, weeks, or months later.

In the event of a firearm discharge resulting in an injury or death of another person, the shooter and all involved officer witnesses are required to attend a debriefing. It is the responsibility of the Director to arrange a debriefing between an LASD

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Employee Support Services psychologist and all involved personnel in any incident described above no later than five (5) days following the incident. The Director shall contact LASD ESS at (213) 738-3500. This process is to provide each staff with the opportunity to discuss the incident in a confidential environment.

The critical incident debriefing is CONFIDENTIAL, protected by law, and is NOT a fitness for duty re-evaluation, which is governed by Civil Service Rules 9.07 and can only be performed by the Chief Executive Office's Occupational Health Programs (OHP). The only information that can and will be communicated back to the Department is the notification that the staff involved in the critical incident attended the debriefing as required. Should the staff member request the need for additional services or time off to recover from the traumatic experience, the staff member may choose to contact the Disability Management Compliance (DMC) Unit themselves or sign a waiver for LASD ESS to initiate the DMC process on their behalf.

All other critical incident debriefings are voluntary. When a departmental staff member is involved or is affected by any other job-related critical incident as a participant or observer, the concerned Director shall contact LASD ESS at (213) 738-3500 to schedule a debriefing. Time to attend a job-related critical incident debriefing will be compensable.

Law Enforcement Psychological Services

Similar to the Employee Assistance Program with the Chief Executive Office's Occupational Health Programs, LASD ESS provides free psychological services to all departmental Staff who wish to voluntarily participate due to any personal issues they may be experiencing. Requests for counseling are initiated by the staff by contacting LASD ESS at (213) 738- 3500, or the Manager/Supervisor can request LASD ESS to provide outreach to the staff utilizing a referral form found on Probnets and send via email to PROBESS@probation.lacounty.gov. LASD ESS will schedule staff member for psychological counseling services within three (3) business days. All counseling sessions are CONFIDENTIAL. Services can be accessed at one of LASD ESS offices located throughout the County.

Participating Staff are required to utilize the available personal time when participating in these services. The first visit may be on county time if pre-approved by the Director, who will be provided with verification of participation, which should NOT include any disclosure of personal psychological/medical information.

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Education-based discipline is a way of addressing behavior that is inconsistent with Departmental Policies and Procedures or conduct required of a peace officer who is held to a higher standard based on Government Code Section 1029 and Penal Code Section 830.5.

The Department's philosophy is that discipline should be imposed to "correct" negative actions and behaviors. Studies have shown that punishment alone does not always correct unwanted behavior or failure to comply with policies and procedures. A better approach (when reasonable) is to offer Education-Based Discipline (EBD) so that staff have a higher probability of decreasing future incidents when provided with additional training and mentorship. EBD is a positive way of reinforcing departmental policies and expectations while minimizing the detrimental impact on the staff and their dependents due to a loss of pay.

EBD can be used in lieu of a suspension without pay or in conjunction to minimize the number of days without pay.

2350 STAFF MEMBER HONESTY

Staff are expected to act in a way that embraces honesty in all matters of work, 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 a staff member is dishonest, discipline may be warranted. (This list is not intended to be exhaustive):

- Falsification of time records
- Work-related written, oral, or electronic communications
- Responses to questions during investigations and or inquiries. The deliberate omission of relevant information will also be considered an act of dishonesty.
- Leave requests (abusing leave policies to obtain time off while not ill or injured)
- Pilfering departmental property for personal use (regardless of the value)

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- Using departmental funds or equipment, such as vehicles, for unauthorized personal use

When Staff 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 staff commit dishonest acts, they negatively affect the interest of the County of Los Angeles and the Department. Honesty is an essential element of staff'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 acts of dishonesty should be immediately reported to management staff or an outside investigative agency as appropriate.

2351 PERSONAL APPEARANCE (Cross-reference Directive 1333)

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 considerations of safety, professionalism, and modesty. This policy extends to all representatives of the Department, including contract Staff 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 ears. Due to safety concerns, holes from plugs must be covered. Likewise, only modest size earrings or jewelry may be worn, and dangling earrings shall not be worn.

While on duty, Staff shall not display body art, including tattoos, brands, intentional scarring, mutilation (e.g., split tongue), foreign objects inserted under the skin for decoration or dental ornamentation (designs, jewels, etc. on teeth), except existing tattoos on hands and above the neckline. New body art is not permitted on exposed areas of the body for current Staff or post-hire for new staff. Visible body art depicting nudity, violence, sexually explicit or vulgar art/words is prohibited.

Staff 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

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ensure that they conform to policy and are not a threat to safety and security. The Department reserves the right to instruct staff to cover their body art (e.g., clothing, skin tone patch, or make-up) or reassign staff to a location where their body art does not increase safety and security risks.

Supervisors and managers are responsible for enforcing personal appearance standards. Disregard for the personal appearance policy may result in disciplinary action.