COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

Directive No.:	**1541**
Issued Date:	11/26/2025
Post Until:	12/26/2025

SUBJECT: 533-DIRECTOR VIDEO REVIEW POLICY

Staff assigned to or supporting juvenile institutions are instructed to review and acknowledge the enclosed 533-Director Video Review Policy.

The policy and procedures will be located on Prob-Net (Probation Manuals- POLICIES, PROCEDURES, AND MANUALS-JUVENILE INSTITUTIONS MANUAL (sharepoint.com). If you have any questions or need clarification about this Directive, please contact your supervisor.

Guillermo Viera Rosa
Chief Probation Officer

11/26/2025
Date

DIRECTOR VIDEO REVIEW POLICY

533.1 PURPOSE

To establish a standardized timeframe for managerial video review and the completion of the Director Video Review Form.

533.1.1 DEFINITIONS:

Director Video Review Form (DVRF) – Required form to complete for the video review process.

Physical Intervention Packet (PIP) – The report that summarizes a use of force incident, which includes, but is not limited to, any requisite documents required in accordance with the Physical Intervention policy.

Physical Intervention Report (PIR) – The report written by all staff involved in, witness to, or on duty during a shift wherein any force is utilized.

533.2 POLICY

It is the policy of the Department that the responsible facility Director or the authorized designee shall review video footage related to any use of force incident within 24 hours of the date of the incident, absent any emergent situation. The authorized designee must be at the level of an Assistant Director or above.

The video review process within juvenile facilities serves to:

1) Identify potential misconduct for reporting to the Superintendent for review and disposition.
2) Assist with identifying policy, training, and/or accountability needs.
3) Assist in the review/revision of safety and security procedures.
4) Provide an evidentiary record of disruptive activity in living units, staff/youth injury, damage to property, and any other criminal conduct observed.
5) Assist in the administrative review of critical incidents.

533.3 RESPONSIBILITIES

The Physical Intervention Report (PIR) shall be completed in the Probation Case Management System (PCMS) by the end of the 8-hour shift. The Unit Supervisor or the authorized designee shall alert the facility Manager about the physical or chemical intervention. The completed DVRF shall be included with the PIP.

All recorded physical and chemical interventions shall be reviewed by the facility manager,

and a copy of the video shall be saved in the designated Teams folder. The recorded information shall be labeled appropriately with the PIP number, date, location, and time of the incident.

Any policy violation of the use of force shall be immediately reported to the Superintendent for review and disposition. Upon the Superintendent's review and discovery of misconduct, a Request for Internal Affairs Investigation (Form 1736) shall be initiated, signed by the Superintendent, and submitted to Internal Affairs for additional review and investigative consideration.

If the incident takes place in a facility with camera capability and the incident occurs in a non-camera area, the DVRF should be completed with a non-camera area comment/notation. A facility with zero camera capability is exempt and shall not be required to complete the DVRF.

LOS ANGELES COUNTY PROBATION DEPARTMENT
JUVENILE INSTITUTIONS
Director Video Review

FACILITY

☐ BJN ☐ CBA ☐ CGR ☐ CJP ☐ CVK ☐ DKC ☐ LPJH

INCIDENT INFORMATION

Location (i.e. Dayroom, gym, etc.): _____ Date: _____ Time: _____

PIR/SIR #: _____ Highest Level of Force Utilized: Select One

Camera Location: _____ Video Start Time: _____ Video End Time: _____

Staff Involved:

Youth Involved:

DIRECTOR OBSERVATIONS

☐ No child abuse, excessive or unnecessary use of force

☐ Child abuse, excessive and/or unnecessary force

Date SCAR submitted (if box above is checked): _____

☐ Potential policy violation

REFERRALS

☐ Executive Management ☐ SIU / IA ☐ PMU

Date Referred _____ Date Referred _____ Date Referred _____

COMMENTS/ADDITIONAL TRAINING REQUIRED

Review Completed by: _____ Date Video Reviewed: _____

Signature: _____