

Los Angeles County Probation Department  
Los Padrinos Juvenile Hall Corrective Action Plan

ATTACHMENT G-15

December 20, 2024

General corrective actions:

- 1. Superintendent to discuss at supervisors meeting this corrective action plan, and provide a copy, to ensure they understand the deficiencies the corrective action, and that supervisors discuss the corrective action with staff at staff meetings so unit line staff understand the action plan as well.
- 2. Probation will roll out general, short, regulation-specific refresher trainings either in units, in staff meetings, virtually, or in-person to ensure staff have a better understanding of the regulations on an on-going basis.
- 3. The County’s newly created CEO Probation Compliance Office has created a tracker of this corrective action plan and will monitor the progress with Probation and partners to ensure on-going, real time quality control of the implementation of this corrective action plan.

Regulation	Deficiency	Responsible Party	Action Plan	Proof of Practice	Date To Be Completed	Implementation Status/ Date	Comments/Ongoing Monitoring	Final Approval
§ 1354.5. Room Confinement.	We observed multiple occurrences of youth being placed in their rooms for periods of time without documentation or adequate justification as to the circumstances. Several examples are as follows: 1. Uninvolved youth remain in their rooms after an incident such as a fight or an assault on staff for an extended period of time with no documentation of the time they were placed in their rooms or let back out. We also noted incidents which lacked documentation to reasonably justify the amount of time youth spent in their rooms. 2. Youth routinely are held in their rooms for more than an hour at shift change (i.e., in	Project manager: <i>Director Warren</i>	1. POST-INCIDENT CONFINEMENT A. Create and issue a Reference Guide for staff detailing step-by-step or “how-to” guide on procedures and documentation for room confinement per regulation. This guide is referred as “Reference Guide – Room Confinement” (RC Guide ). The RC Guide will address staff confusion on “adequate justification” and documentation-related issues cited by the BSCC. This is one step in multi-faceted approach to address room confinement issues noted by the BSCC to end the on-going confusion cited by the BSCC over multiple inspections since Los Padrinos Juvenile Hall (LPJH) re-opened in 2023.  B. The RC Guide includes the role of the Supervisor (including use of the Supervisor Report), Assistant Director	1. Reference Guide – Room Confinement  2. Use of Force Supervisor Report blank form  3. Unit meeting agendas and/or minutes  4. Training sign in sheets  5. Supervisor checklist blank form	February 10, 2025			

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	<p>excess for what is required for normal institutional operations).</p> <p>3. Youth are routinely sent to their room before 8 pm for showers and are not brought back out for programming.</p> <p>We also noted that when there is a lack of staffing, there is an increase in room confinement. For instance, we found some instances where youth dined in their rooms or unit operations were delayed due to lack of unit staff in the building. Additionally, we found youth were kept in their rooms and were delayed being brought to medical.</p>		<p>(AD) and/or Director during room confinement, post-incident confinement, shift change, and operational need confinement. The Supervisor/ADs/Directors must play an active role in room confinement to achieve this all three levels (Supervisor/ADs/ Directors) have an identified role in room confinement and quality control. Further, with Supervisors/ADs/Directors now expected to play an active role in room confinement, it will provide “real-time” quality control to ensure adherence to regulation as cited by the BSCC. In addressing the Supervisors role in room confinement , the RC Guide will address the completion of the “Use of Force Supervisor Report” discussed below.</p> <p>The RC Guide to be issued by January 10, 2025.</p> <p><i>Responsible parties (A&amp;B): administrative director; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: January 10, 2025</b></p> <p>C. Creation of a "Use of Force Supervisor Report" to be completed post-incident by Supervisors that includes confinement review for immediate quality control by Supervisors and signed off daily by AD or Director. The requirement of completion</p>	6. Unit schedules				
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		<p>of this form after each use of force will ensure the Supervisor is actively involved during and after an incident. This further provides a quality control from the Supervisor to their staff, but also the Supervisor Report will be reviewed during the administrative review (see below under use of force) by ADs and/or Directors, and during the administrative review process. This multi-level quality control ensures that at each level the regulation is reviewed compared to the documentation. If something is missing or inadequate quality, each level can address it with their subordinates. In the review process quality of report will be reviewed as well.</p> <p>The Supervisors Report should launch by February 10, 2025.</p> <p><i>Responsible parties: supervisors; ADs; directors; quality control team</i></p> <p><b>Scheduled completion by February 10, 2025.</b></p> <p>D. Supervisors/ADs/Directors to discuss at unit staff meetings room confinement procedures to ensure staff are reminded of the process and the Reference Guide as assistance.</p> <p>The continued reiteration of the importance of appropriate procedures will</p>					
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		<p>be at the unit meetings throughout January 2025.</p> <p><i>Responsible parties: supervisors; ADs; directors; quality control team</i></p> <p><b>Scheduled completion: January 31, 2025.</b></p> <p>E. Schedule Title 15 training(s) for unit Supervisors/ADs/ Directors to ensure detailed understanding of regulations.</p> <p><i>Responsible parties: quality control team</i></p> <p><b>Scheduled completion: January 31, 2025</b></p> <p>F. Create a team of Subject Matter Experts – made up of supervisors and knowledgeable staff – to serve as on-the-ground trainers, mentors and experts for staff, Supervisors, ADs, and Directors to reach out to for guidance and assistance. This will address the BSCC cited concern for inconsistent messaging and on-the-ground training to ensure consistent adherence to regulation throughout the facility.</p> <p><i>Responsible parties: superintendent; quality control team; subject matter experts; supervisors; ADs; directors</i></p>					
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			<p><b>Scheduled Completion: January 10, 2025</b></p> <p>G. Revise and reissue "Supervisor Checklist" and ensure Supervisors are briefed by facility SMEs (referenced above) on the checklist and SMEs remain available for future questions from Supervisors on the form.</p> <p><i>Responsible parties: Director Shields; Ms. Barboza; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: January 20, 2025</b></p> <p>H. Create a Title 15 Report Writing Refresher Course. This Course will be added as a bi-annual refresher requirement for institutional staff starting in 2025. In the interim, if a Supervisor/AD/Director deems a staff requires a refresher, the staff will be referred to complete the Refresher Course. This will address the BSCC cited concern about the quality of the reports by staff.</p> <p><i>Responsible parties: training director; quality control team; SMEs</i></p> <p><b>Scheduled Completion (of training creation): February 10, 2025</b></p>					
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		<p>2. "OPERATIONAL NEED" CONFINEMENT</p> <p>A. The RC Guide will include shift change procedures and shower procedures to ensure regulation is followed. Shower time shall be documented in the logbook – hard copy in control room and, when launched, electronically via the electronic log book – to allow for quality control and tracking of shower times does not conflict with the youth’s programming time and does not become room confinement before 9 PM. (Timeline is above.)</p> <p><i>Responsible parties: information systems bureau; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: January 10, 2025.</b></p> <p>B. Unit schedules, which will include shower times, to be posted in each unit daily. It is the responsibility of the Supervisors/ADs/Directors to post schedules daily. Assessment of policy to ensure alignment.</p> <p><i>Responsible parties: unit supervisors; unit ADs; and unit directors; quality control team</i></p> <p><b>Scheduled completion: January 10, 2025.</b></p> <p>C. Posting of unit daily schedules added to Supervisor Checklist to ensure immediate</p>					
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		<p>quality assurance that schedule is posted and accurate. Individual unit supervisors will work with the Quality Control team to ensure the daily schedule is posted and noticeable to the youth.</p> <p><i>Responsible parties: unit supervisors; quality control team</i></p> <p><b>Scheduled completion: January 17, 2025.</b></p> <p>D. <u>(This applies to all room confinement)</u> Unit staff must notify the watch commander or officer of the day – to be determined by facility superintendent – of via telephone/radio of <i>any</i> room confinement. The watch commander or officer of the day must track all room confinements and must assign a staff – which could be the unit supervisor – to actively monitor room confinement with the unit. This change will be included in the RC Guide, must be addressed with supervisors in their training, and supervisors must rely on this to all staff during unit meetings. This allows for real time quality control and supervision to ensure room confinement is known to facility supervisors as it happens. Quality control will audit the watch commanders tracking of room confinement with the room confinement paperwork to ensure unit staff are notifying the watch commander. If not notified, quality</p>					
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			<p>control will refer the matter to facility superintendent for discipline.</p> <p><i>Responsible parties: watch commander/OD; unit staff and supervisors; quality control team</i></p> <p><b>Scheduled completion: January 25, 2025</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p>Assigned Director: <a href="#">Darrell Warren</a></p>					
§ 1355. Institutional Assessment and Plan.	<p>(a) Assessment: The assessment is based on information collected during the admission process with periodic review, 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, consideration of known history of trauma, and family strengths and needs. Assessments are being conducted between five and 13 days after admission. (1) A case plan shall be developed for each youth held for at least 30 days or more and created within 40 days of</p>	<p>Project manager: <i>Director Pinon</i></p>	<p><u>1. ORIENTATION</u> A. Train staff onsite who work in intake units (currently C&amp;D) on orientation and assessments. Supervisors/ADs/Directors in intake units to be trained and will train staff onsite in the units. This will increase the number of staff able to provide youth orientation to prevent delay.</p> <p>Intake unit Supervisors/AD/Director to be trained by January 25, 2025.</p> <p>Intake unit Supervisors/ADs/Directors training of staff completed during February 28, 2025.</p>	<p>1. Training schedule of supervisors</p> <p>2. Training sign in sheets</p> <p>3. Case plans and reviews</p> <p>4. Policy revision, if needed</p> <p>5. Supervisor Checklist</p>	March 5, 2025			



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	<p>admission. (2) The institutional plan shall include, but not be limited to, written documentation that provides:</p> <p>(A) objectives and time frame for the resolution of problems identified in the assessment.</p> <p>(B) a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented.</p> <p>Case plans are being completed before the assessment and do not consistently outline objectives and timeframes.</p> <p>(3) periodic evaluation of progress towards meeting the objectives, including periodic review and discussion of the plan with the youth.</p> <p>Periodic reviews are being completed the same day that case plans are developed; policy requires that they are completed one week after the plan is completed and 30 days thereafter.</p>		<p><i>Responsible parties: quality control team; SMEs; supervisors; ADs; directors; unit staff</i></p> <p><b>Scheduled completion: February 28, 2025</b></p> <p>B. Create a team of Subject Matter Experts – made up of supervisors and knowledgeable staff – to serve as on-the-ground trainers, mentors and experts for staff, Supervisors, ADs, and Directors to reach out to for guidance and assistance. This will address the BSCC cited concern for inconsistent messaging and on-the-ground training to ensure consistent adherence to regulation throughout the facility.</p> <p><i>Responsible parties: superintendent; subject matter experts; supervisors; ADs; directors</i></p> <p><b>Scheduled Completion: January 10, 2025</b></p> <p><u>2. CASE PLANS/PERIODIC REVIEWS</u></p> <p>A. All Supervisors/ADs/Directors to be trained on case plans and periodic reviews. This includes Supervisors/ADs/Directors periodic auditing of case plans. Directors shall develop “auditing” schedule to ensure accountability. Directors to provide schedules monthly to Superintendent’s</p>					
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		<p>Office. The identified team of SMEs will be available to guide and assist staff and supervisors. This also includes quality control by monthly random reviews by the quality control team to ensure the new process is followed.</p> <p>Supervisors/ADs/Directors trained by January 25, 2025.</p> <p><i>Responsible parties: quality control team; SMEs; supervisors; ADs; directors</i></p> <p><b>Scheduled completion by January 25, 2025</b></p> <p>B. Review and revise policy, if needed, to ensure aligned with new process and sets a timeline on when assessments must be conducted.</p> <p><i>Reasonable parties: policy director; superintendent; SMEs</i></p> <p><b>Scheduled completion by January 30, 2025</b></p> <p>C. Supervisors/ADs/Directors to train all unit staff onsite on case plans and reviews.</p> <p><i>Reasonable parties: quality control team; SMEs; supervisors; ADs; directors</i></p> <p>Staff to be trained by March 5, 2025.</p>					
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			<p><b>Scheduled completion: March 5, 2025</b></p> <p>D. Assessments to be included as part of Supervisor Checklist to ensure assessments and audits occur, including risk level assessments (discussed below under 1358.5)</p> <p><i>Responsible parties: quality control team; supervisors</i></p> <p><b>Scheduled completion by January 17, 2025</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p>Assigned Director: <u>Jaime Pinon</u></p>					
§ 1357. Use of Force.	(5) .....including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and /or the youth involved.	Project manager: <i>Assistant Director Gadie</i>	<p><b>1. REPORTING</b></p> <p>A. Create Reference Guide for Use of Force detailing for staff, Supervisors, ADs and Directors their role and expectations on reporting, reviewing, debriefing and decontamination with a Use of Force incident. This will be kept in the control rooms of each unit and the quality control team will audit on a monthly basis to ensure the guide – and the desk manuals in the control rooms – are available and complete.</p>	<p>1. Reference guide for force</p> <p>2. Use of Force reports</p> <p>3. Supervisor checklist</p> <p>4. Use of Force Supervisor Report</p>	March 5, 2025			

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	<p>(6) Include an administrative review and a system for investigating unreasonable use of force. The agency's comprehensive quality assurance and review process including the Facility Compliance Team and the Force Intervention Response Support Team (FIRST) was disrupted in July 2024. The FIRST team, despite being required by policy, has been disbanded. The debriefs documented by supervisors at the time of the incident are being "corrected" several weeks after the initial reports had been written; we are unable to determine if debriefs are being conducted at the time of the incident due to the inconsistency in documentation.</p> <p>(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent. Youth were left unattended prior to being fully decontaminated or prior to the one hour of constant visual as required by policy. Additionally, the facility routinely fails to follow departmental decontamination policy.</p>		<p><i>Responsible parties: administrative director; quality control team; SMEs; supervisors; ADs; Directors</i></p> <p><b>Scheduled completion by January 30, 2025.</b></p> <p>B. Update policy to better reflect process and expectations, including the administrative review process to ensure all force is timely reviewed.</p> <p><i>Responsible parties: policy director; superintendent; SMEs</i></p> <p><b>Scheduled completion: March 5, 2025</b></p> <p>C. Create a team of Subject Matter Experts – made up of supervisors and knowledgeable staff – to serve as on-the-ground trainers, mentors and experts for staff, Supervisors, ADs, and Directors to reach out to for guidance and assistance. This will address the BSCC cited concern for inconsistent messaging and on-the-ground training to ensure consistent adherence to regulation throughout the facility.</p> <p><i>Responsible parties: superintendent; subject matter experts; supervisors; ADs; directors</i></p>	<p>5. Supervisor training sign in sheets</p> <p>6. Unit staff meeting notes/agendas</p> <p>7. Administrative review policy</p>				
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		<p><b>Scheduled Completion by January 10, 2025</b></p> <p>D. Train supervisors/ADs/directors onsite on any change in policy and procedure for the use of force review process. Supervisors/ADs/Directors, along with SMEs, to train staff onsite in the units. This allows supervisors to discuss the new Reference Guide for Force to be discussed to ensure staff know of the resource.</p> <p>Intake unit Supervisors/AD/Director to be trained by January 25, 2025.</p> <p>Intake unit Supervisors/ADs/Directors training of staff completed during March 5, 2025.</p> <p><i>Responsible parties: quality control team; supervisors; ADs; directors; SMEs; unit staff</i></p> <p><b>Scheduled completion: March 5, 2025</b></p> <p><b>2. DEBRIEFING</b></p> <p>A. The Reference Guide for Force includes the expectations by Supervisors for timely debriefing conforming to policy that includes any necessary training whether immediate corrective discussion with supervisor or future scheduled training for staff. RG for Force will also include updates to post-incident/spray supervision policy modifications. This</p>					
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		<p>information will also be included in the supervisor training, discussed above, and supervisors to train their staff on the process referencing the RG for Force as a guide.</p> <p><i>Responsible parties: administrative director; superintendent; supervisors; ADs; directors; quality control team; SMEs</i></p> <p><b>Scheduled completion by February 28, 2025.</b></p> <p>B. As discussed above, creation of the Use of Force Supervisor Report which includes debriefing, decontamination review, training among other topics. (Refer to timeline above.)</p> <p><b>3. <u>REVIEW</u></b></p> <p>A. Update policy to include new review process to ensure FIRST team responsibilities are absorbed into new process.</p> <p><i>Responsible parties: superintendent; policy director; administrative review director; quality control team; SMEs</i></p> <p><b>Scheduled completion by February 28, 2025</b></p>					
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		<p><b>4. DECONTAMINATION</b></p> <p>A. Reference Guide for Force includes the necessary requirements for decontamination post OC spray, including update to supervision post-spray.</p> <p><i>Responsible parties: administrative director; superintendent; quality control team; SMEs</i></p> <p><b>Scheduled completion: January 31, 2025</b></p> <p>B. Provide each unit with “Decontamination Kits” to ensure youth are timely decontaminated including the decontamination wipes.</p> <p><i>Responsible parties: MSB; compliance director; superintendent; quality control team; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: February 28, 2025</b></p> <p>C. Once “Kits” issued, Supervisor Checklist or Shift Condition Report (or new combined form) includes review of decontamination kit to ensure it remains fully stocked. The quality control team will also review the kits on their walks of the facilities on a monthly basis.</p>					
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		<p><i>Responsible parties: superintendent; quality control team; SMEs; supervisors; ADs; directors</i></p> <p><b>Scheduled completion by February 28, 2025</b></p> <p>D. Installation of eye wash stations in restroom sinks in each unit that did not have cold water readily available at LPJH.</p> <p><b>Completed: August 2024</b></p> <p>E. Policy modification to clarify post-incident supervision to match the regulation.</p> <p><i>Responsible parties: policy director; SMEs; superintendent</i></p> <p><b>Scheduled completion by February 28, 2025</b></p> <p>D. Train supervisors/ADs/directors onsite on any change in policy and procedure for the use of force decontamination process. Supervisors/ADs/Directors, along with SMEs, to train staff onsite in the units. This allows supervisors to discuss the new Reference Guide for Force to be discussed to ensure staff know of the resource.</p> <p>Intake unit Supervisors/AD/Director to be trained by February 15, 2025.</p>					
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			<p>Intake unit Supervisors/ADs/Directors training of staff completed during February 28, 2025.</p> <p><i>Responsible parties: quality control team; supervisors; ADs; directors; SMEs; unit staff</i></p> <p><b>Scheduled completion: February 28, 2025</b></p> <p>Probation has designated the following assistant director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p>Assigned Director: <b>Darrell Gadie</b></p>					
§ 1358.5. Use of Restraint Devices for Movement and Transportation Within the Facility.	<p>(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth’s known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.</p> <p>Individual assessments are not being completed consistently; of the seven (7) uses of restraints for movement and transportation within the facility only two</p>	Project manager: <i>Director Shields</i>	<p>1. <u>INDIVIDUALIZED ASSESSMENTS</u> A. Reference Guide for Force will include advising staff of their requirement to complete an individualized assessment for internal movement requiring mechanical restraint. Reference guide to include Supervisors/ADs/Directors responsibilities.</p> <p><i>Responsible parties: administrative director; superintendent; supervisors; ADs; directors</i></p> <p><b>Scheduled completion by January 31, 2025</b></p>	<p>1. Reference guide for force</p> <p>2. Updated restraint form</p> <p>3. Case plans include assessment of security status</p> <p>4. Supervisor training sign in sheets</p>	March 5, 2025			

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	(2) had a completed assessment specific to this section.		<p>B. Update the form to ensure individualized assessment occurs during roll out of guide for force. This will require staff to complete an individualized assessment when documenting the use of restraint.</p> <p><i>Responsible party: administrative director; superintendent; quality control team</i></p> <p><b>Scheduled completion by January 5, 2025</b></p> <p>C. Adding to individualized case plans assessments/reviews (see above for timeline).</p> <p>D. Train supervisors/ADs/directors onsite on any change in policy and procedure for the use of mechanical restraint process. Supervisors/ADs/Directors, along with SMEs, to train staff onsite in the units. This allows supervisors to discuss the new Reference Guide for Force to be discussed to ensure staff know of the resource.</p> <p>Intake unit Supervisors/AD/Director to be trained by February 15, 2025.</p> <p>Intake unit Supervisors/ADs/Directors training of staff completed during March 5, 2025.</p>	5. Unit staff meeting agendas/minutes				
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			<p><i>Responsible parties: quality control team; supervisors; ADs; directors; SMEs; unit staff</i></p> <p><b>Scheduled completion: March 5, 2025</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p><u>Assigned Director:</u> <b>Tya Shields</b></p>					
§ 1361. Grievance Procedure.	(e) provision for a written response to the grievance which includes the reasons for the decisions. Documentation of initial grievance response while timely, was not completed on the grievance form or attached to the provided grievance documentation. Youth are not receiving written responses.	Project manager: <i>Director Marshall</i>	<p><u>1. Updating Grievance Processes</u> A. Train all Supervisors on grievances to include Supervisors in the collection, oversight and responses. This expands the staff involved in responses to grievances to ensure timely review and response.</p> <p><i>Responsible parties: SMEs; quality control team; superintendent; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: February 15, 2025</b></p> <p>B. Include necessary grievance procedures on Supervisor Checklist.</p> <p><i>Responsible parties: quality control team; administrative director</i></p>	<p>1. Training sign in sheets</p> <p>2. Supervisor Checklist</p> <p>3. Reference guide for grievances</p>	March 5, 2025			

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		<p><b>Scheduled completion: January 15, 2025</b></p> <p>C. Create Reference Guide for Grievances to include updated process for all staff on grievances.</p> <p><i>Responsible parties: administrative director; control team</i></p> <p><b>Scheduled completion: January 31, 2025</b></p> <p>D. Train supervisors/ADs/directors onsite on any change in policy and procedure for the grievance process. (Mentioned above under A.) Supervisors/ADs/Directors, along with SMEs, to train staff onsite in the units. This allows supervisors to discuss the new Reference Guide for Force to be discussed to ensure staff know of the resource.</p> <p>Intake unit Supervisors/AD/Director to be trained by February 15, 2025.</p> <p>Intake unit Supervisors/ADs/Directors training of staff completed during March 5, 2025.</p> <p><i>Responsible parties: quality control team; supervisors; ADs; directors; SMEs; unit staff</i></p> <p><b>Scheduled completion: March 5, 2025</b></p>					
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			<p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p>Assigned Director: <b>Marshe Marshall</b></p>					
§ 1374. Visiting.	<p>Opportunity for visitation shall be a minimum of two hours per week. Youth have not received the opportunity for a minimum of two hours of visitation per week.</p>	<p>Project manager: <i>Director Ford</i></p>	<p>1. <u>Visitation Schedule</u> A. Superintendent to notify watch commanders working during visitation of the regulation, which will also include notification of visitation staff of the regulation to ensure youth receive full 2 hours of visitation time. This includes staff understanding when visitation should be extended by “scheduled time” to ensure 2 hours is provided (i.e., probation-related delay vs. tardiness of visitor).</p> <p><i>Responsible parties: superintendent; visitation staff; supervisors; ADs; directors</i></p> <p><b>Scheduled completion by January 6, 2025</b></p> <p>B. Review and revise policy, if needed, including assessing the feasibility of phone call in system for visitation in advance to better plan for units.</p> <p><i>Responsible parties: administrative director; ISB; superintendent</i></p>	<p>1. Visitation logs 2. Notification to staff of visitation expectations</p>	February 28, 2025			

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			<p><b>Scheduled completion by February 28, 2025</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p><u>Assigned Director:</u> <b>Gratius Ford</b></p>					
§ 1390. Discipline.	<p>The facility administrator shall develop and implement written policies and procedures for the discipline of youth that shall promote acceptable behavior; including the use of positive behavior interventions and supports. Discipline shall be imposed at the least restrictive level which promotes the desired behavior and shall not include corporal punishment, group punishment, physical or psychological degradation. The facility lacks a fair, accessible, age appropriate, behavior management program that is tangible with meaningful rewards to encourage and promote acceptable behavior and that includes positive behavior interventions and supports.</p>	<p>Project manager: <i>Director Evans</i></p>	<p>1. <u>Behavioral Management Program (BMP)</u> A. "BMP Reset" to include age-appropriate incentives and follow through to ensure youth receive what was promised to be handled by BMP team at LP. Quality control team assist in any necessary tracking. This intent is to change the understanding and culture of the BMP to turn the corner on implementation.</p> <p><i>Responsible parties: BMP director and supervisor; quality control team; superintendent; BMP staff; supervisors; ADs; directors</i></p> <p><b>Scheduled completion: February 28, 2025</b></p> <p>B. Assign a supervisor to solely work on the BMP implementation and oversight. This also includes assigning deployed staff to assist the BMP supervisor and director.</p>	<p>1. Training sign in sheets</p> <p>2. Tally sheets</p> <p>3. Audit documents</p>	March 5, 2025			

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		<p><i>Responsible parties: BMP director and supervisor; superintendent; BMP staff</i></p> <p>C. Update refresher training for staff by BMP staff as part of "BMP Reset".</p> <p>All staff to be trained by March 5, 2025.</p> <p><i>Responsible parties: BMP director and supervisor; superintendent; BMP staff</i></p> <p><b>Scheduled completion by March 5, 2025</b></p> <p>D. Ensure compliance with sanctions and incentives matrix which will be included in BMP Reset and be included in the training refresher.</p> <p><i>Responsible parties: BMP director and supervisor; superintendent; BMP staff</i></p> <p><b>Scheduled completion: February 28, 2025</b></p> <p>E. In coordination with BMP Team, Supervisor/ADs/Directors auditing of tally sheets. Directors will create schedule for supervisors and ADs are actively reviewing tally sheets and will also create an audit schedule of the tally sheets for supervisors and ADs. BMP staff, in conjunction with the quality control team, will also conduct regular (at least</p>					
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		<p>monthly) audits of random tally sheets to ensure compliance with regulation and process.</p> <p><i>Responsible parties: BMP director and supervisor; BMP staff</i></p> <p><b>Scheduled implementation by February 15, 2025.</b></p> <p>F. Early morning shift watch commander and/or officer of the day will remind night staff to review and input tally sheet information on a nightly basis until no longer an issue.</p> <p><i>Responsible parties: night watch commanders/officer of the day</i></p> <p><b>Scheduled completion by January 10, 2025</b></p> <p>G. Create a team of BMP Subject Matter Experts to serve as on-the-ground trainers, mentors and experts for staff, Supervisors, ADs, and Directors to reach out to for guidance and assistance. This will address the BSCC cited concern for inconsistent messaging and on-the-ground training to ensure consistent adherence to regulation throughout the facility.</p> <p><i>Responsible parties: BMP director and supervisor; superintendent; subject</i></p>					
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			<p><i>matter experts; supervisors; ADs; directors</i></p> <p><b>Scheduled Completion: December 30, 2024</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p>Assigned Director: <b>Mozella Evans</b></p>					
§ 1391. Discipline Process.	The majority of the disciplinary documents reviewed are not being completed per agency policy or were not completed or provided for our review. We noted that all but a few youth refuse to sign the document.	Project manager: <i>Assistant Director Carpenter</i>	<p><u>1. Accuracy of Documentation</u></p> <p>A. As mentioned above, Supervisors/ADs/Directors auditing of documentation (sanction and appeal form) to ensure policy is being followed. (See above for timeline.)</p> <p>B. As mentioned under grievances, train supervisors on discipline process to ensure compliance with policy. (See above for timeline.)</p> <p>C. Educating youth at intake on sanctions and appeals, and incentives so youth are better aware of the process. Coordinate with Supervisors of intake units (currently C&amp;D) to ensure youth are properly educated on this process. This will be included in the above referenced training of staff in intake units under section 1355. (See above for timeline.)</p>	<p>1. Supervisor training curriculum</p> <p>2. Training roster</p> <p>3. Grievances</p> <p>4. Force reports</p>	March 5, 2025			

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			<p>D. As mentioned above, the team of SMEs will also assist in the discipline process training.</p> <p>Probation has designated the following assistant director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p><u>Assigned Director:</u> <b>Dan Carpenter</b></p>					
§ 1480. Standard Facility Clothing Issue.	<p>(3) New non-disposable underwear which shall remain with the youth throughout their stay.</p> <p>Youth are provided new underwear at intake however, there is no process in place for them to receive their own underwear back daily.</p>	Project manager: <i>Director Ford</i>	<p>1. <u>Tracking of Laundry</u></p> <p>A. Youth issued individual laundry bags to ensure receipt of own underwear.</p> <p><b>Completed: December 2024</b></p> <p>B. On an on-going basis, starting in January 2025, review laundry process to be discussed at townhalls until laundry exchange is no longer an issue.</p> <p><i>Responsible party: supervisors; ADs; directors; quality control team; MSB staff</i></p> <p><b>Scheduled completion: January 31, 2025</b></p> <p>C. Probation is tracking laundry pick up/drop off to ensure policy is followed.</p>	<p>1. Tracking form</p> <p>2. Youth townhall sign off sheets</p>	January 31, 2025			

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		<p><i>Responsible party: supervisors; ADs; directors; quality control team; MSB staff</i></p> <p><b>Scheduled completion by January 5, 2025</b></p> <p>Probation has designated the following director as a collateral duty to be the point person for managing implementation and oversight of each provision (i.e., project/CAP Action Item manager):</p> <p><u>Assigned Director:</u> <b>Gratius Ford</b></p>					
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