

*Glenn County (Jane Hahn) Juvenile Hall*  
**POLICY AND PROCEDURES MANUAL**

<b>USE OF FORCE</b>	<b>ARTICLE: 5</b>	<b>SECTION: 1357</b>
<b>AUTHORITY REFERENCE: TITLE 15</b>	<b>REVISED: 01/05/16</b>	<b>REVIEWED: 01/05/16</b>

**POLICY:**

The facility manager, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline or treatment. The purpose of this policy is to ensure that **reasonable** use of force is applied in all cases to maintain institutional control, protect county property, and protect staff and youth from harm.

The basic policy of this facility is to provide for the physical safety and security of the youth, staff and visitors within the facility. If physical intervention or restraint becomes necessary, staff shall exert the lowest level of physical intervention or restraint needed to control youth and bring the situation immediately under control and to ensure that no further injuries are suffered by staff or by youth. The level of physical force deployed must only be that level appropriate to control a resistive, aggressive, or violent youth and/or overcome said resistance, while ensuring the safety and security of staff, other youth, and the out of control youth.

The following guidelines are intended to guide staff as they use their training, experience and discretion in utilizing reasonable force to overcome resistance and maintain control over the facility. Such force should only be used when necessary, and only to the degree necessary to subdue a youth or to restore order to a disruptive group. While there is no way to dictate the amount of force which should be applied in every conceivable scenario, staff are expected to use these guidelines and their training to make such decisions in a professional, impartial and safe manner. When applying physical intervention or restraint, staff must not allow anger or emotion to cause a loss of control. It is important that staff develops and utilize professional strategies that stress and reinforce emotional control, judgment and decision-making under stress.

**DEFINITION OF TERMS:**

FORCE: The exertion of strength, weight, or power to overcome resistance and/or prevent a youth, who comes within the provisions of Title 15, BSCC, Article 5, Section 1357, from hurting themselves or others.

NON-DEADLY FORCE: Force which the user reasonably believes will not create a substantial risk of causing deadly or great bodily injury.

DEADLY FORCE: Force which the user believes will create a substantial risk of causing death or great bodily injury.

HOSTILE OR OUT OF CONTROL: Behavior and/or actions so uncontrollable so as to constitute an immediate danger to themselves and others and/or the destruction of property.

AGGRESSIVE: Tending towards combative readiness.

PHYSICAL ASSAULT: Touching of another without consent, usually with some type of force.

REASONABLE FORCE: The amount and type of force that a reasonable staff with similar training and experience would find appropriate in a given situation.

RESISTIVE BEHAVIOR: Refusing by words or actions to comply with lawful control directives of a staff.

USE OF PHYSICAL FORCE: An immediate means of overcoming resistance and controlling the threat of imminent harm to self or others by using the minimum amount of force necessary to restore order and control when verbal persuasion has not succeeded; the use of Weaponless Defense Instruction and/or OC Pepper Spray techniques and the reasonable amount of force necessary to effect control.

MECHANICAL RESTRAINTS OR HARD RESTRAINTS: Limited to hard and soft handcuffs and shackles.

**PROCEDURE:**

1. Restraint/Control Procedure

In restraint and control situations, staff may utilize only those controls and restraining techniques and devices, which are approved and provided by the Glenn County Probation Department and in which the employee has received approved training on the proper use of force and mechanical restraints. Employee may use his/her personally owned handcuffs, with prior permission from the Juvenile Hall Manager.

Use of excessive physical force not within the above policy may result in disciplinary action by the Probation Department and the possible referral to the District Attorney for criminal complaint filing. Staff who witness excessive physical force on a youth by another staff are required to intervene to stop such action and report it to the on-duty supervisor, or the Juvenile Hall Manager, immediately. Access to medical care shall not be denied or restricted during these procedures. Staff will be considerate and/or aware of any known medical conditions that would contraindicate the use of certain restraint devices and/or techniques.

- A. Youth will not be physically restrained in situations where control can be gained through the use of staff presence or dialogue/counseling. It is expected that staff will use good judgment, decision making skills and teamwork to control a situation.
- B. At every level of the defensive force continuum, staff can always increase the level of force without going to another, higher level of force. For example, staff presence may be used by one staff and be escalated by including more than one staff member.

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1. In another example, verbal negotiation may begin by giving instructions softly to a youth and escalated by giving orders in a loud voice.
  - C. When use of force is used, staff members must escalate or de-escalate the use of force as the youth's resistance or behavior changes.
  - D. Juvenile Hall Staff may restrain or control a youth under the following circumstances:
    1. For self-defense.
    2. For defense of another staff member or youth.
    3. To prevent escape.
    4. To overcome resistance when a youth is physically aggressive.
    5. To affect an arrest.
    6. During transportation of a youth from one location to another.
    7. Where there is an articulated threat to the safety or security of staff or the facility as a result of a youth's actions.
    8. To prevent the youth from injuring himself or herself by threats of suicidal ideation, self-mutilation or banging arms, legs, head and so on into stationary objects.
  - E. Levels of defensive force deployed should always be based upon what is reasonable and appropriate, given the individual circumstances. Youth control, through their actions, what levels of defensive force are deployed.
  - F. Strategies that may or may not be used in this facility for the use of force and control or immobilization of a person through the use of hands-on defensive force control instruments include, but may not be limited to:
    1. Staff presence (or multiple staff).
    2. Dialogue/counseling.
    3. Verbal commands.
    4. Oleoresin Capsicum (OC) pepper aerosol sprays.
    5. Control and search techniques.
    6. Mechanical restraints (soft and hard restraints).
    7. Unarmed defensive tactics.
  - G. The above listing is not to be construed as meaning that the force options are to be used only in the order listed. The circumstances may dictate that staff will begin at the first level of force or even the last option.
2. Force Options:
- A. **Command Presence and Dialog:** This technique refers to a range of behavior on the part of the staff member. In part, the mere presence of one or more staff can create an atmosphere of control or show of force sufficient to negate the threat and result in compliance. Staff should also communicate with the youth during



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this phase, attempting to gain their compliance and de-escalate the situation using reasoning, rapport and insight.

The staff's reputation, or ability to gain respect and compliance from youth based on that staff's demonstrated professionalism, integrity, honesty and reputation for fairness is essential to this force option. Staff can minimize the need for greater force by consistently striving to build and maintain rapport with youth.

- B. Verbal Commands: Staff may give clear, concise and lawful directions in an authoritative manner sufficient to gain compliance.
  
- C. Soft Hands: Guiding techniques where by hands are placed on arms, shoulders, or back, in a position of advantage, in order to promote directed movement. Staff should tell the youth that they intend to use soft hands as a means of guiding them prior to doing so.
  
- D. Chemical Agents: Oleoresin Capsicum (OC) Spray may be used to defend against a subject who has become threatening or aggressive toward a staff or others within the facility. OC Spray must be used in compliance with established facility policy.
  - 1. OC may be used within the scope of staff peace officer authority to control, restrain or subdue imminent or actual violent behavior or if such behavior presents a clear danger. Before OC may be used, consideration must first be given to the gravity of the situation, the consequences that may reasonably be expected to occur if the behavior does not cease. OC will be used only after making a reasonable effort to verbally persuade voluntary compliance and after giving a clear warning that OC will be used if such voluntary compliance is not made. OC may be deployed without warning only during those occasions where the safety and security of staff, youth or the institution are threatened.
  - 2. The only exception to the above is when the behavior exhibited is of such nature that even momentary delay would result in further injury to a person. Then, OC may be applied without warning.
  - 3. OC may be used prior to employment of "empty hands" (hands-on restraint), physical restraints, or mechanical restraints in order to gain control of an out of control youth. Staff may elect to use empty hands, physical or mechanical restraints first if they can do so without risking injury to him or herself or to the youth, or if OC is not quickly available.
  - 4. OC shall not be used for punishment, retaliation, treatment or disciplinary purposes.
  - 5. Staff is to ensure that no greater amount of OC is used than is necessary to gain control of the situation and subdue the youth. OC shall not be used on youth who are resistive but not physically aggressive.
  - 6. Whenever possible, staff should avoid deploying OC against youth who have the following medical histories or profiles:

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- a. Any documented medical history of respiratory problems.
  - b. Any documented medical history of heart disease or related problems.
  - c. Anyone taking any psychotropic, stimulant medication.
  - d. Those admitted who are under the influence of stimulant narcotics (cocaine, methamphetamine, PCP).
  - e. Those with a documented medical history of seizures.
  - f. Those who are medically obese.
7. All individuals who admit to any of the above medical history or those who the arresting officer and/or facility staff recognizes as being present should be identified upon booking. The purpose of this is to alert staff of a "no OC profile." All reasonable efforts should be made to avoid spraying these youth with OC. However, because staff and youth's safety is our primary responsibility, there may be occasions due to violent circumstances where OC may have to be used on medical alert youth to prevent serious injury. In this situation, staff will follow immediate life and death precautions and immediately contact medical staff and/or dial 911 for further assistance.
8. The Juvenile Hall Manager shall designate those persons authorized to use OC within the scope of their staff employment at Juvenile Hall. The staff must:
- a. Have completed the approved 832 PC and chemical agents course.
  - b. Be on duty and authorized to have possession of OC.
  - c. Have read and signed the Glenn County Probation Department Policy on OC.
9. Specifically, the following positions are authorized to possess and utilize OC while on duty after meeting the requirements of Section 5 (above):
- a. Juvenile Hall Manager
  - b. Supervising Counselor
  - c. Juvenile Hall Counselors
  - d. Probation Officers/Supervising Probation Officers
  - e. Chief Probation Officer/Deputy Chief
10. Canisters of OC shall be controlled and accounted for as follows:
- a. The Juvenile Hall Manager, Supervising Counselor, or CIP (Clearly Identified Person) is responsible for the count of canisters on inventory log.
  - b. A designated storage place will be securely made in the staff office.
  - c. Canisters must be secured if not in use.
  - d. Under no circumstances will staff remove canisters from the institution.

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- e. Each staff member receiving a canister is responsible for determining that it is more than half full and keeping the OC activated by shaking the canister once a month.
- f. Stored canisters are not to be in an area of extreme heat.
- g. Any use of OC in violation of this policy such as “horse play” will result in severe disciplinary action.

11. OC shall not be dispensed with in a moving vehicle. During transportation of youths, OC will be used only in life-threatening situations.

12. Aftercare procedures:

- a. In all cases where OC is deployed, once the youth has been controlled and restrained, the youth must be immediately removed to a safe area where first aid can be provided.
- b. First aid for OC is fresh air and cold water. Water shall be sprayed (misted) into the face of the youth and a fan should be placed in front of his/her face. The youth will be instructed not to wipe his/her face, but to blot dry.
- c. Youth should be advised not to decontaminate by washing with warm water and soap. Warm water will open skin pores and increase discomfort. Using soap or any oil or cream-based products will also increase discomfort. Advise the youth to decontaminate using cool water alone first. Warm water and soap may be used the following day or later the same evening.
- d. All youth sprayed with OC must be referred to medical personnel via the sick call list. Should the youth’s symptoms continue or worsen immediately contact Medical Personnel. If no medical staff is available the ER Physician at Glenn Medical Center shall be contacted for further instructions.
- e. Staff must observe all youth who have been sprayed with OC for one (1) hour after deployment on a one-to-one basis.
- f. Any staff contaminated with OC/should follow the same basic regimen.
- g. The same procedures shall be followed by any agency bringing in any youth who has been sprayed with OC. All staff shall be alerted to any youth who have been sprayed with OC.
- h. If an outside agency brings in a youth for booking that has been sprayed with any type of OC (i.e. mace) the youth must be medically cleared prior to booking.

3. Referrals:

In any instance when a youth is physically restrained through the use of OC, a referral will be made to the medical staff within one hour of the incident. In any instance when a youth is injured through the use of empty hands, physical or mechanical restraint, a



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referral will be made immediately to the medical staff. If as a result of any restraint, the youth appears to have significant injuries that cannot wait until she/he is seen by CFMG staff, the Juvenile Hall Manager, supervisor, or counselor will make the proper arrangements and have the youth transported to Glenn Medical Center immediately.

4. Documentation:

In all cases where physical restraints or chemical agents have been used the following documentation must take place. The use of force, to include the use of OC and/or physical restraints, shall be reported in writing via Special Incident Report. The individual(s) involved in the restraint incident shall be responsible for completing the incident report before the end of his/her shift during which the use occurred or before leaving the premises. The Juvenile Hall Manager will approve the report and complete the Manager's review section of the report before the end of his/her shift during which the use occurred or before leaving the premises. These reports shall depict: A clear and factual justification for the use of restraint.

A. The Special Incident Report shall depict:

1. A clear and factual justification for use of OC.
2. A description of how the OC was utilized and the results obtained (i.e. effective compliance or non-effective reaction to the OC/gave verbal warning etc.).
3. A complete description of aftercare procedures and or medical treatment/referral.
4. All requirements needed of a Special Incident Report. (See Special Incident Report Section)
5. Defensive Tactics: The use of empty hands control methods as learned through required Weaponless Defense Instruction, including but not limited to: Joint manipulation, pressure point application, and take-down techniques.
6. Mechanical Restraints: Handcuffs, shackles and other devices that are approved and provided for use by staff in the facility. Refer Title 15, BSCC, Section 1358.
7. Deadly Force: The force likely to cause serious bodily injury or death. Deadly force may be used in the defense of the staff's own life or the life of another when all other reasonable means have failed or are impractical.

5. Training:

Juvenile Hall Staff shall participate in department provided weaponless defense training. Staff shall utilize only those methods for managing assaultive behavior that are approved by the department. Training consists of initial 40 hr. STC approved training, followed by 4 hour class updates, when available. This training includes:

- A. Use of force education.
- B. Appropriate use of force techniques/methods.
- C. Use of physical restraints.
- D. Known medical conditions that would contraindicate certain types of force.

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- E. Signs or symptoms that should result in immediate referral to medical or mental health.
6. Duty To Intervene:  
Any employee who observes another employee violate this policy shall immediately take affirmative action to stop the inappropriate use of force, and report the incident to the Supervisor on Duty, Juvenile Hall Manager, or the Deputy Chief Probation Officer.
7. Considerations Before And During The Use Of Force:
- A. Use of physical force is prohibited, except to effectively control a youth who is displaying behavior that may result in destruction to property or reveals intent to cause physical harm to themselves or others. Physical force will only be used when lesser means of intervention are inappropriate.
  - B. Staff is required to evaluate each incident to determine what level of force is appropriate to effectively control and de-escalate any given situation. Staff is not required to begin at the lowest degree of force available before moving to a higher degree. The degree, or degrees of force employed should be directly related to the circumstances at the time the force is used.
  - C. Only that force that is deemed necessary shall be used to control youth behavior. The degree of force must de-escalate proportionally to the level of resistance that a staff encounters.
    - 1. Staff shall use their best efforts to prevent injury when using force on a youth.
    - 2. **The use of chokeholds or carotid restraints is strictly prohibited.**
8. Medical Follow Up:
- A. Medical staff will be requested to evaluate all youth that are subject to the use of physical force. If medical staff is not on duty, the supervisor on duty or CIP (Clearly Identified Person) will determine if the on-call medical staff should be called or if the youth can wait to see the nurse when they are next on duty.
  - B. Additionally, if staff believes that the youth may benefit from a mental health evaluation then the on-call mental health worker will be contacted. If no on-call provider is available, the medical staff will be notified and arrange for an evaluation at the next possible opportunity.
9. Required Reporting And Review
- A. Any time physical force is used, including hands on, mechanical restraint, or chemical agent, the supervisor on duty or the CIP shall be notified as soon as practical.
  - B. A Special Incident Report (SIR) shall be completed by the primary staff employing the force or overseeing the incident prior to the end of their shift. The SIR must contain the following information:
    - 1. The nature of the incident.
    - 2. Factors present that determined how the staff responded to the incident.



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3. Exigent circumstances that necessitated force or made less restrictive measures inappropriate.
  4. Mitigating factors that allowed for less restrictive measures to be employed.
  5. Known youth history.
  6. Staff's state of mind.
  7. Belief that the youth intended to use force or violence if not for selected intervention.
  8. Belief that surroundings (proximity to other youth, furniture or location within the facility) contributed to the presenting threat and required the selected intervention.
  9. Alternatives to force employed and their effectiveness.
  10. Verbal commands given to the youth and their effectiveness.
  11. Description of the type of force employed.
  12. Reasoning for the selection of that force.
  13. Description of the de-escalation of force.
  14. A statement of whether or not injuries were sustained by all parties involved.
    - a. Include pictures of youth, if deemed appropriate.
    - b. State what on-site treatment, if any, was administered.
    - c. State if medical staff responded or was contacted if after hours.
    - d. State what orders, if any, were given by medical staff.
    - e. Description of the after care for the youth.
    - f. Counseling employed by staff and youth's receptiveness to it.
    - g. Youth's state of mind following the incident.
    - h. Statements made by youth indicating the cause of the incident, admissions, and resolution of the factors that caused the incident if any.
    - i. Document compliance with policy and procedures.
    - j. Required notifications to management or medical staff.
    - k. Policies governing restraints or OC use.
    - l. Recommendations for discipline or other actions.
- C. The Supervisor on duty, or Juvenile Hall Manager shall review any incident in which a staff deploys a form of force upon a youth on their watch. The review will include:
1. An evaluation of whether or not the use of force was justified given the circumstances.
  2. An evaluation of whether or not procedures were followed in accordance with department policy.
  3. An evaluation of the health and wellbeing of the youth and responding staff. Was there any injury as a result of the incident?
  4. Was medical protocol followed regarding proper notifications and carrying out the physicians orders?

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5. Is there a need for staff to receive treatment or is other documentation (risk management paperwork for on the job injury) required?
  6. Review the recommended discipline or consequences to ensure they are in line with current procedures and in the best interests of rehabilitation.
- D. The Juvenile Hall Manager, supervisor or involved staff may initiate an incident debriefing to review what occurred and promote training and coaching.

**10. Investigation Of Excessive Force Or Violations Of The Use Of Force Policy**

- A. In every instance where excessive force or a violation of the use of force policy is expected, the supervisor will immediately notify the Juvenile Hall Manager.
- B. The Juvenile Hall Manager has a duty to assess each incident where excessive force or aviolation of the use of force policy is suspected, and take action where appropriate.
- C. Should it be deemed that a staff has used excessive force, or violated the use of force policy; disciplinary measures may be pursued up to and including termination, pursuant to existing county personnel rules and department policy.

**11. Procedures For Use Of Handcuffs And Soft Restraints**

- A. An inventory list of each set of handcuffs and leg restraints assigned to the Juvenile Hall will be kept in the staff office. They are listed by number. Additionally, a staff member will inventory them once a week using the restraint equipment inventory form.
- B. Should handcuffs and/or leg restraints be checked out to anyone that is not a Juvenile Hall staff member, this fact will be noted in the log book, indicating the number of the set of handcuffs and who checked them out. The estimated time of return of the handcuffs should be indicated also. On-duty staff must note when the handcuffs/leg restraints are returned.
- C. Each on duty staff member must have one set of handcuffs available for ready use at all times.
- D. When handcuffs are returned to storage, they are to be left in such a position as to be available for use immediately. This includes making sure that they are unlocked (and set to the "fifth click").
- E. Knowledge of the use of handcuffs and leg restraints is important to staff. Hard restraints can become dangerous weapons, even when upon the wrists of a youth. Furthermore, they do not prevent escape. A staff member is most vulnerable to attack when in the process of putting on or taking off the handcuffs.
- F. To reduce the danger, the youth should be required to hold his or her hands extended on top of his or her head, palms turned down then place one hand at a time into the cuffs. When the handcuffs are placed in position the handcuff

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keyholes should face toward the youth (to provide for more security, though less easy access). To prevent slipping, the double lock safety must be utilized. This is accomplished by inserting the key prong into the safety opening on the cuffs. The key must be securely attached to the staff set of Hall keys.

- G. For transporting a youth, staff is to utilize a transportation chain. This item is to be used only as a security measure when transporting a youth and never for restraint purposes. The chain is to be placed around the youth's waist. The handcuff ring or loop is to be behind the youth. The chain should be fastened securely enough so that the youth cannot slide it from side to side. Once the chain is on the youth, place the handcuffs through the ring and then have the youth turn around. The youth's palm should be turned inward for application. Again, the double safety lock is important to utilize.
  - H. When applying leg shackles, have the youth kneel on a chair or bench facing away from you. Apply the restraints while the youth is kneeling and then assist the youth up.
  - I. The process of restraint removal can be particularly dangerous since handcuffs and leg restraints must be taken off singly and it is possible for the youth to use the loose cuff as a weapon. To prevent this, the removed cuff should be closed and always firmly grasped by staff until both cuffs are completely off. Also only staff should remove the belt or chain as the youth could use it as a weapon.
  - J. Leg restraints are to be removed in the same manner as they were applied, i.e. by having the youth kneel on a chair or bench.
  - K. Staff is NEVER to allow youth access to restraint equipment. When youth are transported more than singly, staff must take particular care to plan this out and review the situation prior to leaving with the counselor on duty. Number of youth, classification levels, transportation vehicles available, and destination must all be taken into account. When in doubt, ask.
  - L. In all cases where a youth has to be brought under control using mechanical restraints policies and procedures under the Restraint section of this manual will be followed. Only exception will be during transport where the youth will remain restrained during the entire transport. If the use of force is required or the use of restraints create an injury or any other medical issue, the transporting officer will seek out the nearest secure facility where measures can be taken to mitigate all medical issues.
12. Transportation Of Pregnant Females
- A. At no time shall a pregnant female youth who is in labor be shackled by the wrists, ankles, or both including during transport to a hospital, normal medical appointment,



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during delivery and while in recovery after giving birth, except as consistent with the legitimate security needs of each female youth, which must be accomplished in the least restrictive way to prevent an escape, harm to the youth or her baby or to protect the community. (Penal Code 6030 (f), Penal Code 5007.7 and Welfare and Institutions Code Section 222 (b)).

- B. Once the youth has been declared by either the California Forensic Medical Group (CFMG) medical staff and/or upon arrival at the hospital, the attending physician to be in active labor, the youth shall not be shackled by the wrists, ankles or both, unless deemed necessary for the safety and security of the youth, the staff and public to prevent an escape, harm to the youth or her baby, or to protect the community. (Penal Code 6030 (f), Penal Code 5007.7 and Welfare and Institutions Code Section 222 (b)).

13. Grievances:

Use of force incidents are subject to Youth Grievance Procedures, as outlined in this policy.



**GLENN COUNTY PROBATION DEPARTMENT**

541 West Oak Street

Willows, California 95988

Office: 530.934.6416 Facsimile: 530.934.6468

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VIA EMAIL

May 11, 2018

**RE: Response to Public Records Request Dated May 7, 2018**

Dear Ms. Gerchick,

Attached to this email is the document responsive to item 1 of your Public Records Request. It is the ORAS assessment tool that we utilize for our Pre-Trial Services Program.

As to items 2-4, the department is not in possession of this information.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Brandon D. Thompson  
Chief Probation Officer



## GLENN COUNTY PROBATION DEPARTMENT

Brandon D. Thompson - Chief Probation Officer

541 West Oak Street

Willows, California 95988

Office: 530.934.6416 Facsimile: 530.934.6468

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May 17, 2018

Ian Kysel, Staff Attorney  
American Civil Liberties Union Foundation  
1851 E. First Street, Ste. 450  
Santa Ana, California 92705

*Sent via email*

**RE: Response to Your Public Records Act (PRA) Request Dated May 17, 2018**

Dear Mr. Kysel:

This letter constitutes Glenn County's response to the above referenced PRA request. As previously stated in our April 25, 2018 response to your April 2, 2018 PRA request, the Glenn County Juvenile Hall has been closed since June of 2017. As such, Glenn County Probation no longer operates a juvenile hall facility.

**Request 1:** Policies and Procedures "used/in effect between January 1, 2018 and March 31, 2018."

**Response 1:** Records responsive to this request were provided to you in our April 25, 2018 response to your April 2, 2018 PRA Request. If you no longer have these records, please advise and we will provide them again. In addition to the records previously provided, one additional record was located and is attached hereto.

**Request 2:** Training Materials "used/in effect between January 1, 2015 and March 31, 2018."

**Response 2:** After a diligent search, no records responsive to this request were found.

**Request 3:** Data regarding the use of chemical agents "between January 1, 2015 and March 31, 2018"

**Response 3:** After a diligent search, no records responsive to this request were found.

This concludes our response to your PRA request.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Thompson".

Brandon Thompson  
Chief Probation Officer  
Glenn County Probation Department

cc: Alicia Ekland, County Counsel

GLENN000313-1