



REPORT ON THE DETENTION OF MINORS IN COURT HOLDING FACILITIES – CALENDAR YEAR 2026

SEND IN A SEPARATE REPORT FOR EACH MINOR DETAINED SECURELY OVER SIX (6) HOURS IN A COURT HOLDING FACILITY.

SUBMIT REPORT BY THE 10TH OF THE MONTH FOLLOWING THE SIX (6) HOUR DETENTION VIOLATION.

SECTION I. Court Holding Facility Information

The “reporting agency” is the agency responsible for the Court Holding Facility. In some facilities minors are supervised by an agency (i.e. Probation) who is not the “reporting agency.” Please continue to work with your partners to establish and maintain a method of documenting the necessary information on minors held securely.

Reporting Agency Name:

Date:

Facility Name:

County:

SECTION II. Minor’s Information

The JJDPA prohibits the detention of delinquent minors over six (6) hours. Do not include time spent in the courtroom for trial or hearing. Calculate total time using only time spent in secure detention before and after the trial or hearing.

Name:	<input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	County ID#	<input type="text"/>
TIME IN <u>SECURE</u> DETENTION				
Court / Incident Date (mm/dd/yy):	<input type="text"/>			
Arrival Time (Indicate AM or PM):	<input type="text"/>	Departure Time (Indicate AM or PM):	<input type="text"/>	
Total Time in <u>SECURE</u> Detention (do not include time in courtroom):	<input type="text"/>			
Reason for <u>SECURELY</u> detaining minor for <u>OVER</u> six (6) hours (a reason <u>MUST</u> be provided):				
<input type="text"/>				

SECTION III. Offense Information

Please Check Reason for Detention Below Indicate Pre- or Post-Disposition at Right →	Disposition (CHECK ONLY ONE)	
	Pre- Disposition	Post- Disposition
<input type="checkbox"/> Non Offender (indicate below which type of detention applies): WIC §300 Dependent / <input type="checkbox"/> Material Witness <input type="checkbox"/>		
<input type="checkbox"/> Status Offender	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delinquent Offender	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (explain): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV. Contact Information

Name and Title of Reporting Person Date:

Phone: Email:

Name and Title of Facility Administrator Date:

Phone: Email:

Submit completed form by email: OYCRCompliance.Monitor@chhs.ca.gov
by mail: Office of Youth and Community Restoration
 ATTN: OYCR Compliance Monitoring
 1215 O Street, MS-08
 Sacramento, CA 95814
Questions? OYCRCompliance.Monitor@chhs.ca.gov
 or (916) 651-0423

This form may be downloaded at: <https://oycr.ca.gov/compliance-monitoring>

NOTICE TO REPORTERS: As of July 1, 2024, the Office of Youth and Community Restoration (OYCR) assumed responsibility for Compliance Monitoring of CH facilities. All forms and surveys must be submitted to OYCR after July 1, 2024. For updates and information please visit our website.