

Chapter 1 Policy and Procedure Manual Orientation and Use

1.1 Policy and Procedure Manual Orientation and Use

1.2 Procedures

1.2.1 Access to the Policy and Procedures Manual

1.2.2 Revisions and Maintenance

1.2.3 Post Orders Statement

1.2.4 Procedure for Suggesting Changes to a Policy or Post Order

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
1.1 and 1.2	Policy and Procedure Manual Orientation and Use	SECTIONS: 1324	1 of 3

1.1 POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) that as part of their orientation and training, staff will read each policy and document that they understand the policy and their requirement to adhere to the procedures contained within the policy. Staff are also required to know how to access the Policy & Procedure Manual and the steps necessary for suggesting changes to existing policies and procedures. Administration is responsible to inform staff when changes are made to any policy, and provide additional training when needed.

1.2 PROCEDURES

This manual is divided into chapters (listed below), which contain all of the operational policies and procedures governing the duties, responsibilities, and expectations of staff. Within each chapter are sections that contain specific policy statements.

- 1) Policy and Procedure Manual Orientation and Use
- 2) Administration
- 3) Personnel
- 4) Facility Security
- 5) General Duties and Procedures
- 6) Use of Force
- 7) Transportation
- 8) Staff Training
- 9) Emergency Procedures
- 10) Medical Procedures
- 11) Educational Services
- 12) Food Services
- 13) Volunteer and Program Providers

1.2.1 ACCESS TO THE POLICY & PROCEDURE MANUAL (P&P)

- a. Copies of the Policy and Procedure Manual are maintained in binders located in the following locations:
 1. The Division Directors Office
 2. The Supervisors Office
 3. Booking Workstation

4. Central Control
5. Pod 700, 800, and 900 Control Stations
6. The Staff Break Room
7. The Kitchen Office
8. Reception/Visiting Workstation

- b. Staff will be required to complete Prevention Link assignments as policies are published. These assignments will require staff to read each policy and confirm their understanding of the policy, and the requirement that they immediately discuss any questions they have that may impact their ability to follow the policy.

1.2.2 REVISIONS & MAINTENANCE

- a. Policies and procedures must be reviewed at least annually to make sure they are current and appropriate. The Division Director, or the assigned designee, is responsible for review and, when necessary, revision of the manual.
- b. When changes are made to a policy, administration, or the assigned designee, will be responsible for updating the P&P in a timely manner.
- b. As changes are made, all JRF staff will be notified via Prevention Link or e-mail.

1.2.3 POST ORDERS STATEMENT

- a. Each Juvenile Detention Officer is assigned to a post during their shift. Each post has specific orders outlining the duties and assignments associated with said post. Staff are required to know the location of the Post Orders for each assignment, and understand the contents therein.
- b. Staff will adhere to the duties and schedules that are outlined in their assigned Post Orders.

1.2.4 PROCEDURE FOR SUGGESTING CHANGES TO A POLICY OR POST ORDER

- a. Staff is to adhere to the following steps for suggesting a change to a policy whenever it is believed that a policy or procedure would benefit from a review.
- b. The process starts when staff identify a problem with a policy and/or procedure that may be related to one of the following:
 - i. Need for clarification of a specific policy that is vague.
 - ii. Identification that established procedures may be in need of revision.

- c. Using the Chain of Command, staff will bring the issue to the attention of their immediate supervisor.
- d. The supervisor may make an immediate, temporary decision if the issue is an immediate safety and security issue.
- e. The staff that identified the issue will then send an email to the Supervising Probation Officers explaining the issue and what corrections are desired or recommended.
- f. The following information is to be included in the email:
 - i. Date
 - ii. Policy Section
 - iii. Identify the nature of the problem
 - iv. Explain the temporary decision made (if applicable)
 - v. Recommend a possible solution
- g. At the next scheduled Supervisors' Meeting, P&P issues will be reviewed.
- h. Depending on the nature of the issue, administration may not wait until the next scheduled Supervisors' Meeting to make changes to policy.
 - i. If a change **is** made, all staff will be notified via Prevention Link or e-mail, and Administration will update the P&P.
 - ii. If a change **is not** made, the staff that submitted the request will be notified of the decision.

REPLACEMENT HISTORY:

Created: 2/2/2013

Revised: 7/24/2013

REFERENCES

Chapter 2 Administration

- 2.1 Juvenile Rehabilitation Facility**
 - 2.1.1 Legal Origin and Establishment**
 - 2.1.2 Facility Layout**
 - 2.1.3 Mission Statement**
 - 2.1.4 Facility Organizational Chart**

- 2.2 Shasta County Probation Department**
 - 2.2.1 Department Mission and Vision Statement**
 - 2.2.2 Department Organization Chart**
 - 2.2.3 Role of Probation Staff in Facility**

- 2.3 Role of Other Agencies**

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION: Legal Origin, Establishment and Purpose	CORRESPONDING TITLE 15 SECTIONS: 1324	PAGE: 1 of 1
2.1.1			

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to and operate in accordance with applicable Federal, State and local statutory requirements pertaining to the operations of a Juvenile Correctional Facility.

PROCEDURES

I. LEGAL ORIGIN & ESTABLISHMENT

- A. The Juvenile Rehabilitation Facility is provided for and maintained by the County Board of Supervisors.
- B. The Juvenile Rehabilitation Facility is a division of the Shasta County Probation Department, under the management and control of the Chief Probation Officer.
- C. The Chief Probation Officer is accountable to the presiding Judge of the Juvenile Court.
- D. The Director and other employees of the Juvenile Rehabilitation Facility are appointed under the authority of the Chief Probation Officer, pursuant to the established county personnel rules.

II. THE PURPOSE OF THE JUVENILE REHABILITATION FACILITY

- A. The purpose of the Juvenile Rehabilitation Facility is to provide for the safe detention of minors in accordance with the provisions of Juvenile Court Law.
- B. Pursuant to Section 851 of the California Welfare and Institutions Code, the Juvenile Rehabilitation Facility shall not be in, or connected with, any jail or prison and shall not be deemed to be, nor be treated as, a penal institution.
- C. Pursuant to Section 851 of the California Welfare and Institutions Code, the Juvenile Rehabilitation Facility operations and practices shall be guided by our primary goal of rehabilitating the minors in our care. The conduct of facility staff, and the procedures followed, shall provide a safe and supportive, near homelike environment to the extent possible.

REPLACEMENT HISTORY:

Created: 2/2/2013

Revised: 7/24/2013; 11/16/2013

Effective Date: February 2, 2013

2.1.2 Legal Origin...

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.1.2.1	Juvenile Rehabilitation Facility Capacity	SECTIONS: 1343	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to regulations governing rated capacity of the facility and crowding reporting to the Board of State and Community Corrections as required per statute.

PROCEDURES

I. The Juvenile Rehabilitation Facility is presently staffed for a maximum population of 40 youth. Should the number of youth detained in a pod exceed its rated capacity for more than fifteen (15) calendar days in a month, the facility administrator shall provide a crowding report to the Board in a format provided by the Board.

- a. The Executive Director of the Board shall review the juvenile facility's report and initiate a process to make a preliminary determination if the facility is suitable for the continued confinement of youth. If the Executive Director determines that the facility is unsuitable for the confinement of youth, the recommendation shall be reviewed by the Board at the next scheduled meeting. Notice of the Board's findings and/or actions shall be public record and, at a minimum, will be provided to the facility administrator, Presiding Juvenile Court Judge, Chairperson of the Board of Supervisors, Probation Commission and Juvenile Justice Commission within ten working days of the Board meeting.

REPLACEMENT HISTORY:

Created: 12/10/2018

Revised:

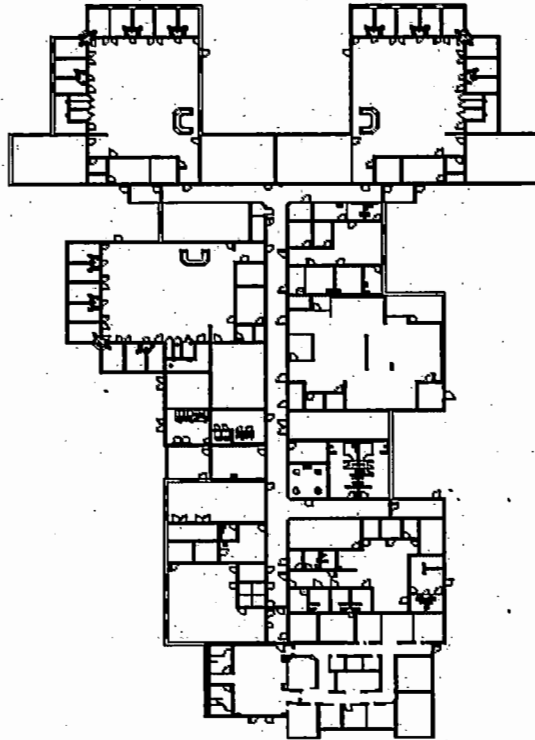
REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.1.2	Facility Layout	SECTIONS: N/A	1 of 1

POLICY STATEMENT

The following is a diagram of the footprint of the Juvenile Rehabilitation Facility.



REPLACEMENT HISTORY:

Created: 12/2/2013

Revised:

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.1.3	Mission Statement	SECTIONS: N/A	1 of 1

POLICY STATEMENT

The following Mission Statement defines the purpose of the Juvenile Rehabilitation Facility and acts as a guide for personnel in their daily duties:

“The Shasta County Juvenile Rehabilitation Facility is dedicated to providing a safe and secure environment for detained youth, where professional staff hold residents accountable while encouraging them to embrace positive community values, accept responsibility and cultivate healthy relationships. We accomplish this mission by ensuring staff serve as role models and project an appearance, attitude and behavior which creates an atmosphere conducive to positive change, and by working closely with our community partners to deliver research driven programs targeting the individual needs of our population.”

REPLACEMENT HISTORY:

Created: 2/2/2013

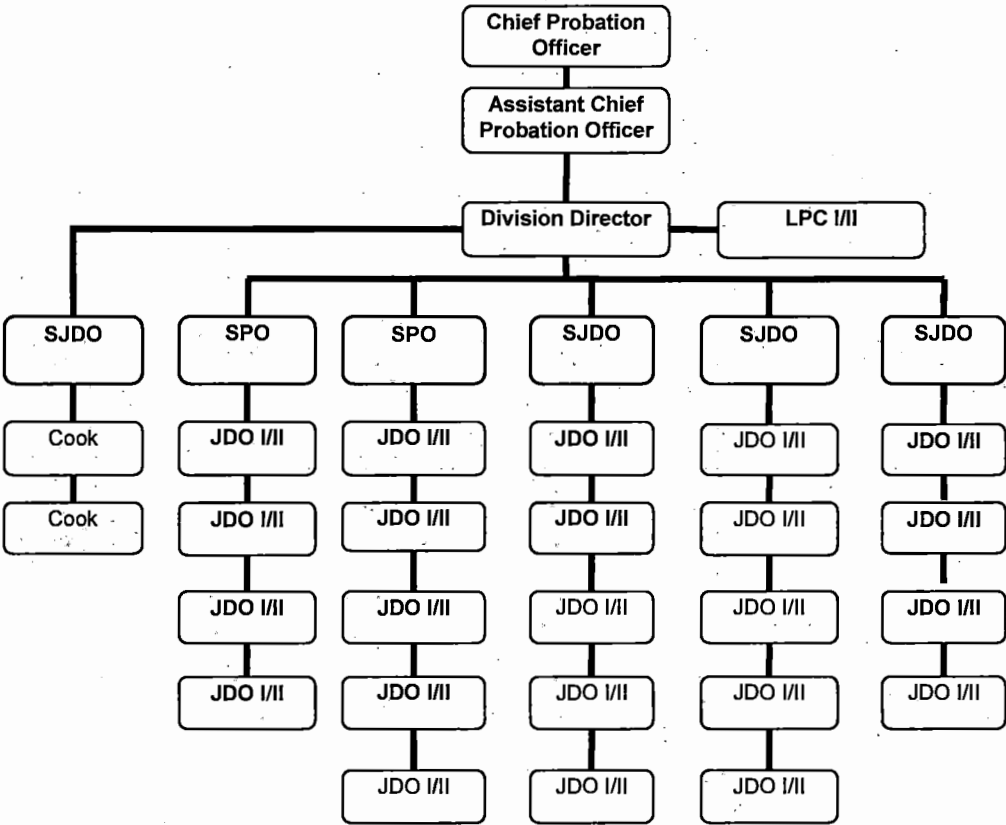
Revised: 7/24/2013; 3/18/2014

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING	PAGE:
2.1.4	Facility Organizational Chart	TITLE 15 SECTIONS: 1324	1 of 1

POLICY STATEMENT

The following organizational chart represents the chain of command as it relates to the Juvenile Rehabilitation Facility:



REPLACEMENT HISTORY:

Created: 2/2/2013
 Revised: 7/24/2013

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.1.5	Roles and Responsibilities of Facility Administration	SECTIONS: 1324, 1326, 1340	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Facility Administration, as defined below, is responsible for performing the listed duties in order to ensure that the facility operates smoothly and efficiently.

I. FACILITY ADMINISTRATION

A. Division Director

1. The Juvenile Rehabilitation Facility Division Director is responsible for planning, organizing and directing the institution.
2. The Division Director is responsible for ensuring that the facility complies with state regulations and is in compliance with the many licensing requirements and reporting requirements.
3. The Division Director is directly responsible for staffing the institution and managing its operating budget.

B. Supervising Probation Officer

1. The Supervising Probation Officers assigned to the Juvenile Rehabilitation Facility are responsible for managing a variety of tasks as assigned by the Division Director. Many of the tasks assigned to the SPO are administrative in nature, insuring that policies and procedures are up to date, staff scheduling, recruitment and training, performance evaluations, tracking equipment and supply inventory, working with state inspectors, working closely with medical and educational providers, and other duties as assigned.

C. Supervising Juvenile Detention Officers

1. The Supervising Juvenile Detention Officers are responsible for managing their assigned shift in the facility. This classification is included in the staff to minor ratio, and is expected to actively supervise the JDO's assigned to their shift during the performance of their duties.
2. In addition to other tasks that may be assigned, the SJDO's are expected to organize shift assignments, performance evaluations, scheduling building maintenance, ensuring that staff are provided with breaks, and working the various duty posts.

PROCEDURES

I. POLICY AND PROCEDURE MANUAL ACCESSIBILITY AND MAINTENANCE

A. General Information

1. The Policy and Procedure Manual is a resource for staff containing the guidelines for the operation of the facility.
2. It is the responsibility of facility administration to ensure that the policy and procedure manual is consistently reviewed (annually at a minimum), maintained, published and accessible pursuant to the guidelines set forth in Title 15, Section 1324.
3. Staff are required to read and be familiar with the policies and procedures contained within this manual in accordance with the policy located in Chapter 1.

II. SECURITY REVIEW AND SAFETY COMMITTEE

A. Security Review

1. The Facility Director shall, at least annually, review, evaluate and maintain a record of security measures in accordance with Title 15, Section 1326.
2. The review and evaluation shall include internal and external security measures of the facility, including but not limited to:
 - a. Staffing and training
 - b. Key control
 - c. Perimeter security, including fencing and lighting
 - d. Emergency systems, including lighting, fire suppression, security alarms, panic buttons, etc.
 - e. Contraband
 - f. Physical plant
 - g. Vehicle security
 - h. Chemical agents
 - i. Mechanical restraints
 - j. Firearms control
3. A record of this review and evaluation shall be signed and dated by the Division Director.

B. Safety Committee

1. The countywide safety committee is a county government group that the Probation Department participates in. Representatives from all four divisions serves on the safety committee and ensures overall department compliance with its measures.
2. On a regular basis, the department safety committee representatives conduct tours of the facility and document any concerns or needs for repair. These findings are then shared with the Division Director, who then takes corrective action as needed.

III. REPORTING OF LEGAL ACTION

- A. The Division Director will submit a letter of notification to the Board of State and Community Corrections on each action pertaining to conditions of confinement filed against person or legal entities responsible for juvenile facility operation, in compliance with Title 15, Section 1340 "Reporting of Legal Action."

IV. POPULATION REPORTING

- A. Each juvenile facility shall submit monthly population reports and quarterly Population Profile Surveys to the Board of State and Community Corrections within 10 calendar days after the end of each month, in a format to be provided by the Board of State and Community Corrections.
- B. The Division Director or designee is responsible for completing and recording the actual number and status of residents detained each day in both the unit and total daily population. This shall be included in a report submitted to the Board of State and Community Corrections at the end of each month.
- C. Refer to Title 15, Section 1342 "Population Accounting."

V. OVERCROWDING

- A. When the number of residents detained in a housing unit of the facility exceeds its maximum capacity for more than fifteen (15) calendar days in a month, the Division Director shall provide a report of crowding to the Board of State and Community Corrections in the provided format, pursuant to Title 15, Section 1343 "Juvenile Facility Capacity."

VI. OTHER REVIEWS AND INSPECTIONS

- A. The Division Director, or designee, shall conduct a daily review of the following reports:
 - 1. Special Incident Reports
 - 2. Strip Search Authorization Forms
 - 3. Security Check Forms
 - 4. Due Process Forms
 - 5. Probable Cause Statements
 - 6. Completed DRAI Forms
 - 7. Roster
 - 8. Requests for contacts
 - 9. Grievances
- B. Monthly Safety Inspection
 - 1. The assigned Supervising Probation Officer or Supervising Detention Officer shall conduct a monthly safety review of the facility, for evidence of tampering, vandalism, contraband and disrepair that may pose a safety concern, to include the following:
 - a. Every room in the facility.

- b. Every smoke detector and fire suppression sprinkler head.
 - c. All facility lighting, to include emergency lighting and exit lighting.
 - d. All intercom systems.
 - e. A test of security system, to include the panic buttons.
 - f. A test of the fire alarm system, to include dispatch and the monitoring subcontractor.
 - g. Inspection of every fire extinguisher to ensure that each is charged in accordance with manufacturer specifications.
 - h. The outside and inside perimeters, including fencing, lighting and grounds.
 - i. All motorized doors, door locks and sally ports.
2. Each month, the Division Director shall review and sign off on the Monthly Safety Inspection.
 3. The supervisor assigned to monitor facility maintenance shall ensure that identified items are repaired in accordance with established standards and protocol.
- C. The Division Director shall obtain a documented inspection and evaluation from the following, pursuant to Title 15, Section 1313:
1. Building Inspection
 2. Fire Inspection
 - a. California Health and Safety Code, Section 13146.1
 - b. Title 15, Section 1325 "Fire Safety Plan"
 3. Health Inspection
 - a. California Health and Safety Code, Section 101045
 4. Education Inspection
 - a. Title 15, Section 1370 "
 5. Juvenile Justice Commission Inspection
 - a. California Welfare and Institutions Code, Section 229
 6. Juvenile Court Inspection
 - a. California Welfare and Institutions Code, Section 209

REPLACEMENT HISTORY:

Created: 2/5/2013

Revised: 7/24/2013; 11/15/2013

REFERENCES

- Title 15, Section 1324 "Policies and Procedures Manual"
- Title 15, Section 1326 "Security Review"
- Title 15, Section 1340 "Reporting of Legal Action"
- Title 15, Section 1342 "Population Accounting"
- Title 15, Section 1343 "Juvenile Facility Capacity"
- Title 15, Section 1325 "Fire Safety Plan"
- Title 15, Section 1370 "Education Program"
- Title 15, Section 1313 "County Inspection and Evaluation of Building and Grounds"

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No. 2.1.6	SECTION: Roles and Responsibilities of Juvenile Detention Officers	CORRESPONDING TITLE 15 SECTIONS: 1324	PAGE: 1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Juvenile Detention Officer (JDO) staff, both full time and extra-help, understands and adheres to their roles and responsibilities in the facility.

PROCEDURES

I. ROLES AND RESPONSIBILITIES AS OFFICERS

- A. Responding to all orders of the Court and properly complying with subpoenas for production of evidence or for personal appearance.
- B. Observing the Chain of Command when conducting departmental business.
 - 1. Refer to policy 3.1.1 "Chain of Command".
- C. Consulting their supervisor concerning questions about their assignments or responsibilities.
- D. Performing their duties as described in the Policy and Procedures Manual, in accordance with the philosophy, mission, vision and principles as defined therein, and in a manner which brings credit to the staff of the Juvenile Rehabilitation Facility.
- E. Preserving the confidentiality of staff addresses and home telephone numbers.
 - 1. When residents request home addresses of staff, they should be advised to correspond C/O 2684 Radio Lane, Redding CA 96001.
 - 2. Under no circumstances shall a staff's home or cellular phone numbers or home address be given to residents or former residents.
- F. Reporting any destruction of county property by the residents.
 - 1. Documenting information as outlined in policy 4.8.4 "Reports and Documentation".
- G. Performing related duties that may be assigned by the Director or other Supervisors.
- H. Maintaining a neat, clean and well-groomed appearance at all times, in accordance with the Shasta County Probation Department Dress Code.

- I. Conducting themselves in a business-like, professional manner.
- J. Never possessing or using intoxicants on the premises, or reporting for duty under the influence, or having the odor of alcohol about them.
- K. Employees shall report other staff exhibiting signs of intoxication to preserve the safety and security of the facility.
- L. Refusing gifts from residents, parents or visitors in a polite, professional manner.
- M. Not using county supplies for personal use.
- N. Not reading magazines, books or newspapers while on duty. Such activities are restricted to personal breaks.
- O. Staff shall not leave their post assignment unless properly relieved, unless authorized by the Supervisor/OIC.
- P. Staff are not authorized to exit the building for purposes outside the scope of their job duties, without prior approval from the supervisor on duty, or the designated Officer In Charge (OIC).
- Q. Staff must adhere to the department Code of Ethics policy.

II. ROLES AND RESPONSIBILITIES TO THE RESIDENTS

- A. Providing for the safe and secure custody and care of residents in the Juvenile Rehabilitation Facility.
- B. Maintaining conscientious supervision and guidance of residence during their daily activities.
- C. Treating residents fairly, regardless of race, creed, color, sexual orientation, or mental and physical health status.
- D. Build rapport with residents by using counseling, motivational interviewing, professionalism, integrity and fairness.
- E. Counsel with residents during times of crisis or emotional duress.
- F. Refraining from the use of physical force and/or restraints on residents, except when absolutely necessary.
 - 1. Refer to policy 5.1 "Use of Physical Force"
 - 2. Refer to policy 5.2 "Physical Restraints"
 - 3. Refer to policy 5.3 "Chemical Agents"

- G. Protecting the identity and insuring the confidentiality of residents in the Juvenile Rehabilitation Facility.
 - 1. Names of residents will only be provided to authorized persons.
- H. Controlling residents' destructive behavior, both from the standpoint of protecting them and others from their own destructive actions and protecting the facility from damage.
- I. Safekeeping potentially harmful items, such as utensils or tools, and allowing their use by residents only when authorized and under direct supervision.
- J. Guarding against waste, ensuring that the residents possess their assigned items and old items are accounted for when issuing replacements.
- K. Supervising residents' behavior and personal hygiene and aiding residents in developing cooperative relationships with peers by providing proper guidance and role modeling.

REPLACEMENT HISTORY:

Created: 2/9/2013

Revised: 7/24/2013; 11/15/2013

REFERENCES

- Juvenile Rehabilitation Facility Policy 3.1.1 "Chain of Command"
- Juvenile Rehabilitation Facility Policy 4.8.4 "Reports and Documentation"
- Department policy, "Code of Ethics".
- Juvenile Rehabilitation Facility Policy 5.1 "Use of Physical Force"
- Juvenile Rehabilitation Facility Policy 5.2 "Physical Restraints"
- Juvenile Rehabilitation Facility Policy 5.3 "Chemical Agents"

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.2.1	Department Mission and Vision Statement	SECTIONS:	1 of 1

POLICY STATEMENT

The following are the Shasta County Probation Department's Mission, Vision and Value Statements:

Our Mission

"To Serve the Courts, Protect the Community, Assist Victims and Enhance Lives
Through Investigation, Intervention, Prevention and Enforcement"

Our Vision

"Safer Communities – Better Lives"

Our Values

Integrity

Professionalism

Accountability

REPLACEMENT HISTORY:

Created: 2/4/2013

Revised: 7/24/2013; 11/15/2013

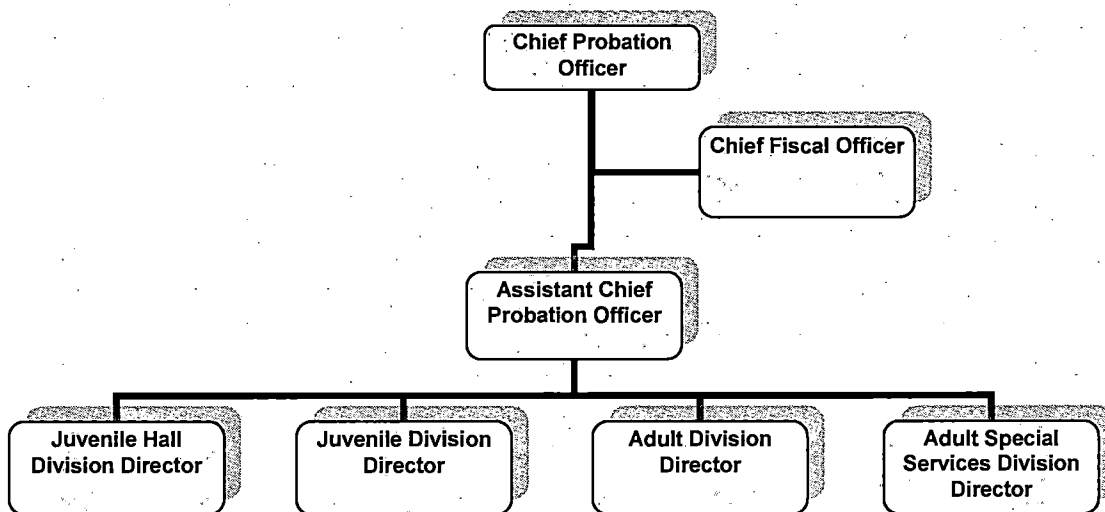
REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.2.2	Department Organizational Charts	SECTIONS: 1324	1 of 5

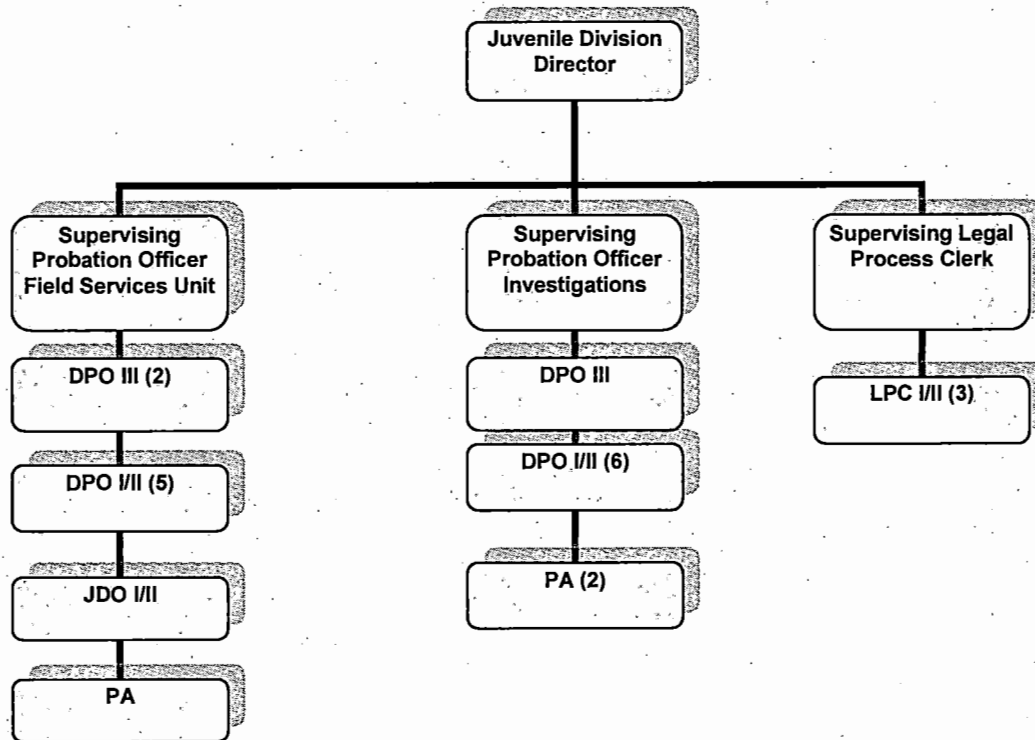
POLICY STATEMENT

The following organizational charts represents the chain of command as it relates to department administration and the 4 Divisions within the Department::

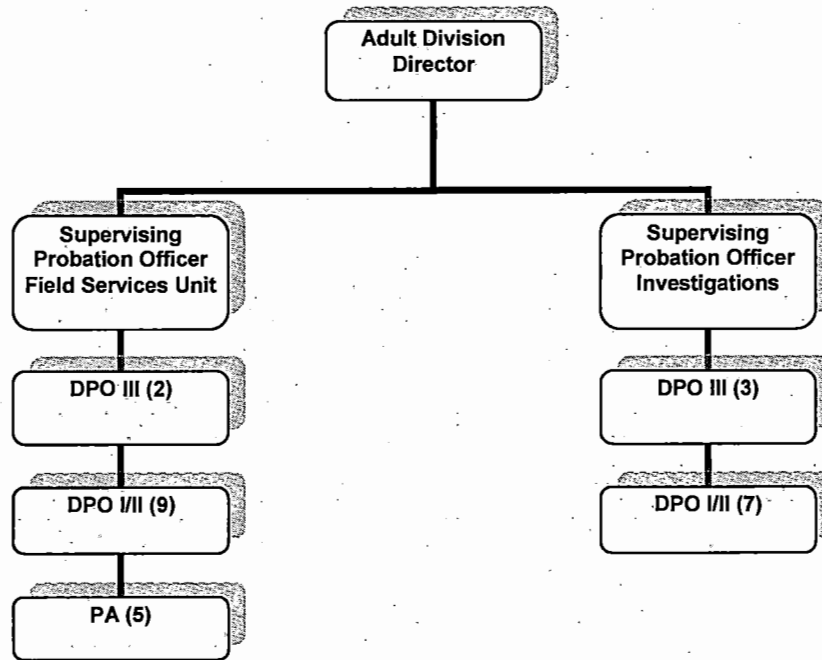
Department Administration



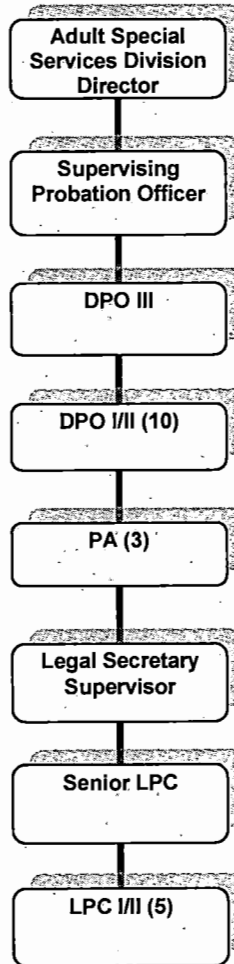
Juvenile Division



Adult Division



Special Services Unit



REPLACEMENT HISTORY:

Created: 2/5/2013

Revised: 9/26/2013; 11/15/2013

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.2.3	Roles of Probation Staff	SECTIONS: 1324	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain a professional and cooperative working relationship with other divisions of the Probation Department.

PROCEDURES

I. PROBATION STAFF

- A. The responsibilities of probation staff who interact with the Juvenile Rehabilitation Facility vary according to assignments.
 1. Juvenile Intake Unit Probation Officers, Probation Assistants and Volunteers.
 - a. Review police reports on fresh arrests of residents who are not already on probation and assigned to a probation officer in the Juvenile Supervision Unit.
 - b. Authorize the release of residents prior to the Detention Hearing.
 - c. Complete the Institutional Case Plan on residents who will remain in custody past filing deadlines.
 - d. File petitions with the District Attorney.
 - e. File Detention Memorandums with the court, making recommendations on the custody status of residents during the court process.
 - f. Advise the resident as to the recommendation to be made to the Court and review the resident's behavior while detained.
 - g. Authorize visits of care providers and professional services, such as placement interviews, psychological reviews, etc.
 - h. Investigate and file a Dispositional Report with the Court, with recommendations.
 - i. Perform Court Officer functions as needed.
 - j. Works with JRF staff to facilitate rehabilitative programming to residents that is evidence based, best practice or promising practice.

2. Juvenile Supervision Unit Probation Officers, Probation Assistants and Volunteers.
 - a. Review police reports and petitions on arrests of residents who are currently supervised on grants of probation.
 - b. Authorize the release and/or furlough of residents.
 - c. Complete the Institutional Case Plan on residents who will remain in custody past filing deadlines.
 - d. File petitions with the District Attorney for new charges and violations of probation.
 - e. File Detention Memorandums with the court, making recommendations on the custody status of residents during the court process.
 - f. Advise the resident as to the recommendation to be made to the Court and review the resident's behavior while detained.
 - g. Authorize visits of care providers and professional services, such as placement interviews, psychological reviews, etc.
 - h. Investigate and file Supplemental and Dispositional Reports with the Court, with recommendations.
 - i. Works with JRF staff to facilitate rehabilitative programming to residents that is evidence-based, best practice or promising practice.
3. Adult Division Probation Officers and Probation Assistants
Instances where residents are being tried in adult court are increasing for a variety of reasons. In these situations, the case is assigned to an adult division probation officer, who will monitor the residents progress through the adult court process. While their duties are similar to that of their Juvenile Division counterparts, there are some differences.
 - a. Review police reports and file petitions with the District Attorney.
 - b. Insure that the JRF is provided with copies of documents pertinent to what occurs during court appearances, bail amounts, pending court dates and relevant orders affecting their incarceration.
 - c. Advise the resident as to the court process, recommendations, and their custody status.
 - d. Authorize visits of care providers and professional services, such as psychological reviews.
 - e. Investigate and file Pre Sentence Investigation reports with the Court, containing recommendations.

REPLACEMENT HISTORY:

Created: 9/27/2013

Revised: 11/18/2013

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
2.3	Roles of Other Agencies	SECTIONS: 1324, 1321	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain a professional and cooperative working relationship with other agencies and departments. We are responsible to work with and collaborate with each of these partners to the betterment of our youth and to fulfil the mission and goals of the JRF.

PROCEDURES

I. LAW ENFORCEMENT AGENCIES

- A. The Redding Police Department provides law enforcement services to the City of Redding.
 - 1. Redding Police Department
Main Office: 1313 California Street, Redding CA 96001
530-225-4200
Investigations: 530-225-4214

- B. The Anderson Police Department provides law enforcement service to the City of Anderson
 - 1. Main Office: 2220 North Street, Anderson, CA 96007
530-378-6600

- C. The Shasta County Sheriff's Office provides law enforcement service to Shasta County and operates the County Jail.
 - 1. 1525 Court Street, Second Floor, Redding, CA 96001
Records and Warrants: 530-245-6025
Jail Classification: 530-245-6105

- D. The Shasta County Marshalls Office provides courtroom security and service to the Superior and Juvenile Courts in Shasta County.
 - 1. 1500 Court Street, Room 206, Redding, CA 96001
Dispatch: 530-245-6282

- E. The Shasta Interagency Narcotics Taskforce is a multi-agency team of peace officers from the Shasta County Sheriff's Office, Redding Police Department, Anderson Police Department and Shasta County Probation Department and California Highway Patrol that enforces the illegal sales, trafficking, and manufacturing of controlled substances in Shasta County.

1. 530-722-9161

II. ATTORNEYS

A. District Attorney's Office

The Shasta County District Attorney is responsible for prosecuting criminal complaints and petitions in the County. A Deputy District Attorney is assigned to the Juvenile Court.

B. Public Defender's Office

The Public Defender is assigned minors based on their right to counsel should their family decline to hire private representation. A Deputy Public Defender is assigned to the Juvenile Court.

C. Conflict Counsel

In Shasta County, a private law firm is under contract to provide an attorney in cases where the public defender declares a conflict.

D. Private Counsel

Private attorneys that are either assigned as conflict counsel or hired by families to represent their child through the juvenile court proceedings.

III. JUVENILE COURT JUDGE

The Juvenile Court Judge hears a majority of the juvenile delinquency cases in Shasta County. The Juvenile Court Judge is also responsible for appointing the Chief Probation Officer. The Juvenile Court Judge is responsible for inspecting the Juvenile Rehabilitation Facility on an annual basis to ensure that it is a suitable place for the confinement of minors, pursuant to Section 209 WI.

IV. CRIME VICTIMS ASSISTANCE CENTER

The Crime Victims Assistance Center is part of the District Attorney's Office. They provide a wide range of services for individuals who are a victim of a crime in California and/or witness to a crime who suffers either financial loss or emotional problems from the experience. Several services may be available to victims and witnesses, including the following:

- Information Services
- Counseling Services
- Emergency Assistance
- Claims Assistance
- Justice System Information Assistance
- Notification Assistance
- Eligibility Assistance

JRF staff are trained to identify and report when information is received that leads one to believe that our residents are victims of crimes. Supervisors review such reports and, when appropriate, contact the Crime Victims Assistance Center in an effort to support our youth in receiving services.

V. CHILD PROTECTIVE SERVICES

Children's Services provides child protection services, along with an array of other services, to children and families in Shasta County. Law enforcement agencies utilize Child Protective Services whenever they need to place a child into protective custody. Probation Officers often utilize this service when a minor is not a Ward of the Court and has no family that they can be released to.

VI. JUVENILE JUSTICE COMMISSION

The Juvenile Justice Commission is mandated by the Welfare and Institutions Code to inquire into the administration of Juvenile Court Law in the county. The commission is further required to conduct an annual inspection of the Juvenile Rehabilitation Facility on an annual basis, pursuant to Section 229 WI.

VII. SHASTA COUNTY GRAND JURY

The Shasta County Grand Jury acts as an independent "watchdog", monitoring the performance of the county, cities, and other local governing entities and makes recommendations which can increase the efficiency and effectiveness of government. The Grand Jury conducts an annual inspection of the Juvenile Hall.

VIII. SHASTA COUNTY FACILITIES MANAGEMENT

Facilities Management is a Division of County Public Works, and is responsible for maintaining the County's investment in buildings and grounds. These services include janitorial, general building maintenance, and small scale renovations.

IX. SHASTA COUNTY OFFICE OF EDUCATION

The Shasta County Office of Education (SCOE) is responsible for providing for the educational needs of all residents detained in the JRF. JRF staff work with our educators to ensure that the learning environment is safe and productive. In addition, our staff regularly assist in creative learning activities, including science experiments, arts and crafts, physical education and credit recovery.

REPLACEMENT HISTORY:

Created: 2/9/2013

Revised: 11/18/2013; 10/27/2016

REFERENCES

- California Welfare and Institutions Code, Section 209
- California Welfare and Institutions Code, Section 229

Chapter 3 Personnel

- 3.1 Staffing**
 - 3.1.0 Staffing Standards**
 - 3.1.1 Chain of Command**
 - 3.1.2 Scheduling**
 - 3.1.3 Equipment**
 - 3.1.4 Dress Code**
 - 3.1.5 Locker Room**
 - 3.1.6 Staff Breaks**

- 3.2 Post Assignments**
 - 3.2.1 Security Team**
 - 3.2.2 Pod Supervision**
 - 3.2.3 Shift Supervisor/OIC**

- 3.3 Ethics and Conduct**
 - 3.3.1 Ethics Policy**
 - 3.3.2 Smoking/Tobacco Use**
 - 3.3.3 Cell Phone Use**
 - 3.3.4 Use of County Computer**
 - 3.3.5 Off-Duty Contact with Residents/Families**
 - 3.3.6 Staff Interactions with Residents**
 - 3.3.7 Sexual Harassment**
 - 3.3.8 Non-Discrimination**

- 3.4 Citizen Complaints**

- 3.5 Staff Grievances**

- 3.6 Staff Discipline**

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.0	Staffing Standards	SECTIONS: 1321	<i>1 of 2</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to staff each shift with enough officers and supervisors to carry out the overall facility operation, its programming, provide for the safety and security of youth and staff, and meet established standards and regulations.

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PROCEDURES

I. SUPERVISORY LEVEL STAFF

- A. The facility director or designee shall ensure that each shift is led by enough supervisory level staff to provide adequate supervision over all of the staff members.
 - 1. The supervisor on duty shall be responsible for the operations and activities of the shift, and will have completed the Juvenile Corrections Officer CORE Course and training pursuant to Section 832 of the California Penal Code.
 - 2. In the absence of a supervisory level staff, an Officer In Charge (OIC) shall be designated who shall meet the requirements outlined above.

II. LINE LEVEL STAFF

- A. The facility director or designee shall ensure that each shift is staffed with a sufficient number of officers to guarantee that no required service is denied to a resident based on staffing.
- B. A staff member shall be present on each Pod whenever there are residents present.
- C. During hours that residents are awake, there shall be one wide-awake JDO on duty for every 10 residents in detention.
- D. During hours that residents are asleep, there shall be one wide-awake JDO on duty for every 30 residents.
- E. At least four wide-awake JDO's shall be on duty at all times, regardless of the number of residents in detention. They shall cover assignments in Central Control, Booking, Facility Float, and the Pod.
- F. At least one JDO shall be on duty who is the same gender as the resident(s) who are housed in the facility.

III. SUPPORT STAFF

- A. The facility director shall ensure that there are sufficient food services personnel relative to the number and security of the Pods, including qualified and available to complete the following:
- i. Plan menus meeting nutritional requirements of the residents;
 - ii. Provide kitchen supervision
 - iii. Direct food preparation and servings;
 - iv. Conduct related training programs for culinary staff;
 - v. Maintain necessary records.
- B. The facility director shall ensure that the facility has administrative, clerical, recreational, medical, dental, mental health, building maintenance and other support staff for the efficient management of the facility, and to ensure that JDO's are not diverted from their primary duty of supervising residents.

REPLACEMENT HISTORY:

Created: 10/21/2014

Revised: 10/30/2014, 5/31/19

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.1	Chain of Command	SECTIONS: 1324	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to and accurately maintain the Chain of Command, as outlined in the organizational structure of the facility. The Chain of Command is the line of authority and responsibility along which directives, policy and information is passed. It is important that these elements flow uniformly from the top-down and bottom-up along the chain of command.

Staff properly utilizing the Chain of Command to communicate concerns and issues, and to bring about positive changes to our work practices and environment is essential. One of the purposes of this policy is to establish a clear and straightforward method of problem solving, which encourages solutions at the first level of supervision before escalation to the next higher level.

PROCEDURES

I. ORGANIZATIONAL STRUCTURE

- A. The Shasta County Juvenile Rehabilitation Facility's Chain of Command will conform to the organizational structure as outlined in policy 2.1.4. and 2.2.2.

II. USING THE CHAIN OF COMMAND

- A. Directives and information will be passed through the Chain of Command to the immediate supervisor, who will be responsible for insuring its receipt by the line staff.
- B. Employee concerns communicated to the immediate supervisor should be resolved to the mutual satisfaction of the involved parties.
- C. The matter will go to the next higher level, if either the supervisor or the subordinate desires.

REPLACEMENT HISTORY:

Created: 3/6/2013
Revised: 9/26/13

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.2	Scheduling	SECTIONS: 1321	1 of 13

POLICY STATEMENT

Regular and prompt attendance by every employee is important and necessary to the success of the Juvenile Rehabilitation Facility (JRF) in carrying out its responsibilities and is a requirement that must be met by all employees. The administration of vacation, holiday, compensatory time off and unpaid leave is the responsibility of the Department Head and his/her designated directors and supervisors, and is governed by this policy and the Board of Supervisors Resolutions and Ordinances, Personnel Rules, and current M.O.U. agreements.

Maintaining good attendance is a condition of employment and a necessary component of every employee's job. Each employee has a work schedule including a time to start and finish the work day and is expected to be in regular attendance at their work site. All absences or deviations from a work schedule require supervisory approval. Unauthorized or excessive absenteeism may lead to disciplinary action, up to and including termination.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy addresses how shifts are assigned, employee responsibilities, and supervisor responsibilities.
- B. Segments of Shasta County Probation Department's Request for Time Off Policy, the Memorandum of Understanding (MOU) between the County of Shasta and the Professional Peace Officers Association (PPOA), and the Shasta County Personnel Manual are quoted in this policy. The entire department policy and MOU can be found on the County intranet site.
- C. Supervisors are responsible for monitoring and accurately reporting employee attendance in performance evaluations.
- D. The Scheduling Supervisor will ensure staff are added to the scheduling software system upon initial hire.
- E. It is the responsibility of each employee to check the scheduling software in the JRF or via smartphone prior to each shift for their daily duty assignment, assigned trainings, and for information regarding their time off requests, vacation leave, etcetera.

- F. Each employee is to be in place at his or her assigned pod or work location at the time his or her designated shift begins.
- G. Employees assigned to a housing pod are to remain at their assignment and on duty until properly relieved by another employee, or until dismissed by a supervisor or the division director.
- H. All absences or deviations from a work schedule must be approved by a supervisor.
1. Employees shall contact central control to notify the on-duty supervisor/OIC when they are unable to complete their assigned shift due to personal or family illness.
- I. Employees who fail to appear for duty, without the approval of a supervisor, on-duty OIC or the division director are "absent without leave."
- J. Unauthorized absence, including tardiness, may lead to disciplinary action, up to and including termination.

II. STAFFING RATIOS

- A. The staffing ratio will comply with, or exceed staffing ratios as determined by the State of California's Title 15 regulations.
1. During hours that residents are awake, one wide-awake JDO shall be on duty for each 10 residents in detention.
 2. During hours that residents are asleep, one wide-awake JDO shall be on duty for each 30 residents in detention.
- B. At least one female staff shall be assigned to a Pod when female residents are present unless prior approval is granted by the Division Director.
- C. At least one male staff and one female staff shall be assigned to the Security Team during each shift.
- D. At least two wide-awake JDOs shall be on duty at all times, regardless of the number of residents in detention, unless an arrangement has been made for immediate backup support services for emergencies.

III. SHIFT ASSIGNMENTS

- A. Each regular shift will consist of eight hours. Any alteration to the regular shift duration must be approved by the Director. The shifts will consist of the following:
1. Day shift- 0600 to 1400 hours
 2. Swing shift- 1400 to 2200 hours
 3. Graveyard shift- 2200 to 0600 hours

- B. Day, swing, and graveyard shifts in the JRF are considered alternate schedules as defined in Article 9.2.A of the MOU.
- C. Reassignment of staff schedules by management will be based on operational needs of the facility.
 - 1. Except in cases of an emergency, the Department Head shall provide an employee with fourteen (14) days advance notice of a permanent schedule change and/or twelve (12) hours notice of a temporary change.
- D. If an employee would like to request a temporary or permanent shift change or modify their regular work schedule, they may initiate a request by completing a memo to the division director.
 - 1. The memo should include the nature and reason for the temporary or permanent shift exchange and the shift requested.
 - 2. The division director will approve or deny the temporary or permanent shift exchange in writing to the employee requesting the exchange.
 - 3. All requests will be considered and accommodated if practical, with the ultimate decision based on the needs of the facility.

IV. PREMIUM PAY

- A. An employee in the job classification of Juvenile Detention Officer II who is designated by management, in writing, to perform duties of Officer-in Charge (OIC) when the only other employees on shift are in a non-supervisory job classification, shall receive an additional five percent (5%) of base salary for the shift when such duties are actually performed. Staff shall use Code 331 when claiming OIC on their time card.
- B. An employee in the job classification of Juvenile Detention Officer I/II, Supervising Juvenile Detention Officer, Deputy Probation Officer I/II/III, or Supervising Probation Officer who is trained, assigned, and performing certified training classes for the County shall receive an additional five (5%) percent of base wage on an hour for hour basis when actually involved in training others. Staff shall use Code 303 on their time card when claiming Certified Instructor pay on their time card.

V. SHIFT DIFFERENTIAL

- A. **Swing Shift:** Employees who are regularly assigned to the second shift (swing) shall receive, in addition to their base pay, an additional seventy cents (\$.70) per hour shift differential premium. To be eligible for swing shift differential, at least fifty percent (50%) of the employee's regular schedule of hours must occur after 4:00 p.m. or prior to 12:30 a.m. Regularly assigned shift means the shift an employee is normally assigned to, excluding overtime hours or additional shifts. Staff shall use Code 250 when claiming swing shift differential on their time card.

- B. **Graveyard Shift.** Employees who are regularly assigned to the third shift (graveyard) shall receive, in addition to their base pay, an additional ninety-five cents (\$0.95) per hour shift differential premium. To be eligible for graveyard shift differential, at least fifty percent (50%) of the employee's regular schedule of hours must occur after 12:30 a.m. or prior to 9:00 a.m. Regularly assigned shift means the shift an employee is normally assigned to, excluding overtime hours or additional shifts. Staff shall use Code 270 when claiming graveyard shift differential on their time card.
- C. **Regularly Assigned:** Regularly Assigned shift mean the shift an employee is normally assigned to, excluding overtime hours or additional shifts.
- D. **No Shift Differential Paid for Time Not Worked:** Such differentials shall not be considered part of the regular base wages and therefore not applicable to vacation, sick leave, and other forms of non-work pay.

VI. PAID LEAVES

- A. **Official Holidays:** The following are established as official holidays for regular full-time and regular part-time employees.
- a. January 1st, New Years Eve
 - b. The third Monday in January, Martin Luther King, Jr. Day
 - c. February 12th, Lincoln's Birthday
 - d. The third Monday in February, President's Day
 - e. The last Monday in May, Memorial Day
 - f. July 4th, Independence Day
 - g. The first Monday in September, Labor Day
 - h. November 11th, Veterans Day
 - i. The fourth Thursday in November, Thanksgiving Day
 - j. The day following Thanksgiving Day
 - k. December 24th
 - l. December 25th
- B. **Annual Holiday Schedule:** The annual holiday schedule shall be announced by the County Personnel Director prior to January of each year, but such announcement shall not alter any provision of this article.
- C. **Maximum Holiday Hours:** Each holiday listed above shall be treated as the full-time equivalent of eight (8) hours. No employee shall be compensated more than once for each of the above listed holidays, i.e., maximum of ninety-six (96) hours per year.
- D. **Observed Holidays:** The official holidays listed above shall be treated as observed holidays when the following occur:
- a. When an official holiday listed above falls on Sunday, Monday, will be observed as the paid holiday.

- b. When an official holiday listed above falls on a Saturday, the preceding Friday shall be observed as the holiday.
- c. Should December 24th fall on a Friday, December 23rd shall be observed as the paid holiday.
- d. Should December 25th fall on a Monday, December 26th shall be observed as the paid holiday.

E. Work on An Official Holiday

- a. A regular employee who does not work a five (5) day per week schedule with Saturday and Sunday as normal days off and who works on an official holiday, as defined in section A., shall earn holiday compensation at a rate of one and one-half (1 ½) times the hours worked plus straight time pay for assigned regular hours as full compensation for the official holiday. At the employee's choice, the time and one-half portion may be taken in pay or as Holiday Credit.
- b. A regular employee who does not work a five (5) day per week schedule with Saturday and Sunday as normal days off and who works a shift that overlaps part of an official holiday shall receive holiday compensation for the entire shift if the majority of hours worked (fifty percent or more) fall on the holiday, otherwise the employee shall receive no holiday compensation.

F. Work on an Observed Holiday:

- a. An employee working on an observed holiday shall not be eligible to receive time and one-half (1 ½) holiday compensation unless that employee works a five (5) day per week schedules with Saturday and Sunday as normal days off.

G. Holiday Compensation:

- a. Those employees working a five (5) day per week schedule with Saturday and Sunday as normal days off shall receive cash payment for eight (8) hours per holiday.
- b. Those employees not working a five (5) day per week schedule with Saturday and Sunday as normal days off whose normal day off falls on an official holiday shall receive eight (8) hours Holiday Credit.
- c. Holiday credit maybe accumulated to a maximum of sixty (60) straight-time hours. Use of such time shall be treated as if it were Compensatory Time Off (CTO). An employee shall receive cash payment at the equivalent rate accrued in excess of sixty (60) hours. The Department Head may, upon the request of the employee and with the concurrence of the Personnel Director, extend the limit on accrued holiday time.
- d. An employee who does not work on the holiday must be in a paid status the working day before and the working day after the holiday to be eligible to receive credit for the holiday. An employee who is hired and commences working on the holiday shall receive holiday compensation.

H. Time Cards for Holidays:

- a. If you worked on the holiday use Code 045 (worked on holiday, holiday pay) and 105 (holiday pay @1.5 worked) or 045 (worked on holiday, holiday pay) and 165 (comp time holiday earned). The maximum for the benefit is eight (8) hours.
- b. If you take the holiday off sick, vacation, or CTO use Code 040 (holiday pay, not worked). The maximum for the benefit is eight (8) hours.
- c. If the holiday falls on your regular day off use Code 095 (credit holiday earned). The maximum for the benefit is eight (8) hours.
- d. If you work the holiday on your regular day off use Code 095 (credit holiday earned) and 105 (holiday overtime) or 165 (comp time holiday). The maximum for the benefit is eight (8) hours.

I. Sick Leave:

- a. **Accrual.** Regular full-time and part-time employees shall accrue .0462 hour of sick leave for each regularly scheduled hour in a paid status, excluding overtime hours worked.
- b. **Usage:** Paid sick leave can only be granted upon the recommendation of the Department Head in cases of bona fide illness, injury, or an appointment and/or treatment by and approved licensed medical practitioner, in the event of illness/medical appointments in the employee's immediate family. No paid sick leave may be taken prior to the completion of three (3) months of continuous service.
- c. **Sick leave Usage in Lieu of Vacation:** An employee who becomes ill while on vacation leave and wishes to be placed on sick leave shall make such request to the Department Head immediately, or as soon as possible. The Department Head shall then make a determination whether to approve such request based on the criteria normally utilized in approving sick leave.
- d. **Family Illness/Medical Appointments/Family Sick Leave:** Sick leave granted because of illness in the immediate family or because of scheduled doctor/dentist appointments for members of the immediate family shall normally be limited to fifty-six (56) working hours per calendar year for all incidents. Additional accrued sick leave can be authorized to be use for reason held to be sufficient by the employee's Department Head. Immediate family means father, mother, husband, wife, son, daughter, sister or brother, grandparent, step-grandparent, step-parent, step-child, step-sister, step-brother, grandchild, step-grandchild, foster child, registered domestic partner, or as otherwise stipulated by law.
- e. **Verification of Illness:** Written verification by an approved licensed medical practitioner or other satisfactory proof of illness or family illness may be required at the discretion of the Department Head.

J. Bereavement Leave

- a. Regular full-time and regular part-time employees shall be entitled to bereavement leave without the loss of pay or charge against sick leave up to a maximum of twenty-four (24) working hours for each non-concurrent

death in the immediate family, including the immediate family of the spouse or registered domestic partner; provide however, that not more than two (2) additional working days chargeable against accumulate sick leave may be granted for reasons deemed sufficient by the Department Head; provided further that such leave with pay shall not be authorized for time expended business or estate matters. Immediate family means registered domestic partner, husband, wife, father, mother, son daughter, sister, brother, grandparent, grandchild step-parent, step-child, step-sister, step-brother, step-grandparent, or step-grandchild.

- b. Verification of Bereavement Leave: Satisfactory proof of death may be required at the discretion of the Department head for any use of Bereavement Leave.

K. Jury Duty:

- a. A regular employee who is required to serve on any grand jury or trial jury, or who reports for such jury duty is not selected, shall be reimbursed for the difference between the pay (excluding mileage, food, and lodging allowances) the employee receives as a juror and his/her straight time hourly or daily earnings, excluding shift differential, for time lost as a direct consequence of jury service, not to exceed eight (8) hours per day or forty (40) hours per week.
- b. If the employee elects to waive or remit to the County the fee for jury duty, no deduction will be made from his/her regular straight time earnings for the time lost as a result of jury service.
- c. For purposes of calculating overtime for the pay period in which jury duty occurs, such service shall be considered time worked.

L. Vacation:

1. **Accrual:** Regular full-time and regular part-time employees paid on an hourly basis shall accrue vacation time for each paid regularly scheduled working hour, not to exceed eighty (80) regularly scheduled working hours in any one pay period. An employee with a minimum of six (6) months of County service shall become eligible to use vacation up to the maximum time accrued as of the date such vacation is taken.

Year of Continuous Service	Vacation Hours Accrued per Hour	Equivalent Days Per Year	Maximum Hours Accrued
0 through 3	.0385	10	160
4 through 9	.0577	15	240
10 through 15	.0654	17	272
16 and thereafter	.0769	20	320

2. Use of Vacation

- a. It is County policy that employees take their accrued vacation each year at such a time or times as may be approved by the Department Head, provided, however, that for the reasons deemed sufficient by

the Department Head, an employee may take less than the accrued vacation one year and a correspondingly longer vacation the following year. No employee shall be allowed paid vacation time off in excess of that accrued.

- b. The maximum time limits for vacation accrual shall be extended by the appointing authority according to standards in the Personnel Rules.

M. Compensatory Time Off (CTO): See Section IX.A.4. of this policy.

N. 4850 Time: 4850 Time is a benefit of the CalPers Safety Retirement (California Public Employee Retirement System). In the event of an On the Job Injury (OJI), the 4850 benefit will pay the employee full pay and benefits while off work due to an occupational injury. If the injury results in a permanent disability and the injury prevents him/her from returning to full duty, the employee may qualify for permanent disability. For further information refer to the CalPers Safety Retirement Website at www.calpers.ca.gov.

VII. REQUESTING TIME OFF

- A. JRF recognizes the need for staff to take accrued time off. In granting the use of accruals, supervisors will consider facility operations needs, M.O.U. provisions, and overtime costs.
- B. Supervisors should work closely with their staff to eliminate excessive absenteeism, and advise the division director of those persons exceeding attendance guidelines, as well as any mitigating factors, and recommend further actions to correct excessive absenteeism.
- C. When granting time off, management will follow these operational guidelines:
 - A. No more than two Juvenile Detention Officers may use vacation/comp time on a designated day and swing shift.
 - B. No more than one Juvenile Detention Officer may use vacation/comp time on a designated graveyard shift.
 - C. Exceptions to the above guidelines must be approved by the scheduling supervisor or Division Director.
- D. Approval of an employee's request for time off/leave of absence will be subject to individual needs, departmental requirements, and applicable M.O.U. provisions.
- E. JRF staff will submit a request for time off using the facility's scheduling software, which may be accessed via desktop computer or smartphone. Time off should be requested at least two weeks in advance in order to ensure the employee's duties and responsibilities can be adequately covered by others during his/her absence.

- F. The supervisor will ensure that sufficient coverage of assigned duties is available for the operation of the facility, and that there are no training conflicts.
- G. The time off request will be approved or denied by the supervisor via the scheduling software. Staff that requests time off, and submits their request per policy guidelines, will be notified as their request is processed.
- H. A master calendar will be maintained by the JRF indicating approved time off and scheduled training.
- I. All employees requesting time off (vacation, compensatory time, credit holiday, etc.) must insure that they have adequate leave balances available to cover the time off. Leave balances are indicated in the employee's prior paycheck stub or payroll information sheet for those with direct deposit. Unpaid leave is only permissible with the approval of the Chief Probation Officer.
- J. Employees are to request non-emergency sick leave time for doctor, dental, or other health care need appointments in the same manner as for other time off.
- K. Submitted time cards should be checked against the division's master calendar.

VIII. FILLING SHIFTS

A. Scheduled Vacant Shifts

1. The Scheduling Supervisor, or their designee, shall fill known vacancies on the schedule with extra-help staff if any are available.
2. If no extra-help staff are available, full-time Juvenile Detention Officers shall be authorized to cover the shift.
 - a. This shall be done by sending out a message to cover a shift via the scheduling software to the selected employees. The Supervisor, Officer in Charge (OIC), or Juvenile Detention Officer sending the message may type in the appropriate message for the situation or type in a specific message as needed.
 - i. Once a staff member has volunteered for a shift and placed their name on the schedule, they **OWN** the shift. A staff member cannot change their mind and simply cover or erase their name.
 - ii. If a staff member wants to give back the shift they have volunteered to cover, they must find a staff-member to cover the shift and obtain the approval of a Supervisor, or on-duty OIC in the Supervisor's absence, who will then initial the change on the schedule.
 - iii. When a staff member volunteers for an overtime shift (excluding training) they will receive credit on the mandatory overtime list.

This shall not be considered a mandatory shift but the staff will receive the same credit as though they were mandated to work.

3. If the shift has not been filled within seven days of the vacancy, the Director, or the Scheduling Supervisor, at his/her discretion, may authorize the shift be covered by:
 - a. Supervising Juvenile Detention Officers.
 - b. Supervising Probation Officers currently assigned to the facility.
 - c. Juvenile Detention Officers via Mandatory Overtime.
 - d. Deputy Probation Officers who are trained and oriented to the facility.

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B. Unscheduled Vacant Shifts (Call Ins)

1. The Supervisor on Duty/OIC, or Control Officer as designated, shall call the following officers to attempt to fill the vacant shift(s) in the following order:
 - a. Extra Help Juvenile Detention Officers.
 - b. Full Time Juvenile Detention Officers.
 - c. Supervising Juvenile Detention Officers and Supervising Probation Officers.
2. In the event that no one can cover the shift, the Supervisor on Duty, OIC or Director may order a Full Time Juvenile Detention Officer to cover the shift in accordance with the Mandatory Overtime Policy.

C. Mandatory Overtime

1. Mandatory Overtime shall be initiated when there is a vacant unfilled shift and no assigned facility staff (JDO, SJDO, and SPO classifications) are willing or available to take it.
2. The Mandatory Overtime List shall be created as follows:
 - a. The Supervisor shall obtain a report from Probation Administration at the beginning of each pay period indicating the number of overtime hours worked by each Full-Time Juvenile Detention Officer during the preceding 6 pay periods (approximately 3 months).
 - b. The Supervisor shall rank the list in order of least overtime hours to most overtime hours worked during that period.
 - i. In the case of a tie, the more senior Full-Time Juvenile Detention Officer will be ranked lower.
3. The Supervisor on Duty/OIC shall go to the lowest ranked officer on duty at the time they are trying to fill the vacant shift. That officer shall be ordered to fill the shift and expected to report unless they are released by a Supervisor or OIC.
 - a. Officers will previously approved time off that occurs during the vacant shift shall not be ordered to fill the shift on Mandatory Overtime.
4. The Supervisor on Duty/OIC shall continue to take steps to recruit a volunteer to take the vacant shift, or order an officer at a lower rank on the Mandatory Overtime list than the on-duty officer who has already

been ordered. If another officer volunteers or is ordered to duty, that supervisor/OIC shall release the officer who was previously ordered to report.

5. If an officer has been ordered to work a vacant shift pursuant to this policy, that officer shall not be ordered to work a second Mandatory Overtime shift until a new list is generated the following pay period.
6. The Mandatory Overtime list shall be posted in the Supervisors' Office as well as the Staff Break Room. It is not posted in the scheduling software, as the County payroll software is a different software system that is not integrated with the JRF scheduling software.

IX. GRANTING TIME OFF AND EMERGENCY OR CRITICAL STAFF SHORTAGES

- A. In the event of emergencies, urgent need for the completion of specific assignments, or critical staff shortages, employees may be required to work overtime and may be called back to work during non-duty hours.
 1. Emergencies include serious incidents within the JRF that require additional staff.
 2. Previously approved time off may also be cancelled in an emergency situation if approved by the division director.

X. WORK IN EXCESS OF 40 HOUR SCHEDULE

- A. **Overtime:** All regular full-time employees covered by the PPOA MOU shall be compensated for overtime in accordance with the following provisions:
 1. Work beyond the assigned work period must be expressly approved by the Department Head, or his/her designee, in advance. Unless specifically authorized in advance, employees may not begin work more than fifteen (15) minutes prior to the regular starting time, take work home, or otherwise engage in overtime work.
 2. All eligible employees shall be entitled to overtime compensation at a rate or one-and-one-half (1 ½) times each hour worked in excess of forty (40) hours in a seven (7) day work period.
 3. Overtime will be computed on actual time worked, adjusted to the nearest increment of six (6) minutes. "Time worked" shall be deemed to include: only those hours actually worked, vacation, credit holiday time off, jury duty hours served, and paid travel time. This time may be used to qualify for overtime compensation. All time lost as a result of a job related injury or illness will be considered as hours worked for the purposes of overtime compensation. A supervisor shall not change the employee's work schedule solely for the purpose of avoiding payment of overtime.
 4. Eligible employees shall be entitled to compensatory time off or cash payment as overtime compensation. The Department Head, or his/her designee, shall determine the form of overtime compensation based on operational needs. Cash payments shall be made in the pay period in which the overtime is earned. Compensatory time off shall accrue and

may be used upon approval of the Department Head or his/her designee. Compensatory time off may be accumulated up to sixty (60) hours (forty hours at time-and-one-half). The Department Head may, upon the request of an employee and with the concurrence of the County Personnel Director, extend the limit on accumulated compensatory time off in excess of sixty (60) hours. Hours accumulated in excess of the maximum accruals shall be paid in cash at the appropriate overtime rate.

5. Accumulated compensatory time off shall be scheduled and used prior to the accrued vacation or holiday time unless the employee is within twelve (12) pay periods of incurring a loss of accrued leave.
6. Upon separation from County employment or transfer to management job classification, employees shall be paid in cash for accumulated compensatory time off at the appropriate rate.
7. Unless otherwise provided, the workweek on which overtime calculations will be based shall begin each Sunday at midnight (12:01 a.m.) and each workday shall begin daily at midnight (12:01 a.m.).

XI. EXTRA HELP FISCAL YEAR HOURS WORKED LIMITATION

- A. Extra help staff may not work more than 860 hours during the fiscal year without specific approval from the County Personnel Department. (The scheduling supervisor will contact the Chief Fiscal Officer to request permission for extra help officers to work more than 860 hours per fiscal year if an exception is needed on a case by case basis).
- B. The JRF scheduling supervisor will email all division staff a list of extra help staff hours worked every two weeks.
- C. All extra help staff, JRF Management Team employees, central control officers, and officers in charge (OICs) are responsible to refer to the extra help staff hours worked list to ensure they do not assign extra help officers to more than 860 hours (or more hours if approved by Personnel) per fiscal year.

XII. TIME CARDS FOR EXTRA HELP

- A. The **CC** column of the time card is used to signify the department of employment. The department code for the JRF is **26200**.
- B. The project and activity columns are not used.
- C. The **HC** column is used to signify the pay codes for a given shift.
- D. The next 14 columns signify each work day. The column starts with Sunday, which is always the first day of the new pay period.
- E. An Extra Help employee will use pay codes as follows:
 - a. **Code 200**: This pay code will be used to claim all Extra Help straight hours worked on a given day, or days, up to 40 hours.
 - b. **Code 250**: This pay code is used to claim Swing Shift differential, which are hours worked from 2:00 p.m. to 10 p.m. An employee must work at least half of their shift to claim the shift differential.
 - c. **Code 270**: This pay code is used to claim Graveyard Shift differential, which are hours worked from 10:00 p.m. to 6:00 a.m.

- d. **Code 170:** This pay code is used to claim any overtime hours worked. Overtime is defined hours worked over forty (40) in a given week, Sunday through Saturday. Shift differential cannot be earned for overtime.

REPLACEMENT HISTORY:

Created: 11/25/13

Revised: 12/29/13; 1/20/14; 9/9/14; 10/17/2014; 01/07/2014; 06/27/2016;
10/23/17; 3/29/19

REFERENCES

- Shasta County Personnel Manual- Sick Leave and Bereavement Leave
- PPOA Memorandum of Understanding
- CalPers www.calpers.ca.gov
- Extra Help Guidelines/Recruitment Process/Additional Information:
Current Process As of September 8, 2015

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.3	Equipment	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide equipment to staff that empowers them to perform their duties in an efficient and safe manner.

PROCEDURES

I. GENERAL INFORMATION

A. Issued equipment is those items specifically issued to an individual employee for use while on duty, as specified in the Memorandum of Understanding between the County of Shasta and the Professional Peace Officers Association and included in Section II below.

1. Staff are expected to take reasonable steps to maintain issued equipment. This includes:
 - a. Washing uniform apparel and ensuring each items appearance conforms to dress code policy.
 - b. Periodically inspecting equipment to ensure it is in good working order, and reporting in a timely fashion to supervisors when items are in need of repair or inoperative.

B. All other equipment

1. Various other items and equipment are available to staff to use in the performance of their duties.

C. Uniforms and equipment shall only be worn by staff during commute to and from work and when on duty. Staff shall not conduct personal business off-duty while wearing their uniform, unless while on the way to/from work, in which case staff must cover department insignias with an outer garment.

D. Staff shall return issued equipment upon separation/termination from employment.

II. ISSUED EQUIPMENT

A. Uniform

1. Upon initial hire, JDO's shall be provided with five (5) uniform shirts and BDU trousers, which will be replaced when deemed that they are no longer serviceable.

B. Duty Belt and Protective Equipment

1. Pursuant to the Memorandum of Understanding between the County of Shasta and the PPOA, staff shall be issued one pair of handcuffs, a handcuff key, flashlight, and a can of OC Spray with holster (once staff have completed the required, department approved chemical agents course).
2. Additionally, staff shall be issued a duty belt with a handcuff case, glove case, four (4) belt keepers, and radio case.

C. Radios

1. Staff shall be issued a radio for use in the facility. The process requires staff to sign a receipt form and comply with special directives regarding the maintenance and storage of the radio and accessories.

D. Identification/Key Cards

1. Staff shall be issued an identification/key card that allows them to access the drive through employee entrance, employee break room, multi-purpose training room and the relevant locker room.
 - i. Staff shall report missing or stolen cards immediately to the Supervisor on Duty/OIC.

REPLACEMENT HISTORY:

Created: 5/6/2014

Revised:

REFERENCES

- PPOA Memorandum of Understanding

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.4	Dress Code	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that its staff shall maintain a professional appearance at the workplace and while interacting with the public, other agencies, and co-workers.

PROCEDURES

I. GENERAL PROVISIONS

- A. Employees shall maintain a professional level of dress at all times. While on duty, all employees shall choose clothing that is neat, clean, in good repair, of reasonable fit, and suitable for the post/function to which they are assigned. Clothing, accessories, and duty equipment shall be worn appropriately and in a professional manner.
- B. Employees dressed in unprofessional attire shall be directed to dress in accordance with this policy. If repeated offenses occur, disciplinary action may be taken.
- C. The department head or designee, upon request, may make exceptions to this policy to accommodate an employee's medical condition or religion as required by law. Exceptions may also be made by the department head or designee under special circumstances, to address a particular employee's job duties when the image of the department is not harmed, or the operation of the department is not adversely impacted.
- D. Department issued uniforms will be worn in a professional manner.
 - 1. The shirt shall be tucked in.
 - 2. Department issued safety equipment shall be worn in a manner that allows for immediate accessibility.
 - 3. Garments worn under department issued clothing or uniforms, such as turtlenecks, that are exposed or visible shall be black, white, or gray in color.
- E. Uniform shirts and BDU pants shall only be worn by employees during their commute to and from work and while on duty.
- F. Employees shall not allow unauthorized use of their uniform by non-employees.

- G. Employees shall not conduct personal business off duty while wearing a department uniform shirt, or other garment with department insignia(s), unless the shift or garment is covered by an outer garment.
- H. Jewelry worn by staff should reflect a concern for safety.
 - 1. If a safety concern arises, the facility supervisors, director or department administration may address the employee and require them to remove the item of concern.
 - 2. Department administration may adjust the dress codes to fit individual job duties.
- I. Footwear should be clean and chosen with consideration for safety and functionality.
 - 1. JDO's in uniform shall wear black shoes.
 - 2. All employees assigned to the JRF shall wear shoes with soles that have anti-slip properties.
- J. In order to maintain a professional image during working hours, employees are required to cover tattoos and may be required to cover or remove body-piercing jewelry.
- K. Baseball style hats are acceptable institution attire if the hat is a department approved hat with logo or is black, white, or gray with no logo.
- L. Department approved shorts are acceptable in the institution at the discretion of the Division Director.

II. COUNTY PROVIDED UNIFORM

- A. Upon initial hire, Juvenile Detention Officers shall be provided with five (5) uniform shirts and five (5) pairs of BDU pants. Shirts and BDU pants shall be replaced by the department when they are no longer serviceable. Shirts and BDU pants damaged through neglect shall be replaced by the employee.
- B. Upon termination, all shirts and BDU pants shall be returned to the department.

III. COURTROOM ATTIRE

- A. Employees shall wear their uniform to court, unless they are appearing outside of their assigned shift or their classification does not require them to wear a uniform.
- B. When appearing in court outside of uniform, the following attire is acceptable:
 - 1. Men shall wear a dress shirt and tie, and either a suit or slacks with a

sport coat.

2. Women shall wear business suits, pant suits, dresses, or a combination of skirt/slacks with a blouse or other appropriate top.

REPLACEMENT HISTORY:

Created: 11/19/2013

Revised: 3/18/2014

6/14/16

REFERENCES

- Shasta County Probation Department Dress Code
- Memorandum of Understanding between Shasta County and PPOA 2013-2016
- M.O.U. between County of Shasta and the General Teamsters Local #137 (Shasta County Trades & Crafts Unit)

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.5	Locker Room	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide employees locker rooms as a space for them to change into their uniform and store personal items.

PROCEDURES

I. LOCKER ASSIGNMENTS

- A. A supervisor shall be responsible for making all locker assignments.
- B. Full-time staff shall be assigned a locker and provided with a lock.
- C. Extra-help staff may be assigned a locker, depending on availability.
 - a. Extra-help staff not assigned a locker shall have access to a designated group of lockers that must be emptied at the end of each shift. Staff shall be responsible for providing their own lock that must be removed and taken home at the end of shift.
- D. Staff shall not change or switch their locker assignments without prior approval of the supervisor responsible for locker assignments.
- E. Management reserves the right to make changes in locker assignments at any time with reasonable notice.

II. USE AND CARE OF LOCKERS

- A. Staff are responsible for securing their lockers during use. The department and county does not accept responsibility for missing items.
- B. Staff shall maintain their lockers in a clean condition.
- C. Staff shall refrain from affixing stickers or decals to the surface of their locker, and shall not alter it in any way.
- D. Staff may only keep approved items in their lockers, including:
 - 1. Uniforms
 - 2. Duty belt
 - 3. Issued equipment
 - 4. Personal clothing items
 - 5. Personal electronics/cell phones

6. Non-perishable food items
 - a. Perishable food items shall be stored in the staff refrigerator in the staff break room.
7. Hygiene items
8. Other work related materials

III. COUNTY ACCESS TO STAFF LOCKERS

- A. A master key to assigned locks will be maintained in the key management system, accessible only to the facility director and supervisors. This key will only be utilized in an emergency and in accordance with POBOR guidelines.
- B. Whenever this key is removed from the key management system, a corresponding written notification shall be provided to the facility director.
- C. Section 3309 of the California Government Code (Peace Officers Bill Of Rights) states:

"No public safety officer shall have his locker, or other space for storage that may be assigned to him searched except in his presence, or with his consent, or unless a valid search warrant has been obtained or where he has been notified that a search will be conducted. This section shall apply only to lockers or other space for storage that are owned or leased by the employing agency."

REPLACEMENT HISTORY:

Created: 3/12/2013

Revised: 11/18/2013

REFERENCES

California Government Code, Section 3309.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.1.6	Staff Breaks	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide employees with rest periods consistent with article 9.4 of the Memorandum of Understanding (MOU) between the County of Shasta and the Professional Peace Officers Association (PPOA).

PROCEDURES

I. DEFINITIONS

A. Rest Period

1. Article 9.4 of the MOU states:

"When practical, employees shall be granted a fifteen (15) minute paid rest period during each half of a work shift of four (4) hours or longer. Unless otherwise approved by the Department Head, such breaks shall not be taken within one (1) hour of the employee's starting time, quitting time, or meal break and shall not be accumulated or used to supplement meal breaks, arrive at work late, or leave work early."

B. Meal Period

1. Article 9.5 of the MOU states:

"An unpaid meal period of up to one (1) hour shall be part of the normal daily work schedule for a full-time employee. Such meal period shall occur at approximately the midpoint (after four hours) of the shift and be approved by the employee's supervisor. Some work schedules may include a meal period within the duty hours. In such cases, the employee shall be so notified in writing and no specific off-duty meal time shall be granted."

2. Meal periods are included within the duty hours for Juvenile Detention Officers, Supervising Juvenile Detention Officers and Supervising Probation Officers assigned to the JRF. Thus, no specific off-duty meal time shall be granted.

II. BREAK PROCEDURES

- A. The supervisor on Duty/OIC shall be responsible for scheduling rest periods and coordinating with officers assigned to the Security Team to relieve staff.

- B. The order and schedule of breaks shall be determined with the needs of the facility in mind. The goal will be to relieve staff for their rest periods during the following time frames:
 - 1. Day Shift: 0730 – 0930 and 1030 – 1230
 - 2. Swing Shift: 1530 – 1730 and 1830 – 2030
 - 3. Graveyard Shift: 0000 – 0130 and 0300 – 0430
- C. Given the layout of the facility, staffing patterns, and the need to schedule breaks accordingly, staff shall be limited to the two 15 minute rest periods and are prohibited from modifying their breaks. (Ie: six 5 minute breaks).
- D. Staff may take their rest period in the staff break area, locker room area or staff parking area.
- E. Staff shall monitor the length of their break and report back to their post on time.
- F. Staff shall monitor the radio for emergency traffic and are expected to respond to calls for backup from their break.

III. USE OF STAFF BREAK ROOM

- A. It is the responsibility of all staff to ensure that the break room is clean and orderly, and to respect the rights and property of all who use it.
 - 1. Staff shall clean up after themselves.
 - 2. Staff shall use cups with screw-on lids at all times to protect the facility flooring.
 - 3. Staff shall not take food or drinks that don't belong to them.
- B. It is the responsibility of the person taking the last cup of coffee to make a fresh pot by following the posted directions.

REPLACEMENT HISTORY:

Created: 12/2/2013

Revised:

REFERENCES

- Article 9.4 and 9.5 of the Memorandum of Understanding between the County of Shasta and the Professional Peace Officers Association.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.2.1	Security Team	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to staff a Security Team on each shift, that will be responsible for manning the Central Control Post and Booking Post, and act as the facility float to respond to emergencies and requests as needed.

PROCEDURES

I. GENERAL INFORMATION

- A. The primary role of staff assigned to the Security Team is to maintain both the perimeter and internal security of the facility.
- B. Only staff who are trained and demonstrate proficiency in running Central Control and booking may be assigned to the Security Team.
- C. The Security Team is responsible for manning Central Control and Booking, as well as a third Float position. Staff shall adhere to the post orders published for these assignments.
- D. The Supervisor on Duty/OIC shall be a member of the Security Team, which provides leadership with the ability to move about the facility to supervise and mentor staff, and oversee various duties and responsibilities.
 1. This shall not prohibit the Supervisor/OIC from working on the pod in support of staff training and development, and quality assurance over the procedures and Post Orders.
- E. Members of the Security Team not assigned to Central Control, and not responsible for providing direct supervision over residents shall:
 1. Respond to calls for back up.
 2. Assist with bookings and releases as necessary.
 3. Provide assistance to staff assigned to the Pod(s).
 4. Cover other staff during breaks.
 5. Assist with resident movement about the facility.

REPLACEMENT HISTORY:

Created: 5/6/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.2.2	Pod Supervision	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to staff each active pod in a manner consistent with our operational philosophy and vision, and in compliance with state regulations.

PROCEDURES

I. GENERAL INFORMATION

- A. Each active pod shall be staffed in accordance with Title 15 minimum staffing guidelines.
- B. Staff assigned as Pod Officers are to:
 1. Adhere to the published Post Orders.
 2. Provide supervision over the residents in accordance with Section 5.4.3 Group Supervision.
 3. Adhere to the published Pod Schedule as required in Section 5.4.2.
 4. Interact with residents in accordance with Section 5.2.1.
 5. Ensure that the pod is kept clean and that damage, vandalism and/or graffiti is discovered, investigated, reported and/or cleaned as indicated.
 6. Hold residents accountable in a professional and fair manner, in accordance with the vision and philosophy of the facility.
 7. At the beginning of shift, familiarize themselves with the events and occurrences on other shifts by reviewing the Pod Log Book, SIR binder, and listening to other information that may be passed on during briefing.
 8. Position themselves in a manner that maximizes their ability to supervise residents and keep staff in line of site.

REPLACEMENT HISTORY:

Created: 5/6/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.2.3	Supervisor and OIC Responsibilities	SECTIONS: 1321,1357	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that a Supervisor or line staff designated as Officer in Charge is present on every shift.

PROCEDURES

I. GENERAL INFORMATION

- A. Sup/OIC performs the following daily tasks for their assigned shifts:
1. Signs various approvals during the booking process.
 2. Pulls correspondence from the confidential box on each pod, assigning and distributing the contents as necessary.
 3. Signs off on SIR's, Citations, Grievances, Due Process', etc.
 4. Administers medication in the absence of medical staff.
 5. Provides direction, coaching and mentoring to line staff.
 6. Ensures that policy, procedures, post orders and directives are followed.
 7. Following events requiring notification pursuant to Title 15 Regulations and JRF Policy, makes notifications to parents/guardians as required. Notifies Division Director following parent/guardian notification completion, and notifies oncoming shift supervisor and/or OIC of parent/guardian notification.
 - a. Notification will also be documented in writing.
 8. Oncoming Supervisor/OIC must inquire whether there were any events on previous shift that required parent/guardian notification pursuant to Title 15 Regulations and JRF Policy and whether such notification to parent/guardian occurred, and notify Division Director upon completion of parent/guardian notification.

II. SUPERVISOR CLASSIFICATIONS

- A. Basic Duties
1. Conduct evaluations
 2. Initiate Progressive Discipline
- B. Collateral Duties
1. Security
 2. Scheduling
 3. Training
 4. Volunteer

5. Kitchen Management
6. Maintenance
7. Behavior Management Program (Point/Level System)

III. OFFICER IN CHARGE

A. The OIC

1. Acts as supervisor in the absence of a SPO/SJDO
2. Carries the same authority as a supervisor classification
3. Is limited to JDO II classification
4. Will participate in and successfully complete OIC training.

REPLACEMENT HISTORY:

Created: 5/6/2014

Revised: 11/20/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.1	Ethics Policy	SECTIONS: 1324	1 of 10

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to promote a high standard of professional conduct by ensuring that staff adhere to the established code of ethics for the Shasta County Probation Department.

PROCEDURES

Professional Conduct & Responsibilities

1. VIOLATION OF RULES

Employees shall not commit any acts or omit any acts that constitute a violation of any rules, regulations, directives or orders of the Department or any division whether stated in any department or divisional manual or memorandums.

2. STANDARD OF CONDUCT

Employees shall not act or behave privately or officially in such a manner as to bring discredit upon himself/herself, the Department, the County, the state of California or the United States of America.

3. COOPERATION

Cooperation among employees at all levels of the chain of command and in all assignments within the Probation Department is essential for efficient operation.

Therefore, employees are responsible for establishing and maintaining a positive spirit of cooperation within the Department.

4. ASSISTANCE

All employees are required to take appropriate action toward aiding other staff exposed to danger or in a situation where there is a potential for danger or harm.

5. REPORTING FOR DUTY

A. Employees shall report for duty at the time and place required by assignment or orders and shall be physically and mentally fit to perform duties.

B. Employees shall be properly equipped and dressed in approved attire or uniform, and cognizant of information required for the proper performance of duty so that they may immediately assume their duties.

- C. Judicial subpoenas shall constitute an order to report for duty under this section. Officers must wear approved attire or uniform as defined in the Department dress code.

6. TRAINING

- A. Training is considered an official duty. Employees are to adhere to the department training policy and wear professional attire as outlined in the Department dress code.
- B. Employees are reminded that they represent the Department and shall conduct themselves accordingly and participate fully.

7. DUTY RESPONSIBILITIES

- A. Employees shall, at all times, respond to the lawful orders of their supervisor or administrator and other proper authorities, i.e. Court, or County administrative officers.
- B. Employees are to adhere to all departmental policies & procedures, i.e. general policies, institution policies, specific assignment policies.

8. UNLAWFUL ORDERS

No employee shall knowingly issue any order that is in violation of any law, ordinance, divisional or departmental rule, order, policy or procedure.

9. OBEDIENCE OF UNLAWFUL ORDERS

- A. Obedience of an unlawful order is never a defense for an unlawful action.
- B. No employee is required to obey any order that is contrary to any law.
- C. Responsibility for refusal to obey an unlawful order rests with the employee.

10. OBEDIENCE OF UNJUST OR IMPROPER ORDERS

- A. Employees given a lawful order they feel to be unjust or contrary to rules and regulation should, time and circumstances permitting, advise the employee giving the order that the order is unjust or improper.
- B. Employees shall obey the lawful order they feel to be unjust or improper, and shall not be held responsible for compliance of the order, regulation, procedure, or policy previously issued, and may request that another employee witness the order.
- C. The employee should document the event via a written report and submit that report to the next person up the chain of command by the end of the next calendar day.

D. Under these circumstances, the responsibility for resolving the conflict shall be upon the next person in the chain of command.

11. CONFLICTING ORDERS

- A. Upon receipt of an order conflicting with any previous order or instructions, the employee affected will advise the person issuing the second order of this fact.
- B. Responsibility for countermanding the original instruction then rests with the individual issuing the second order, and he/she shall report said action to the employee issuing the original order.
- C. If so directed by the second employee, the latter command shall be obeyed first.

12. CRITICISM OF ORDERS

- A. Employees, in their official capacity, shall not publicly criticize instructions or orders received from a supervisor or other lawful authority.
- B. Employees that wish to criticize the Department policies, procedures, or orders are to do so by going through proper channels, i.e. up the chain of command.

13. APPEALS OF ORDERS

Any employee receiving what they believe to be an unlawful, unjust or improper order shall have the opportunity to report same within three calendar days to the Division Director by a written report.

14. QUESTIONS REGARDING ASSIGNMENT

Employees in doubt as to the nature or detail of their assignment shall immediately seek necessary clarification of their duties and responsibilities from their supervisors.

15. CONDUCT TOWARD SUPERVISORS, SUBORDINATES, OTHER EMPLOYEES & VISITORS

- A. Employees shall treat supervisors, subordinates, other employees and all visitors with respect.
- B. Employees shall be courteous and civil at all times in their relationship with one another.
 - i. Employees shall display an attitude of loyalty to all employees, especially in the presence of the clients.
 - ii. Careless and/or unprofessional remarks made within earshot of clients may create a situation whereby clients can foster dissent among employees by "playing one against the other," thereby weakening the

solidarity necessary for operating a safe and secure department and/or institution.

16. CRITICISM OF PERSONS

Employees in their official capacity shall not publicly criticize or ridicule any official act of any member of the Department or office of a City, County, the State, or the United States of America.

17. INSUBORDINATION

A. Failure or refusal of any staff to obey a lawful order, given by an officer in charge, supervisor, Division Director, Assistant Chief Probation Officer or Chief Probation Officer, shall be insubordination.

B. Ridiculing a supervisor or his/her orders is insubordination.

18. PROHIBITED ACTIVITIES WHILE ON DUTY

A. Employees are prohibited from engaging in the following activities or similar activities while on duty:

i. Drinking intoxicating liquors or beverages

ii. Gambling, in any form

iii. Using illegal drugs

B. Employees are prohibited from engaging in the following activities or similar activities while on duty without prior approval from their supervisor unless on break:

i. Conducting private business

ii. Recreational reading

iii. Cell phone use

iv. Sleeping

19. RELIEF

Employees are to remain at their assigned duty station or on their assignment and on duty until properly relieved by the replacement staff or until dismissed by a supervisor or administrator.

20. RESPONDING TO CALLS

A. Employees on duty shall respond without delay to duties, responsibilities, and orders, and to requests for assistance from Juvenile Hall employees, visitors, peace officers, or other persons.

i. Emergency situations shall take precedence; however, all requests for assistance shall require a response as soon as possible.

- ii. Failure to provide necessary assistance without justification is misconduct.
- B. Except under the most extraordinary circumstances, or when otherwise directed by a competent authority, no employee shall fail to respond when needed.
- C. The supervisor shall be immediately informed by all employees at all times when an employee leaves his/her duty station for unauthorized reasons. A written follow up by the reporting employee of the situation may be required.

21. IMPARTIAL ATTITUDE

- A. All employees must conduct themselves impartially toward clients and/or all persons under their supervision of the Department.
- B. Exhibiting partiality for or against a person because of race, creed, color, gender, disability, sexual orientation, or influence is prohibited and can be unlawful.

22. FALSE REPORTS, STATEMENTS, AFFIDAVITS

No employee shall knowingly and intentionally prepare, sign, and/or submit a false report, statement, or affidavit.

23. WITHHOLDING CRIMINAL INFORMATION

Employees receiving or possessing facts, information, or evidence relative to a criminal offense or case shall not retain such facts, information, or evidence, but shall promptly report the information or evidence to a supervisor and in accordance with established departmental procedures.

24. DEPARTMENT PROPERTY & EQUIPMENT

- A. Employees are responsible for proper care of county property and equipment assigned to them.
- B. Damaged or lost property may subject the responsible individual to reimbursement charges and/or appropriate disciplinary action in accordance with Shasta County Personnel rule 7.2 (f).
- C. All employees will notify their immediate supervisor, in writing, of any defects or hazardous conditions existing in any county or departmental equipment or property.
- D. Employees are required to surrender all departmental property issued to them, upon separation from the Department.

25. PURCHASES

A. No employee shall incur a liability chargeable against the Department or the county, without proper authorization.

B. When authorized purchases are made, receipts and/or invoices will be obtained on each purchase, signed by the employee making the purchase, and turned in to his/her supervisor for processing.

26. MISAPPROPRIATION OF PROPERTY

Employees shall not appropriate for their own use any county property, evidence, or found property.

27. MONEY AND PROPERTY OF OTHERS

Employees shall deliver to their immediate supervisor any monies or other property not his or her own discovered by the employee while on duty or in the line of duty. The supervisor may request an incident report from the employee.

28. COMPENSATION FOR DAMAGES IN DUTY

Employees shall not seek in any way, nor shall they accept from any person, money or other compensation for damages sustained or expenses incurred by them in the line of duty without first notifying their supervisor in writing.

29. KNOWLEDGE OF LAW, REGULATIONS, POLICIES, & PROCEDURES

A. All employees are required to maintain a working knowledge of the Policies & Procedures Manual.

B. In the event of improper action or violation of any law, policy, procedure, rule, or regulation, it will be presumed that the employee was familiar with the law, policy, procedure, rule, or regulation concerned, providing such law, policy, procedure, rule, or regulation is in a policy/procedure manual, posted in a memorandum or the employee was verbally informed and the conversation with the employee was documented.

30. MANNER OF ISSUING ORDERS

Orders from supervisor to subordinate employees shall be in clear and understandable language, civil in tone, and issued in pursuit of departmental business.

31. PERFORMANCE ON DUTY

A. All employees shall promptly perform their duties as required or directed by law, department rule, policy, procedure, order, or by order of a supervisor.

B. Employees shall maintain sufficient knowledge to properly perform their duties and assume the responsibilities of their position.

- C. Employees shall perform their duties in a manner that will maintain the highest standards of efficiency in carrying out the functions and objectives of the Department.

32. TRUTHFULNESS

Upon the order of a supervisor, Division Director, Assistant Chief Probation Officer or Chief Probation Officer or their designee, employees shall truthfully answer all questions that may be asked of them specifically related to the scope of employment.

33. HOURS ON DUTY

A. Pursuant to California Penal Code 830.55, Juvenile Detention Officers are peace officers while they are on duty.

B. Juvenile Detention Officers are considered on duty during their assigned working hours. Assigned hours can be regularly scheduled or when filling shifts or called to duty by the Division Director, Supervisor, or their designee.

C. Pursuant to California Penal Code 830.5, Deputy Probation Officers (DPO) are considered on duty during their assigned working hours, or authorized special assignment hours or if after their assigned working hours have ended and the DPO sees a violation and chooses to go on duty (within department policy).

D. Employees shall be considered "off-duty" during other hours.

34. TARDINESS

All employees shall be punctual in reporting for duty.

35. ABSENCE FROM DUTY

A. Every employee that fails to appear for duty at the date, time, and place specified by their written schedule or a directive from a Officer in Charge, supervisor, Division Director, Assistant Chief Probation Officer or Chief Probation Officer (proper authority), without the consent of a proper authority, is "absent without official leave."

B. Such absences shall be reported, in writing, to the director by the employee's supervisor.

C. Absence without authorized leave may be cause for disciplinary action.

36. PHYSICAL FITNESS

All employees of the Department shall maintain themselves in physical condition that enables them to perform the duties as defined by the County Job Description and Board of State Community Corrections standards.

37. USE OF ALCOHOL OFF-DUTY

Employees, while off-duty, shall refrain from consuming intoxicating beverages to the extent that it renders them unfit to report for their next regular assigned work shift.

38. INTOXICATION

Employees shall not, at any time, have a measureable amount of an intoxicating substance in their system while on duty.

39. POSSESSION & USE OF DRUGS

A. Employees shall not store or bring into any probation department building, detention facility or county vehicle, alcoholic beverages, controlled substances, narcotics, or hallucinogens.

B. Employees shall not possess or use any controlled substance, narcotics, or hallucinogens, except when prescribed in the treatment of employees by a licensed physician or dentist.

C. When controlled substances (that may impair an employee's ability to do his/her job as described by the physician, pharmacist or warning label), narcotics, or hallucinogens are prescribed, employees shall notify their supervisor.

40. IDENTIFICATION

Except where impractical or feasible, or where the identity is obvious, employees shall identify themselves upon request of the public, peers, or supervisor.

41. ABUSE OF POSITION

Employees shall not use their official position, official identification cards or badges for:

A. Personal or financial gain;

B. Obtaining privileges otherwise not available to them, except in performance of duty;

C. Avoiding consequences of illegal acts.

42. SOLICITATION

Employees or organizations of employees (i.e. their children's sport teams, associations, and unions) shall not solicit, collect, or receive any money or other things of value, nor shall they sell tickets of chance of any kind while on duty, without obtaining prior permission from the Division Director.

43. PUBLICITY

Employees shall not seek personal publicity in the course of their employment.

44. COMMERCIAL TESTIMONIALS

In addition to the directives outlined in Shasta County Personnel Rules Chapter 28, employees shall adhere to the following:

- A. Employees shall not permit their names or photographs to be used to endorse any product or service, which in any way is connected with official duties, without permission of the Chief Probation Officer through the chain of command.
- B. Employees shall not, without permission of the Chief Probation Officer through
- C. The chain of command, allow their names or photographs to be used in any commercial testimonial that alludes to their position or employment with the department.

45. ASSOCIATION

Employees shall conform to the department's fraternization policy.

46. VISITING PROHIBITED ESTABLISHMENTS

Employees shall not knowingly visit, enter, or frequent a house of prostitution, gambling house, club, or other establishment wherein the laws of the United States, the state or local jurisdiction are violated, except in the performance of duty, and while acting under proper and specific orders from a supervisor.

47. OFF-DUTY EMPLOYMENT

In addition to the directives outlined in Shasta County Personnel Rules Chapter 28, employees shall adhere to the following:

- A. Employees may engage in off-duty employment, subject to the following limitations:
- B. Such employment shall not interfere with the employee's employment with the department and shall not be for any other Shasta County Department.
- C. Employees shall submit written requests to engage in any off-duty employment, through the chain of command, to the Chief Probation Officer, whose approval must be granted prior to engaging in any paid employment.
- D. Approval may be denied or revoked where it appears that the off-duty employment might:
 - i. Render the employee unavailable during an emergency.
 - ii. Physically or mentally exhaust employees to the point that his/her performance may be affected.

- iii. Require that any special consideration be given to scheduling any employee's regular duty hours.
- iv. Bring the county into disrepute or impair the operation or efficiency of the department or employee.
- E. No county equipment, department identification, or county services will be used in connection with an employee's off-duty employment.
- F. It is the Department's position that any full time, regular employee will consider employment by the Department as his/her primary employment.
- G. Any request for outside employment will be considered as secondary to the Department's needs.

REPLACEMENT HISTORY:

Created: 3/12/2013

Revised: 9/26/2013; 10/18/2013

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.2	Smoking/Tobacco Use	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a tobacco free environment.

PROCEDURES

I. GENERAL INFORMATION

- A. The use and/or possession of tobacco in any form in the facility or on the grounds, except in designated areas, is prohibited.
 - a. This includes all forms of smokeless chewing tobacco.
- B. Non-tobacco “fake” chewing or snuff products are prohibited in all forms, in the facility or on the grounds, except in designated areas.
- C. The designated areas for using tobacco products are located in the employee and public parking lots.
 - a. You must be more than 20 feet from all entrances to the actual building.
 - b. If in the employee parking lot, you must be more than 20 feet from the fence line to the East Recreation Yard.
 - c. Staff utilizing the designated smoking areas are responsible for disposing wrappers, packaging, and cigarette butts in the designated container.
- D. Staff may only utilize the designated smoking areas during their approved break time. Staff shall not allow their use of tobacco products to interfere with the performance of their assigned duties.
- E. Staff shall not use tobacco in any form, including Vape devices, E-Cigarettes or any electronic nicotine device, while supervising in custody youth inside or outside of the facility .

REPLACEMENT HISTORY:

Created: 11/19/2013
Revised: 10/29/18

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.4	Citizen Complaints	SECTIONS: 1361	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a system of receiving, reviewing and investigating citizens' complaints, which protects the public interest as well as the integrity and reputation of the Probation Department and its employees.

The following policies are established, in accordance with department policy and Section 832.5 of the California Penal Code, to establish a procedure for receiving, reviewing, and investigating complaints by members of the public against employees of the Juvenile Rehabilitation Facility.

PROCEDURES

I. GENERAL INFORMATION

A. Complaints by members of the public involving the Shasta County Probation Department's personnel may be made by telephone, mail or in person.

1. Verbal complaints should be directed to a Supervising Juvenile Detention Officer, Supervising Probation Officer or Division Director (not to the Officer of the Day), who will attempt to resolve the issue or Provide the complainant with a Citizens' Complaint form.
2. Citizens' Complaint forms shall be available at all Shasta County Probation locations along with the Citizen Complaint Procedure Brochure.
3. If a complaint is initially made by telephone, a Citizens' Complaint form shall be mailed to the complainant. The Citizens' Complaint form must be submitted either to any Shasta county Probation location or by mail to:

Shasta County Probation
ATTN: Administration
2684 Radio Lane
Redding CA 96001

4. All complaints whether verbal or written shall be reviewed and investigated.
- B. All completed Citizens' Complaint forms will be referred to the Assistant Chief Probation Officer (ACPO.) If completed forms are submitted outside of normal County business hours applicable to the Administration Division of Shasta County Probation, the complaint will be referred to the highest ranking supervisor on duty in the involved division.

1. If the complaint does not require immediate action, the supervisor will advise the complainant that he or she will be contacted by personnel from Administration as soon as practical.
2. If the complaint is of such a serious nature that immediate action should be considered, the supervisor will contact the Division Director.
3. Pursuant to Section 832.7(b) of the Penal Code, the complainant shall be provided a copy of his or her own statement at the time the complaint is filed. The complainant is not entitled to any documents other than his or her own statement unless the complainant is entitled to those documents under some other provision of law.

II. INVESTIGATION AND FINDINGS

A. The ACPO will document all complaints by members of the public. An initial investigation of the complaint will be conducted. Following the initial investigation, the ACPO may determine the disposition of the complaint or, the ACPO will assign an internal affairs investigator to investigate the complaint. As a general rule, investigations of complaints shall be completed within 90 days following the date the complaint was initiated. However, the ACPO has the discretion to extend this time limit. Following investigation of the complaint the ACPO shall make a finding regarding the merits of the complaint.

1. The possible findings are:

a. Frivolous

The complaint was either (1) totally and completely without merit, or (2) made for sole purpose of harassing the peace officer.

b. Unfounded

The investigation clearly established that the allegation is not true.

c. Exonerated

The investigation clearly established that the actions of the peace officer that informed the basis for the complaint are not violations of law or department policy.

d. Not Sustained

The investigation discloses insufficient evidence to prove or disprove the allegation(s).

e. Sustained

The investigation discloses the act complained of did occur and constitutes misconduct.

B. The department will provide written notification to the complainant of the disposition of the complaint within 30 days of the disposition. If an address was not provided, an attempt to notify the complainant by telephone will be made. The letter will include:

1. An explanation of confidentiality restrictions imposed under Section 832.7(a) of the Penal code.
2. The finding.

C. Complaints and any reports or findings relating to the complaints shall be retained and filed as follows.

1. Records maintained pursuant to this policy shall be maintained in accordance with Section 832.5 of the Penal Code and shall be kept secure at all times with access only by designated personnel. These records shall be confidential and shall disclose in any criminal or civil proceedings except pursuant to section 832.7(a) of the Penal Code.

a. Internal Affairs Files

When it is determined that a formal internal affairs investigation should be conducted concerning a Citizen's Complaint, the complaint, reports and findings shall be retained and filed as follows:

- i. Where the complaints are determined to be "Sustained," in whole or in part, the complaints, reports, and findings will be retained in the "Substantiated IA File" for at least five years, and copies of the findings will be retained in the "Substantiated Citizen's Complaint file" for at least five years.
- ii. Where the complaints are determined to be "Sustained," in whole or in part, copies of the complaints, reports and findings may also be retained in the officer's departmental and/or official personnel files in connection with performance related documentation that may be generated as a result of the finding. Such performance related documentation includes, but is not limited to, counseling memoranda, performance evaluations, and/or formal disciplinary action.
- iii. Where the complaints are determined, in their entirety, to be "Not Sustained," "Exonerated," or "Frivolous," the complaints, reports and findings will be retained in the "Unsubstantiated IA File" for at least five years, and copies of the findings will be retained in the "Unsubstantiated Citizen's Complaint File" for at least five years.

b. Citizens Complaint Files

When Citizen's Complaints do not result in formal internal affairs investigations, the complaints, reports, and findings shall be retained and filed as follows:

- i. Where the complaints are determined to be "Sustained," in whole or in part, the complaints, reports, and findings will be retained in the "Substantiated Citizens' Complaint File" for at least five years.
- ii. Where the complaints are determined to be "Sustained," in whole or in part, copies of the complaints, reports and findings may also be retained in the officer's departmental and/or official personnel files in connection with performance related documentation includes, but is not limited to, counseling memoranda, performance evaluations, and/or formal disciplinary action.
- iii. Where the complaints are determined, in their entirety, to be

“Not Sustained, “Exonerated,” “Unfounded,” or “Frivolous, “ the complaints, reports and findings will be retained in the “Unsubstantiated Citizen’s Complaint File” for at least five years.

- D. Nothing in this policy shall be construed to limit any peace officer’s rights under the Public Safety Officers’ Procedural Bill of Rights Act (California Government Code Section 3300 et seq.), to the extent that statute is applicable.

REPLACEMENT HISTORY:

Created: 12/3/2013

Revised:

REFERENCES

- Shasta County Probation Department Citizens’ Complaint policy.
- Sections 832.5 and 832.7 of the California Penal Code.

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.3	Cell Phone Use	SECTIONS:	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to empower staff to provide the maximum level of attention to their duties and maximum level of supervision over the residents in their care. Cell phones are considered an unnecessary distraction for officers engaged in the supervision of residents.

PROCEDURES

I. GENERAL PROVISIONS

- A. The possession or use of a cell phone at an officer's post is prohibited, unless approved by a supervisor, OIC, or facility director.
 - a. Said approval shall only be granted on a case by case basis and limited to that specific day and shift.

- B. Officers shall store their cell phone in the break room or in their locker and use them during breaks away from their post.

REPLACEMENT HISTORY:

Created: 11/19/2013
Revised: 01/07/2015

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.4	Use of Computer	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the use of county computers and email by department staff shall be in accordance with the Shasta County Electronics Assets and Information Security Policy.

PROCEDURES

I. GENERAL INFORMATION

- A. Staff shall not allow their use of the county computer to interfere with their primary duty to provide direct supervision over residents.
 - 1. Staff shall ensure that enough staff are present to provide effective supervision or request they be relieved from their post to complete their task.

II. EMAIL

- A. Staff shall be assigned a county email address upon hire.
- B. All sent and received email and attached files are not secure and subject to review at any time.
- C. Staff shall check their email at least one time per shift.
- D. Staff shall ensure that all sent correspondence is written in a professional manner that reflects a positive probation image.
- E. Staff shall thoroughly read all email from facility management and, if prompted, allow read receipts to be communicated back to the sending supervisor.
- F. Email as a means of notification
 - 1. Facility management will use email to notify staff of prevention link assignments. These assignments will be the primary avenue for notifying staff of changes in policy, procedures, post orders, or practices within the facility.

III. INTERNET

- A. Staff who have access to the internet through their department sign on shall conform to county policy as outlined in Chapter 26 of the Personnel Rules.

- B. Staff shall not download any programs or software unless authorized by Information Technology staff.

REPLACEMENT HISTORY:

Created: 11/19/2013

Revised:

REFERENCES

- Shasta County Personnel Rules, Chapter 26, Electronic Assets and Information Security

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.5	Off-Duty Contact with Residents/Families	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that to protect against conflict of interest, whether actual or perceived, and to uphold the public trust, personal contact between staff and a current resident, former resident, or their families is not permitted without the authorization of administration.

Employees may seek express written approval for contact that may be covered by this policy, or the department Fraternalization Policy.

PROCEDURES

I. CONTACT WITH CURRENT RESIDENTS

- A. Juvenile Hall staff are not to establish social, business or recreational relationships with residents of the JRF or their families.
- B. If such a relationship existed before the resident entered the facility, staff must notify the facility director or supervisor, in the absence of the director, as soon as they learn of the resident's detention in the facility.
- C. The facility director or supervisor will review the situation with the affected staff and establish an appropriate solution to remedy and deter any supervision activity that could result in the appearance of professional conflict, misunderstanding or embarrassment for either the staff or the resident.

II. CONTACT WITH FORMER RESIDENTS

- A. Staff are to comply with the department Fraternalization Policy.
- B. Staff are not to initiate any unofficial contact with a resident after the resident's release. This includes:
 1. Physical contact
 2. Phone contact
 3. Written correspondence
- C. Staff are directed not to engage in any personal, social or business relationship with any former resident or their families.
- D. Should a former resident initiate contact with staff, other than incidental contact as defined below, staff will advise the former resident that this

contact is against department policy.

- E. Staff will inform their supervisor of the contact as soon as practical, but no later than the end of their next scheduled shift.
- F. Incidental contact is defined in this policy as a chance meeting while in the community that was unplanned and consisting of polite gestures or conversation that maintain an appropriate professional boundary.
- G. On occasion, former residents might call the facility to speak with staff that they consider to be caring and supportive. In these instances, staff may engage in conversation with the former resident, providing support and listening so long as the contact remains professional.
- H. Letters sent to staff from former residents must be reported to the supervisor on duty.
 - 1. This does not apply to thank you cards from former residents or their families.
- I. Staff is not allowed to give or receive any gifts from any resident, former resident, their family or representative.

REPLACEMENT HISTORY:

Created: 3/12/2013

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.6	Staff Interaction with Residents	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that to promote an environment of professionalism, staff will adhere to the following set of guidelines in their daily interactions with residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Each staff member is responsible to help create a safe and secure environment that promotes a positive, growth oriented experience that promotes healthy morals and values, accountability and supports rehabilitation.
- B. Staff are expected to encourage and guide residents in a manner that promotes self-control and self esteem.

II. GUIDELINES FOR STAFF INTERACTIONS WITH RESIDENTS

- A. Staff are expected to be clear and firm in setting boundaries with residents regarding their behavior, as well as following through with prescribed consequences.
- B. Staff shall refrain from choosing the path that makes their shift easier over the path that is best for the minor(s).
- C. Staff will consistently assist residents in understanding the behavior expectations.
- D. Staff will help residents find solutions to their problems.
- E. Staff will encourage and allow residents to make choices while making sure they know the possible consequences before they make the choices.
 - 1. Seek to teach residents how to understand the possible consequences, both positive and negative, of their decisions before they make the choices.
 - 2. Impart to residents the message that the more information a person has, the better the decisions that can be made.

- F. Staff will treat residents in a caring and respectful manner, and expect to be treated in the same manner.
 - 1. If residents believe staff cares for them as individuals, they are more likely to respond in a positive manner.
- G. Staff will respond to negative behavior in a calm, objective manner.
- H. Every attempt will be made by staff to redirect a resident's inappropriate behavior.
- I. Staff will positively reinforce and recognize desired behavior at every opportunity.
- J. Staff should make residents aware of expectations.
- K. Expectations are to be reasonable and consistent with the goals of the level system.
- L. Staff's comments should focus on the specific behavior being addressed.
- M. Comments of a personal nature towards residents are not acceptable.
- N. Praise may be appropriate in front of the group.
- O. Staff should avoid group discipline or general admonitions where selective and individual corrective methods would be more effective.
- P. Staff should provide opportunities for success and achievement that supports self-esteem.
- Q. Staff should serve as positive role models for the residents.

REPLACEMENT HISTORY:

Created: 3/12/2013

Revised: 11/18/2013

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.7	Sexual Harassment	SECTIONS:	<i>1 of 3</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to safeguard the rights and opportunities of members of the public, residents and staff by providing an environment free from unwelcome sexual overtures and related harassment.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy contains excerpts from the Shasta County Personnel Rules, Chapter 22, relating to Sexual Harassment. The full policy can be located in that document which is accessible via both county intranet and internet.
- B. Sexual harassment is a type of sex discrimination and is a violation of Title VII of the Civil Rights Act of 1964, as well as the California Fair Employment and Housing Act.
- C. "Sexual harassment," as used in the Shasta County Personnel Rules, includes any unsolicited and unwelcome sexual conduct when that conduct is directed toward a person because of that person's sex or gender, and:
 - 1. Submission to the conduct is made either explicitly or implicitly a term or condition of employment;
 - 2. Submission to or rejection of the conduct by an employee is used as a basis for employment decisions affecting the employee; or
 - 3. Such conduct has the purpose or effect of unreasonably interfering with an employees work performance or creating an intimidating, hostile, or otherwise offensive work environment.
- D. "Sexual harassment" does not refer to behavior or occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, that lowers morale and that, therefore, interferes with work efficiency. Sexual harassment may take different forms. It may be overt or subtle. One specific form is the demand for sexual favors. Other forms of harassment include but are not limited to:
 - 1. Verbal: Sexual innuendos, suggestive comments, whistling, jokes of a sexual nature, sexual propositions, degrading comments, or threats, whether made in person, by telephone or in messages left on voice

mail.

2. **Visual:** Sexually suggestive objects, pictures, or cartoons; leering; obscene gestures; or degrading or vulgar communications made in writing or by fax, email, or other computer transmissions.
3. **Physical:** Unwanted physical contact, including touching, pinching, brushing the body, assault, battery, coerced sexual intercourse or making explicit or implicit threats or promises in return for submission to physical acts.

II. EMPLOYEE RESPONSE TO SEXUAL HARASSMENT

A. An employee who feels he/she is being harassed is encouraged to inform the harasser, either verbally or in writing, that the behavior is unwelcome, offensive, in poor taste or otherwise inappropriate. If this does not resolve the problem, or if an employee feels uncomfortable, threatened, or has difficulty expressing his/her concern, they should submit a verbal complaint.

B. Verbal Complaint

1. Verbally report the alleged act immediately to his/her supervisor, the facility Director, the Chief Probation Officer or designee, or the Personnel Director or his/her designee.
2. If the verbal report does not promptly and effectively remedy the situation, the employee shall file a formal complaint.

C. Formal Complaint

1. Complaining employee should file a formal complaint within 30 days of the alleged act.
 - a. The complaint should be in writing and shall be filed with the Personnel Director or his/her designee.
 - b. The complaint may be delivered in person or mailed to the Director of Personnel, 1450 Court Street, Room 348, Redding, CA 96001.
 - c. The complaint should be delivered in a sealed envelope and marked "Confidential."
2. The formal complaint must address the following information to allow a comprehensive investigation to be conducted:
 - a. The complainant's full name.
 - b. The complainant's job title and department.
 - c. The full name and employment classification of the person or persons allegedly responsible for the discrimination or harassment.
 - d. A plain, concise statement of the facts constituting the alleged discrimination or harassment.
 - e. The date or dates on which the alleged discrimination or harassment occurred.
 - f. The name and telephone number of any witness.
 - g. The complainant's signature, address, telephone number, and the date of signing the complaint.
3. Formal complaints will be investigated in a timely and confidential

manner.

- a. Reasonable attempts shall be made to protect the confidentiality of the complainant, however confidentiality cannot be guaranteed given the extent of the investigation which may take place.

REPLACEMENT HISTORY:

Created: 12/3/2013

Revised:

REFERENCES

- Shasta County Personnel Rules, Chapter 22, Policy Against Discrimination and Harassment.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.8	Non-Discrimination	SECTIONS: 1324	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to safeguard the rights and opportunities of members of the public, residents and staff by providing an environment free from unlawful discrimination, in all forms.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy contains excerpts from the Shasta County Personnel Rules, Chapter 22, relating to Discrimination and Harassment. The full policy can be located in that document which is accessible via both county intranet and internet.
- B. Discrimination in employment is unlawful when decisions regarding the terms, conditions or benefits of employment are based on an applicant or employee's actual or perceived protected status, such as race, National origin, gender or sex, age, mental or physical disability, certain medical conditions, genetic characteristics, religion, marital status or sexual orientation.
- C. The Personnel Rules prohibits four types of illegal discrimination:
 1. Disparate treatment: Treating an individual differently because of his/her protected status;
 2. Disparate impact: Following a policy or practice that has a discriminatory impact on a protected group of persons;
 3. Harassment: Treating an individual in such an abusive or hostile way because of his/her protected status that it unreasonably interferes with an employee's work performance or creates a hostile work environment;
 4. Retaliation: Harassing or imposing an adverse employment action because an individual filed a discrimination complaint, or in some other way opposed the discriminatory practices, including participation in an investigation, proceeding or hearing including discriminatory practices.
- D. Actions that constitute harassment include:
 1. Verbal harassment: Epithets, derogatory comments, threats, slurs, or other offensive words or comments.
 2. Physical harassment: Assault, battery, impeding or blocking movement, or the physical interference with normal work, privacy or movement.

3. Visual forms of harassment: Derogatory, prejudicial, stereotypical or otherwise offensive posters, photographs, cartoons, notes correspondence, email messages or drawings.
- E. Unlawful harassment occurs when an employee's conduct, such as that described above, is based on an individual's actual or perceived protected status AND that conduct:
1. Unreasonably interferes with an individual's work performance, or
 2. Creates an intimidating, hostile, or offensive working environment, or
 3. Influences or affects an individual's salary, employment conditions, position or some other aspect of career development.

II. EMPLOYEE RESPONSE TO HARASSMENT

- A. An employee who feels he/she is being harassed is encouraged to inform the harasser, either verbally or in writing, that the behavior is unwelcome, offensive, in poor taste or otherwise inappropriate. If this does not resolve the problem, or if an employee feels uncomfortable, threatened, or has difficulty expressing his/her concern, they should submit a verbal complaint.
- B. Verbal Complaint
1. Verbally report the alleged act immediately to his/her supervisor, he facility Director, the Chief Probation Officer or designee, or the Personnel Director or his/her designee.
 2. If the verbal report does not promptly and effectively remedy the situation, the employee shall file a formal complaint.
- C. Formal Complaint
1. Complaining employee should file a formal complaint within 30 days of the alleged act.
 - a. The complaint should be in writing and shall be filed with the Personnel Director or his/her designee.
 - b. The complaint may be delivered in person or mailed to the Director of Personnel, 1450 Court Street, Room 348, Redding, CA 96001.
 - c. The complaint should be delivered in a sealed envelope and marked "Confidential."
 2. The formal complaint must address the following information to allow a comprehensive investigation to be conducted:
 - a. The complainant's full name.
 - b. The complainant's job title and department.
 - c. The full name and employment classification of the person or persons allegedly responsible for the discrimination or harassment.
 - d. A plain, concise statement of the facts constituting the alleged discrimination or harassment.
 - e. The date or dates on which the alleged discrimination or harassment occurred.

- f. The name and telephone number of any witness.
 - g. The complainant's signature, address, telephone number, and the date of signing the complaint.
3. Formal complaints will be investigated in a timely and confidential manner.
 - a. Reasonable attempts shall be made to protect the confidentiality of the complainant, however confidentiality cannot be guaranteed given the extent of the investigation which may take place.

REPLACEMENT HISTORY:

Created: 12/3/2013

Revised:

REFERENCES

- Shasta County Personnel Rules, Chapter 22, Policy Against Discrimination and Harassment.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.9	Cultural Responsivity	SECTIONS: 1324	1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) that staff shall accept and respect cultural differences among all others with whom they interact, taking into consideration race, language, ethnicity, sexual orientation, gender, gender expression, immigration status, and values.

- I. All JRF Staff will be trained in Cultural Diversity as part of the Probation Department Training Plan.

- II. JRF Programming and Juvenile Court School curriculum and activities reflect the regional area, customs, and traditions of the JRF staff and the youth we serve. Examples of this may include, but are not limited to:
 - a. Holiday celebrations
 - b. Youth birthday celebrations
 - c. Staff-provided recipes/traditions
 - d. Youth-provided recipes/traditions
 - e. Native American drumming
 - f. Talking circles
 - g. Black History Month
 - h. Art
 - i. Poetry
 - j. Spoken word/rap
 - k. Sports

REPLACEMENT HISTORY:

Created: 11/21/18

Revised:

REFERENCES

Shasta County Probation Peace Officer Training Plan

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.3.10	Trauma-Informed Approaches to Working with Youth	SECTIONS: 1324	1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) that staff shall be trained in trauma-informed approaches to working with youth.

Utilizing a trauma-informed approach to working with youth and families is a best practice and assists with understanding why youth may demonstrate behavior and maturity that incongruent to their chronological age.

1. JRF Staff will receive training in the following areas:
 - a. Child Trauma/Adverse Childhood Experiences (ACEs)
 - b. Trauma Informed Care and Protective Factors
 - c. Effects of trauma on child development
 - d. Resiliency

REPLACEMENT HISTORY:

Created: 11/21/18

Revised:

REFERENCES

Shasta County Probation Peace Officer Training Plan

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.5	Staff Grievances	SECTIONS: 1341	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide employees with a fair and objective process that will assist in resolving employment-related complaints.

PROCEDURES

I. DEFINITIONS

A. Grievance

1. A grievance is a claimed violation, misapplication, or misinterpretation of a specific provision of the 2013-2016 Memorandum of Understanding between the County of Shasta and the Shasta County Professional Peace Officers Association (MOU), or one of the policies listed in Chapter 9 of the Personnel Rules, which are:
 - a. Voluntary Time Off Without Pay
 - b. Leaves of Absence
 - c. Drug/Alcohol Testing Policy
 - d. Salary administration provisions dealing with merit steps, salary on promotion, reclassification, transfer and demotion and anniversary dates
 - e. Layoff Provisions
2. Disciplinary actions, performance evaluations, preambles, purpose clauses and the exercise or lack of exercise of County Rights shall not be grievable, nor shall any complaint be grievable for which a separate appeal process is established.

B. Grievant

1. An employee covered by the provisions of the MOU who is filing a grievance as defined above. Individual grievances with alleged violations, misapplication or misinterpretations affecting more than one employee in a substantially similar manner may be consolidated at the discretion of management as a group grievance and shall thereafter be represented by a single grievant.

II. INFORMAL RESOLUTION

- A. Within twenty (20) days from the event giving rise to a grievance or from the date the employee could reasonably have been expected to have had knowledge of such event, the grievant shall orally discuss his/her grievance with his/her immediate supervisor. The supervisor shall have seven (7) days within which to respond. If the employee is dissatisfied with

the response to his/her complaint, or if the employee receives no response, the complaint may, within fourteen (14) days after the supervisor's response was due, be formally submitted as a grievance in accordance with the following procedure.

III. FORMAL PROCESS

- A. **Step 1:** If a grievant is not satisfied with the resolution proposed at the informal level, the grievant may within fourteen (14) days after the supervisor's response was due file a formal written grievance with his/her manager on a form provided by the County Personnel Office containing a statement describing the grievance, the section of this Agreement allegedly violated, and remedy requested. The manager, or his/her designee, shall, within seven (7) days have a meeting with the grievant and within seven (7) days thereafter give a written answer to the grievant.
- B. **Step 2:** If the grievant is not satisfied with the written answer from his/her manager, the grievant may, within seven (7) days from the receipt of such answer, file a written appeal to the Department Head. Within fourteen (14) days of receipt of the written appeal, the Department Head or his/her designee, shall investigate the grievance which may include a meeting with the concerned parties and, thereafter give written answer to the grievant within seven (7) days.
- C. **Step 3:** If the grievant is not satisfied with the written answer from the Department Head, the grievant may, within seven (7) days from the receipt of such answer, file a written appeal to the Grievance Board. The Grievance Board shall review, investigate and hear the grievance, and render its written decision within twenty-one (21) days of receipt of the employee's appeal. The majority decision of the Board shall be final and binding, subject to ratification by the Board of Supervisors only if said decision mandates a capital expenditure or significant, un-budgeted expenditure. In those instances, actions by the Board of Supervisors may include modifications or reversals.

IV. GRIEVANCE BOARD

- A. The Grievance Board shall consist of three (3) members as follows who shall act as neutrals:
 - 1. A Department Head, or his/her designee, of a County department other than that in which the aggrieved employee is assigned, to be appointed by the County Executive Officer,
 - 2. A County employee represented and designated by the Association, and
 - 3. The County Personnel Director, or his/her designee, who shall serve as chairperson.
- B. The Association designee shall be granted release time to participate in the activities of the Grievance Board.

V. GENERAL PROVISIONS

- A. If a grievant fails to carry his/her grievance forward to the next level within the prescribed time period, the grievance shall be considered settled based upon the decision rendered at the most recent step utilized.
- B. If a manager fails to respond with an answer within the given time period, the grievant may appeal his/her grievance to the next higher level as if a negative response had been received on the final day for the decision.
- C. The grievant may be represented by a person of his/her choice at any formal level of this procedure.
- D. Prior to or during the steps of the grievance procedure, the grievant or his/her representative, supervisor(s), or Department Head may consult with the County Personnel Director.
- E. Time limits and formal steps may be waived by mutual written consent of the parties.
- F. Proof of service shall be accomplished by certified mail or personal service.
- G. The County Personnel Office shall serve as the repository for all grievances filed, regardless of the step in the procedure at which each is resolved. A copy of all grievances, written replies, appeals, decisions and other supportive material should be submitted to the County Personnel Office.

VI. COMPLAINT PROCEDURE

- A. Chapter 9, Section 9.6 of the County Personnel Rules outlines a Complaint Procedure, stating that an employee may bring non-grievable items to the attention of the department head by memo through the department's chain of command. Should the employee feel the issue is unresolved at that level, he/she may bring it to the Personnel Director for consideration and final decision.

REPLACEMENT HISTORY:

Created: 9/27/2013

Revised:

REFERENCES

- Article 17 of the 2013-2016 Memorandum of Understanding between the County of Shasta and the Shasta County Professional Peace Officers Association.
- Chapter 9, County Personnel Rules

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
3.6	Staff Discipline	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain an employee discipline process that protects the rights of employees, enforces high standards of professional conduct, and ensures the safe and efficient operation of the facility in compliance with all applicable regulations and codes.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy addresses the procedure for how observed misconduct or allegations of misconduct are handled, informal methods of correcting performance, and the process for written reprimands.
- B. Segments of the department and county policy regarding Disciplinary Action are addressed in this policy. The complete Disciplinary Action policy and procedures can be found in Article 15 of the Memorandum of Understanding (MOU) between the County of Shasta and the Professional Peace Officers Association.

II. ALLEGATIONS OF MISCONDUCT

- A. The responsible supervisor, division director and Chief Probation Officer are to be notified through the chain of command, operating in both directions, of any allegation of inappropriate conduct committed by staff.
- B. An administrative decision shall be made as to whether an internal investigation is appropriate, or if a referral to an outside law enforcement agency needs to be made.
 1. All concerned parties may be asked to complete a written statement of facts surrounding the allegation and may be interviewed.
 2. Should a determination be made that the misconduct is minor in nature, the immediate supervisor could be tasked with pursuing corrective action through the informal methods stated below.
 3. Should a determination be made that an internal investigation is to be conducted, a designated investigator shall be responsible for interviewing the accused staff and their chosen representative in accordance with county and department policy and Government Code Section 3303.

III. INFORMAL METHODS OF CORRECTING PERFORMANCE

A. Verbal Counseling

1. This occurs when a supervisor sits down with an employee and discusses in detail a performance problem. The supervisor's duty during this conversation is to ensure that the staff member understands what the desired performance goal is and what support is available to assist them in achieving it.
2. This may be followed up with an informal email that can be copied to the employee's site file.

B. Written Performance Reminder

1. This is a memorandum that is provided to the staff member that documents a performance problem, that it was brought to the staff member's attention by a supervisor, and outlines the expectations going forward.
2. The staff member signs this document to acknowledge receipt and a copy is placed in the staff members department personnel file for one year.
3. At the end of the year, the Performance Reminder is removed from the department personnel file upon the written request of the staff member.

C. Performance Evaluation

1. Personnel rules allow for a supervisor to give a performance evaluation more often than annually if deemed necessary. Personnel rules further state that the goals of performance evaluations includes:
 - a. Improving employee work performance.
 - b. Setting consistent and legitimate work standards.
 - c. Identifying employee training needs.
 - d. Holding employees responsible for their work.
2. Should staff receive a rating in an evaluation category that is "Improvement Needed" or "Unacceptable," that staff member will be placed on a Performance Improvement Plan (PIP).
 - a. The PIP will describe in clear terms the performance problem, the standard of performance the supervisor expects the employee to meet, and a deadline for achieving that standard of performance.
 - b. The PIP will include a description of all training, assistance and oversight that will be provided to an employee during the evaluation period.

IV. WRITTEN REPRIMAND

A. A Written Reprimand is a formal reprimand, the details of which are committed to writing and placed in the employee's personnel file.

B. An employee receiving a written reprimand may, within five (5) working days, appeal such action to the Department Head or designee. Within five (5) working days thereafter, the Department Head, or designee shall respond to the employee in writing by either granting or denying the

appeal. Such response shall be final.

REPLACEMENT HISTORY:

Created: 9/27/2013

Revised: 12/2/2013

REFERENCES

- Article 17 of the 2013-2016 Memorandum of Understanding between the County of Shasta and the Shasta County Professional Peace Officers Association.
- Chapter 9, County Personnel Rules

Chapter 5 General Duties and Procedures

- 5.1 Beginning Shift
 - 5.1.1 Reporting to Post
 - 5.1.2 Verification of Population
 - 5.1.3 Post Inspection and Inventory
 - 5.1.4 Shift Briefing

- 5.2 Supervision of Residents
 - 5.2.1 Interaction with Residents
 - 5.2.2 Room Safety Checks
 - 5.2.3 Resident Dress Code
 - 5.2.4 Residents with Disabilities
 - 5.2.5 Pregnant Residents
 - 5.2.6 Transgendered Residents
 - 5.2.7 Non Discrimination
 - 5.2.8 Tier Operations
 - 5.2.9 Supervision During School

- 5.3 Booking Operations
 - 5.3.1 Booking Post Orders
 - 5.3.2 Holding Cells
 - 5.3.3 Safety Room
 - 5.3.4 Booking Procedures
 - 5.3.4.1 Guidelines for Medical Clearances
 - 5.3.5 Foreign Nationals
 - 5.3.6 Classification and Housing Assignments
 - 5.3.7 Resident Property Storage
 - 5.3.8 Release Procedures
 - 5.3.9 Resident Orientation

- 5.4 General Population Pod Procedures
 - 5.4.1 Pod Post Orders
 - 5.4.2 Pod Schedules
 - 5.4.3 Group Supervision
 - 5.4.4 Meal Service
 - 5.4.5 Resident Hygiene
 - 5.4.6 Facility Maintenance
 - 5.4.7 Clothing and Bedding Exchange
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- 5.4.9 Resident Access to Telephone
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- 5.5 Court Procedures
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- 5.7 Resident Programming and LME
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 - 5.7.3 Religious Programming
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 - 5.7.5 Voter Registration
 - 5.7.6 Leaders of Tomorrow Club
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- 5.8 Behavioral Expectations of Residents
 - 5.8.1 Behavior Management System
 - 5.8.2 Facility Rules
 - 5.8.3 Discipline
 - 5.8.4 Reports and Documentation
 - 5.8.5 Due Process
 - 5.8.6 Evidence Collection
- 5.9 Resident Grievances
- 5.10 Allegations of Sexual Assault or Misconduct
 - 5.10.1 PREA
 - 5.10.2 Sexual Harassment
- 5.11 Resident Access to Services
 - 5.11.1 Resident Access to Medical Services
 - 5.11.2 Resident Access to Mental Health Services
 - 5.11.3 *NOT ASSIGNED*
 - 5.11.4 Resident Access to Legal Services
- 5.12 Suicide Prevention

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.1.1	Reporting to Post	SECTIONS:	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff shall report to their post, with full gear and ready to work, by the start of their shift.

PROCEDURES

I. GENERAL INFORMATION

- A. Staff shall arrive at their assigned post by the start of their scheduled shift, fully dressed and equipped, and ready to assume their duties.

- B. Staff are permitted to take all issued equipment and uniform/clothing home with them, excluding their issued portable radio. This is to promote staff ability to arrive at their assigned post by the start of their scheduled shift fully dressed and equipped, and ready to assume their duties.
 - 1. Refer to Section 3.1.4, Dress Code.

REPLACEMENT HISTORY:

Created: 1/9/2014

Revised:

REFERENCES

- 3.1.4 Dress Code

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.1.2	Verification of Population	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the population of residents detained in the facility shall be verified at the beginning and end of each shift.

PROCEDURES

I. GENERAL INFORMATION

- A. Verification of Population shall be done by staff within 5 minutes of the beginning and end of every shift.
 - 1. Verifying the facility population at the beginning and end of each shift is essential to guaranteeing the security of the facility, as well as the safety of all residents.
- B. The Supervisor on Duty/OIC may order a Verification of Population at any time.
- C. Verification of Population is comprised of a room safety check and visually verifying the identity and location of every resident.
- D. Staff shall ensure that the rosters and log books match the resident housing assignments and current locations.

II. VERIFICATION OF POPULATION PROCEDURE

- A. Staff shall Verify the Population of the residents located at their assigned post at the beginning of every shift.
- B. Staff shall verify each individual resident's identity and ensure that they are safe in accordance with the requirements of Room Safety Checks as outlined in Policy 5.2.2.
- C. Staff shall record the Verification of Population in the post log book and compare the results to the prior shift's Verification of Population.
 - 1. Staff shall investigate any discrepancies between the prior shifts verification and the current verification, and report any differences to the Supervisor on Duty/OIC.
- D. Staff shall notify control via radio of the verified population of the post.

- E. The control officer shall tally the populations reported by each post and ensure that all residents are accounted.
1. The control officer shall also ensure that the log books properly reflect the resident housing and locations.

REPLACEMENT HISTORY:

Created: 1/9/2014

Revised:

REFERENCES

- Policy 5.2.2, Room Safety Checks

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.1.3	Post Inspection and Inventory	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff inspect their post and take inventory of any items that may pose a hazard to staff or others within 15 minutes of the beginning and ending of each shift.

PROCEDURES

I. GENERAL INFORMATION

- A. Staff shall be trained on how to inspect each post duty area.
 - 1. Detailed information on this procedure can be located in each post's Post Order Binder.

- B. Staff shall conduct the inspection and inventory within 15 minutes of the beginning and end of each shift.

- C. Staff shall utilize the inventory sheets located at each post.
 - 1. If a item exists at the post that staff believe should be included in the inspection and inventory, that staff shall immediately notify the Supervisor on Duty/OIC.
 - a. The Supervisor on Duty/OIC shall present the discussion to the management team at the next management team.

REPLACEMENT HISTORY:

Created: 1/9/2014
Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.9	School Supervision	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a safe learning environment to all residents and school staff.

PROCEDURES

Page | 1

I. GENERAL INFORMATION

- A. School staff shall provide primary supervision over residents who are in the classroom while school is in session, maintaining control over the classroom environment.
- B. Juvenile Detention Officers (JDO) shall be present on the pod at all times when residents are in school in accordance with established supervision minimums required by Title 15 and JRF Policy Section 5.4.3 Group Supervision.
- C. The role of the JDO's on the pod during school shall include:
 1. Monitoring the classroom environment to ensure that a safe environment is maintained.
 2. Step into the classroom, as needed, to provide an officer presence, respond to requests from teaching staff, and assist with unruly residents.
 3. At any time during the resident's detention in the JRF that an officer is concerned the resident is not making progress and/or is struggling in school, the officer shall ensure a behavioral plan is created or Student Study Team (SST) meeting is scheduled.
 4. If a resident is placed on a security risk classification (SD, MSR,) due to behavior while being housed in the JRF, after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study Team and/or an updated Individualized Educational Plan (IEP) if the youth is already receiving special education services.
 5. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the formal request for a Student Study Team and/or an updated IEP for a special education student will be made by the supervisor prior to the 5th day.
 6. Those residents placed on a security risk status at the

time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team and/or an updated IEP.

- D. School staff who issue a consequence to a resident shall be responsible for any referrals that may be required.
- E. Should the officer intervene with a resident, any citations or incident reports will be written by that officer.
- F. School staff shall be responsible for scoring the residents as indicated in Section 5.8.1 Behavior Management System.

REPLACEMENT HISTORY:

Created: 8/11/2014
Revised: 4/15/2016
2/15/2019
3/27/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.1.4	Shift Briefing	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Supervisor/OIC briefing of staff within 30 minutes of the beginning of every shift is essential to effectively communicate important information between posts and shifts.

PROCEDURES

I. GENERAL INFORMATION

- A. Supervisors/OIC's shall be briefed by the outgoing Supervisor/OIC on the status of the facility prior to assuming their duties.
 1. Information to be passed on includes:
 - a. Scheduled releases/furloughs
 - b. Transports
 - c. Recent incidents
 - d. SIR's, Due Process, or Grievances in need of review.
 - e. Facility maintenance issues.
 - f. Issues involved with training, policy, procedure, etc.

- B. Supervisors/OIC's shall brief every officer at their posts on the information included above within 30 minutes of the beginning of each shift.

REPLACEMENT HISTORY:

Created: 1/9/2014
Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.2	Room Safety Checks	SECTIONS: 1328	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff shall conduct regular room safety checks of residents to provide for direct visual observation of residents at a minimum of every 15 minutes at random or varied intervals during hours when residents are asleep, in their rooms, or confined in a holding cell. All safety checks shall be documented with the actual time the check is completed.

PROCEDURES

I. GENERAL INFORMATION

- A. A room safety check is the physical act of walking to the location of each resident who is secured in a room, and visually establishing their physical wellbeing.
- B. To ensure the safety and security of residents, staff shall conduct room safety checks anytime a resident is in a room.
 1. For the purpose of this policy, a room is defined as any area where a resident is confined without being under direct and constant visual supervision by staff.
 2. Rooms include but are not limited to:
 - a. Assigned rooms on the Pod.
 - b. Holding cells.
 - c. Booking shower/restroom.
- C. Direct and constant visual supervision is defined as supervision through the eyes of the staff member who is positioned in such a way that they can directly observe the residents. It is through direct visual supervision that safety, order and control are maintained.
 1. The use of electronic monitoring, such as cameras or audiovisual monitoring is not acceptable.
 2. Electronic monitoring can be an effective and useful supplement used to detect overt, aggressive or assaultive behavior, and to summon aid in an emergency, but may not replace direct visual supervision.
- D. Room safety checks are not required for residents when they are outside of a room and under direct and constant visual supervision by staff during programming, school, and meals.
- E. Room safety checks will continue to be conducted on residents who

remain in a room while others are out of their rooms.

II. LEVELS OF ROOM SAFETY CHECKS

A. 15 Minute Checks

1. A minimum of 15 minute checks are the standard level of supervision.
2. Staff shall conduct room safety checks for every resident who is in a room for any reason no later than once every 15 minutes.
3. Staff shall stagger when the room safety checks are conducted, so as to not establish a pattern that is easily identified by the residents.
4. While conducting a room safety check, staff shall visually confirm the resident's wellbeing.
 - a. Staff will look for breathing and other signs of life.
 - i. Look for blood, nooses or dangerous items.
 - b. Staff will examine the environment for signs of damage, tampering, or unsafe conditions.
 - i. Look for residents making furtive or suspicious movements.

B. Alternate Timed Checks

1. Suicide Watch:
 - a. Staff shall provide one-on-one supervision over residents placed on Suicide Watch, unless medical staff directs alternative supervision with specific timed room safety checks. In these circumstances, staff shall record the time of the safety check and their observations using the Observation Form found in Booking.
 - i. Refer to Section 5.12, Suicide Prevention.
2. When necessary to provide a higher level of supervision:
 - a. Staff shall conduct room safety checks no less than every 5 minutes, 10 minutes, or provide one-on-one supervision as deemed necessary or directed by the Supervisor/OIC on duty.

III. DOCUMENTING ROOM SAFETY CHECKS

- A. All room safety checks will be recorded in the Room Check Log Book.
- B. Staff shall indicate in the room check log book the time, name of staff completing the check, and any notes pertinent to that check.
- C. Staff can opt to enable and utilize the automated watch tour system in addition to the above steps. Doing so is not required, but can provide staff with the benefit of the late room check alarm system, which would provide an extra layer of protection against late room checks.
 1. Staff shall indicate in the notes section of the log book if they are enabling/disabling the tier room check systems if they chose to use them.

IV AUDITING ROOM SAFETY CHECKS

- A. The facility director shall assign a supervisor to be in charge of assessing

the quality of room safety checks that are conducted in the facility.

- B. The designated supervisor shall be responsible for:
 - 1. Ensuring that room check log books are inspected daily.
 - 2. That a random sample of time is taken from each shift daily, and compared with surveillance camera footage to ensure room checks are completed in compliance with policy and post orders.
 - 3. That a record of inspections and audits are maintained in a Room Safety Check Audit Log Book.

- C. The Room Safety Check Audit Log Book shall include the following information:
 - 1. The date the audit is conducted.
 - 2. The date and time range and Pod being audited.
 - 3. The name of the supervisor conducting the audit.
 - 4. The result of the audit.
 - a. If there is a late or improperly done room check, the details shall be documented in RED ink, including the observations and the name of the staff member.

- D. For all late or improperly done room checks, a supervisor shall:
 - 1. Review the available video and investigate so that a determination can be made.
 - a. Determinations can include the event being a training issue, justified, or that it is necessary to refer to the facility director for further action/review.
 - 2. Document in GREEN ink a resolution.
 - a. A resolution can be an informal discussion with the responsible staff member, the circumstances justifying the late room check, that the matter was referred to the facility director, etc.
 - b. If the anomaly requires further investigation, the person conducting the audit shall inform the facility director.

REPLACEMENT HISTORY:

Created: 10/8/2013

Revised: 1/16/2014; 3/18/2014; 9/9/2014; 4/16/2016; 5/17/2016, 04/14/2018, 10/29/18

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.3	Resident Dress Code	SECTIONS: 1480	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that in order to promote self-esteem, consistency and security, residents shall adhere to the following dress code during their stay in the facility.

PROCEDURES

I. GENERAL INFORMATION

A. Staff are responsible for ensuring that residents are provided with clothing in accordance with this policy and Title 15.

1. Issued clothing consists of:
 - a. T Shirt
 - b. New non-disposable underwear which shall remain with the youth throughout their stay
 - c. Bra
 - d. Socks
 - e. Shoes
 - f. Pants or Shorts
 - i. Shorts are issued in the spring/summer months
 - g. Sweatshirts are issued in the fall/winter months
2. All issued clothing shall be the proper size for the resident.
3. Suitable clothing shall be issued to pregnant youth.
4. All issued clothing shall be clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.
 - a. Staff shall remove from service clothing that is torn, stained or in disrepair.
 - b. The supervisor in charge of inventory shall make the decision to repair or dispose of the clothing in question.

B. Staff are responsible for ensuring that residents wear clothing articles appropriately:

1. Undergarments shall be worn underneath the clothing.
2. Pants and shorts shall not sag, and at no time are residents to be allowed to wear their pants or shorts in such a manner as to expose their undergarments.
3. Pant legs shall not to be tucked into the resident's socks.
4. Pant legs shall not be cuffed or rolled up at the bottoms of the leg, except in cases where the legs are so long they create a trip or fall safety issue for the resident.

- a. Staff shall make the determination and notify the Supervisor on duty or OIC.
5. Sweatshirts shall not be tied around the waist or shoulders, and cannot be worn on the head.
6. Shirt sleeves shall not be rolled up.
7. Shirts may not be worn on the head.
8. Shirts will be tucked into pants/shorts whenever a resident is out of their room.
 - a. Residents participating in outside recreation may untuck their shirts, so long as their midriff, torso, or undergarments are not exposed.
9. Shoes will be worn with the foot all the way in, not crushing the heel section to create a slipper.

REPLACEMENT HISTORY:

Created: 1/2/2014
Revised: 1/16/2014
12/10/2018

REFERENCES

5.4.7 Clothing and Bedding Exchange

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.4	Residents with Disabilities	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to the Americans with Disabilities Act (ADA) by equipping the facility to adequately house residents with disabilities. This policy shall guide staff in the care and supervision of disabled residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Procedures governing the retention or removal of prosthetic and orthopedic devices by residents can be found in Section 10.25, Prostheses and Orthopedic Devices.

II. ROOM ASSIGNMENT

- A. Residents restricted to a wheelchair will be housed in the designated ADA compliant rooms, located on the first floor of each Pod.
- B. Residents with any physical condition that negatively affects their ability to use the stairs will be housed on the bottom tier.

III. WHEELCHAIRS

- A. Resident's personal wheelchairs shall be stored with their property in booking, unless a supervisor deems that the resident must retain their personal wheelchair while in the facility.
 - 1. If a resident is allowed to use their personal wheelchair, it will be thoroughly searched prior to being allowed on the Pod.
- B. Facility wheelchairs are stored in the booking property room for resident use.
- C. Wheelchair ramps shall be used, where available, when escorting a resident restricted to a wheelchair. Staff shall not avoid using the wheelchair ramps. Staff shall not lower a resident's wheel chair down any stairs. There are no common areas within the facility that cannot be accessed by wheelchair, other than the top tier housing on each Pod.
- D. Residents can keep their wheelchairs in their room with them unless they misuse or create a security issue with them.

- E. Wheelchairs are to only be used by the disabled resident who owns it or to whom it was assigned.
- F. Whenever there is need to search a resident restricted to a wheelchair, the wheelchair itself shall also be searched.

IV. SHOWER AND HYGIENE

- A. An ADA shower is located on the bottom tier of each pod, as well as in Booking.
- B. Residents restricted to a wheelchair shall use the designated ADA shower.
 - 1. ADA Shower Chairs are stored in the storage room located along the main facility hallway. When a disabled resident who will regularly require the use of the shower chair, it shall be stored on that resident's pod, in the Janitors Closet.
 - 2. Whenever a resident needs assistance to and from the shower chair, a JDO of the same gender shall assist.
- C. Medical staff shall work with the facility director and facility staff to develop a protocol in the event a resident is not able to bathe or perform other necessary hygiene functions.
- D. Residents restricted to a wheelchair shall be afforded ample time during showers to complete the shower process.

V. EDUCATION, RECREATION AND MEAL SERVICE

- A. Disabled residents shall be provided with recreational activities that are equivalent to those afforded to other residents.
- B. In the event that a disabled resident is not able to access a desk in the classroom, a table shall be provided.
- C. The Pod Dayrooms are equipped with handicap accessible tables.

REPLACEMENT HISTORY:

Created: 8/11/2014

Revised: 10/30/2014; 3/4/2016

REFERENCES

- 4.1.1 Central Control Roles and Responsibilities
- 10.25 Prostheses and Orthopedic Devices

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.5	Pregnant and Post-Partum Residents	SECTIONS: 1417	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all detained females who are pregnant are provided with medical care, nutrition, counseling and educational services as required by Section 6030(e) of the California Penal Code.

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PROCEDURES

I. GENERAL INFORMATION

A. All females detained in the JRF who are pregnant, or after it is determined that they are pregnant, shall be advised either orally or in writing, of the standards and policies governing pregnant inmates, including but not limited to the provisions of Section 3407 of the California Penal Code and the JRF policies related to pregnant residents.

1. Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy, and adoption.

B. All pregnant females shall be provided the following:

1. A balanced, nutritious diet approved by a physician.
2. Prenatal and postpartum information and health care, including but not limited to access to vitamins as recommended by a physician.
3. Information pertaining to childbirth education and infant care.

C. Any female resident who advises that she is or may be pregnant shall be referred to medical via the intake process Medical Screening Form or by a request for contact initiated by the resident or by staff on behalf of the resident.

II. MEDICAL CARE

A. A pregnant female resident can receive medical care related to her pregnancy from the JRF Contract Medical Provider, or from a physician of their choice if the resident has medical insurance or a parent or guardian have made payment arrangements directly with the physician.

1. In these cases, JRF Contract Medical Staff shall schedule appointments as necessary and work with the selected physician to provide care as ordered or prescribed.
2. If care is provided by the JRF Contract Medical Staff, pregnant youth will receive prenatal care, including physical examination, nutrition guidance, childbirth, breastfeeding and parenting education,

- counseling, and provisions for follow up and post-partum care;
3. The JRF Contract Medical Staff in conjunction with the JRF administrator will create appropriate procedures regarding a lactation program. This program will include:
 - a. The availability by the Contract Medical Provider of a breast pump for lactating youth.
 - b. Procedures for storage, delivery, or disposal for lactating youth.
 - c. Posting of information regarding the JRF lactation program in areas accessible to the youth.
 - d. Providing education and communication for staff who interact with or oversee pregnant or lactating youth.
 - e. Drug testing the youth prior to the participation in the lactation program.
 - f. Appropriate care and support related to the weaning and/ or cessation of lactation by the JRF Contract Medical Provider.
 4. Qualified medical professionals shall develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.

III. DIET AND NUTRITION

The JRF shall provide pregnant residents an evening snack in addition to any special diets and vitamins as may be ordered by a physician.

IV. EDUCATION

A. Information pertaining to prenatal and postpartum health care, along with childbirth education and infant care shall be provided to any pregnant female in custody.

B. Special educational programming, if requested by the physician or other health care provider, shall be accommodated whenever possible.

V. TRANSPORTATION OF PREGNANT FEMALES

A. Pregnant females taken to any appointment, including medical appointments or a hospital visit (for any reason) shall be transported in the least restrictive way possible that is consistent with the legitimate security needs of the resident and the community.

VI. CHILDBIRTH AND RECOVERY

A. Prior to childbirth, arrangements will be coordinated with the JRF staff, the assigned probation officer, and the JRF Medical Provider.

B. If at all possible, arrangements will be made to temporarily release the pregnant resident from custody for child birth.

VII. USE OF FORCE, PHYSICAL RESTRAINTS AND CHEMICAL AGENTS

A. Use of Force

1. Staff shall employ the least restrictive methods possible when there is a concern about the security or safety of a pregnant resident to prevent escape, harm to the resident or her baby, or to protect the community.

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B. Physical Restraints

1. A pregnant resident may be handcuffed in the front, unless they are in active labor and recovery.
2. Pregnant residents in active labor and recovery shall not be shackled, handcuffed or restrained in any way unless deemed necessary for the protection of the pregnant female, staff or the public.
 - a. If the use of restraints is deemed necessary, approval must be obtained from the Supervisor on Duty/OIC and a Incident Report shall be completed by either the staff supervising the restraint or the Supervisor on Duty/OIC.
3. Pursuant to Section 3407 of the California Penal Code:
 - a. A resident known to be pregnant or in recovery after delivery shall not be restrained by the use of shackles, waist chains, or handcuffs behind the body.
 - b. A pregnant resident 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 inmate, the staff, or the public.
 - c. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.

C. Chemical Agents

1. The safety of using pepper spray on a pregnant woman has not been determined clinically. Due to the possibility that such use may cause problems, it should be avoided if possible.

REPLACEMENT HISTORY:

Created: 8/19/2014

Revised: 12/6/2018, 5/8/19

REFERENCES

- Chapter 6, Use of Force
- Section 3407 of the California Penal Code
- Section 6030(f) of the California Penal Code
- Sections 220, 221, and 222 of the California Welfare and Institutions Code

- 10.18, Pregnant/Post-Partum Youth
- Section 4002.5 of the California Penal Code

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.6	Transgender and Intersex Residents	SECTIONS: 1324, 1352.5	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (SCJRF) to establish operational practices that reinforce the Probation Department's commitment to respect the dignity of all residents including transgender and gender non-conforming youth, creates a safe environment for all youth, and ensures that all youth have equal access to all available services, care and treatment.

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DEFINITIONS AND ABBREVIATIONS

- A. **LGBT**- Common acronym for Lesbian, Gay, Bisexual, and Transgender. This term is often used to refer to individuals whose sexual orientation is not heterosexual or whose gender identity is non-conforming.
- B. **Lesbian**- A woman whose emotional, romantic, and sexual attractions are primarily for other women.
- C. **Gay**- A person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men.
- D. **Bisexual**- A person who is emotionally, romantically, and sexually attracted to both men and women.
- E. **Transgender**- An umbrella term that can be used to describe people whose gender expression is non-conforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, gender queers, cross-dressers, and other whose gender expression varies from general norms.
- F. **Queer**- Historically used as a derogatory term, *queer* has been widely reclaimed especially by younger LGBT people, as a positive social and political identity. It is sometimes used as an umbrella term for all LGBT people.
- G. **Questioning**- Refers to the active process in which a person explores her/his own sexual orientation, and/or gender identity, and questions the cultural assumptions that they are heterosexual and/or gender conforming.
- H. **Intersex**- A person whose sexual or reproductive anatomy, or chromosomal pattern, does not seem to fit typical definitions of male or

female. Intersex medical conditions are sometimes referred to as a disorder of sex development.

- I. **Gender Non-Conforming**- A person whose appearance or manner does not conform to traditional societal gender expectations.
- J. **Room Alone (XXX)** - XXX status is housing classification for residents signifying they are not to be housed in the same sleeping room with other residents. Separation reasons may include vulnerability to victimization; sexually aggressive behaviors; other specific information about individual residents that may indicate heightened needs for supervision/safety precautions; or to ensure privacy for transgender youth to dress and perform bodily functions without residents of the opposite gender viewing them.

PROCEDURES

I. GENERAL INFORMATION

- A. Juvenile Rehabilitation Facility staff shall respect every resident 's gender identity, and shall refer to the resident by the resident 's preferred name and gender pronoun, regardless of the resident 's legal name. The JRF Director or Supervisor on Duty/OIC shall prohibit the use of gang or slang names or names that otherwise compromise facility operations. If this determination is made, the Director or Supervisor on Duty/OIC shall justify and document the decision in writing.
- B. Juvenile Rehabilitation Facility staff shall permit residents to dress and present themselves in a manner consistent with their gender identity, and shall provide resident with the institution's clothing and undergarments consistent with their gender identity.

II. HOUSING

- A. Probation staff shall make an individualized assessment of each transgender and intersex resident when considering housing unit placement.
- B. The safety and well-being of all residents should be the primary concern when deciding where to place him/her within the housing facility.
- C. Staff should consider residents' background, age, developmental status, sophistication, social skills, charges, behavioral history and the factors that might influence their adjustment and contribute to an overall safe and

successful experience for the resident, as well as all other residents in the unit.

- D. Housing decisions for transgender and intersex residents shall be based on the resident's individualized needs and should prioritize the resident's emotional and physical safety while considering the resident's perception of where they will be most secure.
- E. Placement and programming assignment of transgender or intersex residents will be periodically assessed to review any threats to safety, but no less than every six months.
- F. Resident's sexual orientation and/or gender identity is not an indicator of the likelihood of the resident being sexually abusive towards others. Staff shall not consider a resident's LGBT status as a reason to isolate or withhold programming options.
- G. Staff shall consider the resident's past and present behavior (i.e.: past or present sexual advances, sexually acting out). All transgender or intersex residents will be provided a single room in order to ensure their privacy and safety.
 - 1. A single room will allow the resident the ability to dress and perform bodily functions without residents of the opposite gender viewing them.
 - 2. Single accommodations may reduce a transgender or intersex resident's vulnerability to violence and harassment, avoid some other difficulties associated with sharing a bedroom/bathroom facility, and decrease the transgender or intersex resident's privacy concerns.
- H. All residents will be provided access to private showers.
- I. Privacy accommodations shall not prevent transgender or intersex residents from full integration into SCJRF's daily programming.
- J. Housing determination for transgender or intersex residents shall consider whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
 - i. Staff may not automatically house a resident according to their external anatomy, and shall document in writing the reasons for any decision to house a resident in unit that does not match their gender identity. In making a housing decision, staff shall consider the resident's preferences, as well as any recommendations from the resident's health or behavioral health provider.

- ii. Residents with external opposite anatomy will not be roomed together in the same room.

- K. Residents will only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternative means of keeping all residents safe can be arranged. See Section 5.3.6, Classification and Housing Assignments.

III. SEARCHES

- A. All searches will be conducted in a professional and respectful manner by staff. Searches shall, to the extent possible, be performed in a way that preserves the privacy and dignity of the person being searched. Whenever feasible, the JRF shall respect the resident's preference regarding the gender of the staff member who conducts any search of the resident.

1. Residents shall not be physically searched in a manner that is humiliating or degrading, or for the purpose of determining the resident's physical anatomy.
2. In situations where the genital status of a resident is unknown, staff will attempt to determine the genital status through conversations with the resident or through a review conducted by medical personnel of medical records.
3. If attempts to determine the resident's genital status are unsuccessful, SCJRF Administration or their designee may obtain the needed information via a broader medical examination conducted in private by a medical practitioner.

- B. It is SCJRF's general policy that staff of the same sex as the resident are to conduct searches except under exigent circumstances, or when performed by a medical professional. See Section 4.4, Searches of Residents.

1. Should a transgender or intersex resident request that either a male or female staff conduct a search (pat and/or strip search), the request shall be forwarded to the Division Director to consider alternate arrangements in conducting the search. The request, resolution with rationalization for said decision, and outcome including who ultimately

conducted the search, will be documented in the resident's file as determined by the Supervisor.

IV. EQUAL ACCESS TO ALL AVAILABLE SERVICES, CARE AND TREATMENT

In accordance with State and Federal Law, every youth has the right to live in an environment free of harassment and discrimination. The 14th amendment to the U.S. Constitution provides for equal protection of the law; in essence prohibits prejudice. The amendment also introduced the legal instrument of Due Process; the right of all persons to receive the guarantees and safeguards of the law/judicial process. Treating any youth in an unequal manner could be a violation of their Constitutional Rights. For instance, just because a resident is transgender or intersex he/she should not be isolated for his/her own protection, nor should verbal, physical, or sexual abuse of a transgender or intersex youth be ignored.

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- A. The Probation Department has a responsibility to ensure that all residents are treated with respect, and that the rights of all youth are upheld particularly with respect to their safety, mental health, and privacy. Staff should be professional in conducting their duties, and strive to ensure that all youth have equal access to all services, care, and treatment.
- B. The Juvenile Rehabilitation Facility director shall ensure that transgender and intersex residents have access to medical and behavioral health providers qualified to provide care and treatment to transgender and intersex youth.
- C. SCJRF has a zero tolerance for sexual abuse, and sexual harassment. See Section 3.3.4 governing Sexual Harassment and Section 3.3.5 governing Non-Discrimination.
 1. If staff act in a discriminatory manner toward any resident, their actions could subject the County and themselves to claims of discrimination, as well as intentional or negligent infliction of emotional distress. Such conduct is a violation of the SCJRF Non-Discrimination policy.
 2. Staff shall report incidents of sexual abuse, sexual harassment or discrimination.
 3. Staff shall be subject to disciplinary actions, up to and including termination, for violations of agency sexual abuse or sexual harassment policies.

REPLACEMENT HISTORY:

Created: 10/7/2013

Revised: 11/20/2018; 3/29/19

REFERENCES

- Title 28 of the Code of Federal Regulations, Part 115, Prison rape Elimination Act. (http://www.ojp.usdoj.gov/programs/pdfs/prea_ria.pdf)
- Sections 210 and 885, Welfare and Institutions Code.
- Section 209, Welfare and Institutions Code.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.7	Non-Discrimination	SECTIONS: 1324	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff residents shall be provided with fair and equal access to all services as outlined below.

PROCEDURES

I. GENERAL INFORMATION

- A. All residents in the facility shall have fair and equal access to all available services, placement, care, treatment and benefits offered in the facility.

- B. No person shall be subject to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, immigration status, color religion, gender, sexual orientation, gender identify, gender expression, mental or physical disability, or HIV status. This includes restrictive housing or classification decisions based solely on any of the above-mentioned categories.

REPLACEMENT HISTORY:

Created: 2/2/2015
Revised: 5/13/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.8	Tier Operations	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maximize the control of resident movement on the top tier of the Pods.

PROCEDURES

I. UPPER TIER ROOM ASSIGNMENTS AND CLASSIFICATION

- A. Pursuant to Section 5.3.6, Classification and Housing Assignments, residents may be classified as No Top Tier (NTT) if their behavior, charges or other factors indicate there is a safety risk that prohibits them from being housed on the top tier.
1. Residents classified as Maximum Security Risk (MSR), Administrative Separation 2 Staff, and No Top Tier shall not be housed on the Top Tier.
 2. Whenever possible, staff shall avoid housing residents on the Top Tier who are violent (current behavior or a history of violence towards residents or staff).
- B. Residents who are housed on the top tier must be constantly evaluated by staff to determine if their behavior and/or demeanor is appropriate for that housing assignment.

II. MOVEMENT

- A. The top tier on each Pod is an area of enhanced risk. Whenever a resident is moving on the top tier, outside of their assigned room, officers shall consider that movement to be high risk.
1. Only residents assigned to a room on the Top Tier are allowed on the stairs or the Top Tier.
 2. Only one resident at a time may use the stairs.
 3. An officer shall be positioned on the top tier, assisting residents, whenever there is more than one resident being moved to or from a top tier room.
 4. Officers shall only allow a maximum of two (2) residents to move on the top tier at a time.
 - a. The current circumstances, demeanor, behavior of the residents being moved on the top tier.
 - b. The presence of distractions or events on the pod that create additional safety concerns.

REPLACEMENT HISTORY:

Created: 8/12/2014

Revised: 11/4/2014

REFERENCES

- Section 5.3.6 Classification and Housing Assignments

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.2.9	School Supervision	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a safe learning environment to all residents and school staff.

PROCEDURES

I. GENERAL INFORMATION

- A. School staff shall provide primary supervision over residents who are in the classroom while school is in session, maintaining control over the classroom environment.
- B. Juvenile Detention Officers (JDO) shall be present on the pod at all times when residents are in school in accordance with established supervision minimums required by Title 15 and JRF Policy Section 5.4.3 Group Supervision.
- C. The role of the JDO's on the pod during school shall include:
 - 1. Monitoring the classroom environment to ensure that a safe environment is maintained.
 - 2. Step into the classroom, as needed, to provide an officer presence, respond to requests from teaching staff, and assist with unruly residents.
 - 3. At any time during the resident's detention in the JRF that an officer is concerned the resident is not making progress and/or is struggling in school, the officer shall ensure a behavioral plan is created or Student Study Team (SST) meeting is scheduled.
 - 4. If a resident is placed on a security risk classification (SD, MSR,) due to behavior while being housed in the JRF, after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study Team and/or an updated Individualized Educational Plan (IEP) if the youth is already receiving special education services.
 - 5. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the formal request for a Student Study Team and/or an updated IEP for a special education student will be made by the supervisor prior to the 5th day.
 - 6. Those residents placed on a security risk status at the

time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team and/or an updated IEP.

- D. School staff who issue a consequence to a resident shall be responsible for any referrals that may be required.
- E. Should the officer intervene with a resident, any citations or incident reports will be written by that officer.
- F. School staff shall be responsible for scoring the residents as indicated in Section 5.8.1 Behavior Management System.

REPLACEMENT HISTORY:

Created: 8/11/2014
Revised: 4/15/2016
2/15/2019
3/27/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.1	Booking Post Orders	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers assigned to Booking follow the approved and published post orders.

PROCEDURES

I. GENERAL INFORMATION

- A. The Booking Post Orders are located in a binder at the Booking Control Desk.

- B. Staff are to follow the Booking Post Orders verbatim.
 1. This is especially important as the computerized booking process requires specific tasks be done in order to ensure that the digital documents and signatures are captured and stored correctly, and that future bookings files are not blended with completed bookings.

- C. Should staff encounter a situation not covered in the Post Orders, or feel they are unable to follow the Post Orders, that staff shall:
 1. Notify the Supervisor on Duty/OIC and obtain further instruction.
 2. In such circumstances, the Supervisor on Duty/OIC shall ensure that the director and other management personnel are made aware of the circumstances leading to the deviation from an existing post order, or need for additional post orders.
 3. The Facility Director shall ensure that any necessary additions or modification to the post order(s) are assigned and completed.

REPLACEMENT HISTORY:

Created: 4/9/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.2	Holding Cells	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the use of holding cells in Booking is for temporary, safe placement of residents awaiting transport or escort to their assigned pod.

PROCEDURES

I. GENERAL INFORMATION

- A. The use of holding cells in the Booking area for long term housing is prohibited.
 1. The holding cells do not have state approved beds, and therefore cannot be used as a long term housing option for residents pursuant to Title 24.
 2. Long term housing is defined as overnight whereas the resident is intended to receive their night's sleep in the cell.

- B. There shall be at least one core trained Juvenile Detention Officer stationed in Booking whenever there is a resident present on the floor or secured in a Booking Cell or Safety Room.

- C. Staff shall conduct room safety checks when residents are secured in holding cells, in accordance with Section 5.2.2, Room Safety Checks.

REPLACEMENT HISTORY:

Created: 1/9/2014
Revised: 1/15/2014

REFERENCES

- Section 5.2.2, Room Safety Checks

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.3	Safety Room	SECTIONS: 1359	<i>1 of 6</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Safety Room shall only be used for residents who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.

PROCEDURES

I. GENERAL INFORMATION

Placement of a resident in the safety room shall take the following into consideration:

- A. The Safety Room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.
- B. The Safety Room shall not be used for the purposes of punishment or discipline, coercion, convenience, retaliation or as a substitute for treatment.
- C. Staff shall not place a resident into the Safety Room without prior approval from the Supervisor on duty/OIC or Facility Director.
- D. The Safety Room shall not be used to the extent that it compromises the mental and physical health of the resident.
- E. Staff shall be continuously present, providing direct supervision to a resident who is placed in the Safety Room.
- F. Residents placed in the Safety Room shall wear their issued clothing, a safety gown, or a combination of their issued clothing and the WRAP restraint system.
 - 1. Under no circumstances are staff to remove the residents clothing and place them into the Safety Room nude.
- G. A resident may be held up to four hours in the Safety Room. After the resident has been in the Safety Room for a period of 4 hours, staff shall do one or more of the following:
 - 1. Return the resident to the Pod;
 - 2. Consult with the JRF Contract Medical/Mental Health provider;

3. Develop an individualized plan that includes goals and objectives to be met in order to reintegrate the resident back to the Pod.

II. REMOVAL FROM SAFETY ROOM

A. Medical and/or Mental Health Staff Placements

1. Residents placed in the Safety Room at the direction of medical or mental health personnel cannot be removed until medically cleared to do so.
 - a. During hours where medical/mental health staff are on duty in the facility, they shall assess the resident pursuant to policies and procedures of the JRF Contract Medical Provider.
 - b. After hours, the Supervisor/OIC shall perform the following reviews to determine if continued placement in the Safety Room is warranted.
 - i. A Supervisor/OIC shall assess the resident using the Suicide Screening Form at least once per day, and contact the on-call mental health provider to obtain instructions on continued placement in the Safety Room at least once per day.
 - ii. Seeking on-call opinion in excess of once per day.
 - a) During the Supervisor/OIC 4 hour assessment of the need for continued placement in the Safety Room, the Supervisor shall assess the resident using the Suicide Screening Form if they see a Notable Change in Behavior.
 - b) A Notable Change in Behavior may include, but is not limited to:
 - 1) Improved communication.
 - 2) The resident exhibits an improved demeanor.
 - 3) Decrease in aggressive behavior.
 - 4) Compliance with staff directives.
 - 5) Verbalized, believable commitment to discontinue harmful or concerning behavior(s) that lead to placement.
 - c) Upon completion of the Suicide Screening Form, the Supervisor/OIC shall contact the on-call mental health provider to obtain instructions on continued placement in the Safety Room.
 - c. Step Up procedures
 - i. The Step Up procedure is the process of allowing a resident out of a Safety Room and/or Safety Smock in an effort to prevent isolation and protect the resident in crisis from further strain due to their separation from other residents and programming offered within the facility.
 - ii. Should a resident exhibit appropriate behavior without indications that they might take drastic steps to harm themselves, the Supervisor/OIC may allow that resident to be removed from the Safety Room under the following conditions:
 - a) That the resident is removed from the Safety Smock and provided with standard issue clothing, and taken to a

common area of the facility (recreation yard, programming room, day room, classroom, etc.) to participate in programming and provided with direct supervision by officers pursuant to Chapter 5.2.

B. Supervisor/OIC Placements Due to Restraints

1. Residents placed in the Safety Room because of a restraint can be removed by the Supervisor on duty/OIC in accordance with policy 6.2, Physical Restraint.

III. DOCUMENTATION

A. An SIR shall be generated to document the reason for placement in the Safety Room, and include a description of staff attempts to use less restrictive means of control.

B. Staff shall use the Restraint/Safety Room Check sheet to track required timelines and document staff interventions on residents who are in the Safety Room, decision to continue the use of the Safety Room, and the end of placement in the Safety Room.

C. Timelines

1. Staff shall document the resident's behavior and staff interventions every 15 minutes.
2. Residents under supervision in the Safety Room shall be offered the following:
 - a. Hydration at least every 30 minutes.
 - b. Food during the designated meal and snack times, or as soon as it is safe to provide if it is unsafe to do so during the designated times.
 - c. The use of a lavatory at least every hour.
3. Every four (4) hours, the Supervisor on duty/OIC or Facility Director shall evaluate the need for continued supervision of the resident in the Safety Room.
4. Medical Evaluations
 - a. Medical staff shall be notified as soon as possible when a resident is placed in the Safety Room for direct supervision.
 - i. If Medical staff are on site, they shall assess the resident.
 - ii. If on-call Medical staff are contacted, they shall arrange for the resident to be assessed within 24 hours.
 - iii. Medical will arrange for mental health providers to provide an opinion within 24 hours.
 - b. Residents shall be medically cleared for continued placement in the Safety Room every 24 hours.

D. The use of the Safety Room shall be documented in a Special Incident Report (SIR) by the primary officer in accordance with Section 5.8.4, Reports and Documentation.

1. Staff shall include the reason for placement in the Safety Room, attempts to use a less restrictive means of controlling the resident's behavior, and decisions to continue and end placement in the Safety Room.

IV RESTRAINT/SAFETY ROOM CHECK SHEET

Shasta County Juvenile Hall Restraint/Safety Room Checks

Resident presents an immediate danger to themselves or others. Resident exhibits behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.

Restraint/WRAP
Resident will be under continuous, direct visual supervision.
Staff shall document the resident's behavior and staff interventions every 15 minutes.
Restraints shall be checked for fit and adjusted, if needed, every 15 minutes.
Provisions for hydration every 30 minutes, and sanitation needs every hour.
Exercising of extremities for 10 minutes every 2 hours.
Review and document reason for continued restraint once each hour by Supervisor/OIC.
Medical notification within 1 hour (via telephone if not on-site).
Medical must provide a direct medical assessment within 2 hours of restraints applied.
Mental health review within 4 hours of placement. If not on-site, medical will advise.
Safety Room - all of above timelines, plus:
Supervisor/OIC review of need for resident to remain in Safety Room every 4 hours.
Medical assess resident as soon as possible, but no later than 24 hours.
Medical staff shall arrange for an opinion from mental health providers within 24 hours.

Resident Name: _____ WRAP Used
 Date: _____ Safety Room Used
 Restraints authorized by: _____ Time: _____
 Safety Room authorized by: _____ Time: _____
 Medical staff member first notified: _____ Time: _____
 Director Notified By: _____ Time: _____ Via: _____
 Person authorizing removal from restraint: _____ Time: _____
 Review by Supervisor/OIC:

Time	Name	Observations:
/	/	/
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REPLACEMENT HISTORY:

Created: 11/27/2013

Revised: 12/12/2013; 5/16/2014, 5/26/19

REFERENCES

- Shasta County Juvenile Rehabilitation Facility Policy and Procedures Manual, Section 6.2, Physical Restraint
- Title 15, Section 1359, Safety Room Procedures

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.4	Booking Procedures	SECTIONS: 1329, 1350, 1413, 1430, 1431	1 of 8

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) to adhere to the Booking Post Orders and guidelines below to ensure that appropriate youth are accepted into the facility in a safe and secure manner.

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Staff shall recognize that being booked into the facility may be a traumatic experience for the youth who may already been exposed to previous traumatic life experiences.

Further, Section 602.1 of the Welfare and Institutions Code requires release of the youth from custody to a parent, guardian or caregiver when a youth under 12 years of age is booked in the JRF, unless the youth is booked for an offense specifically denoted in that section.

PROCEDURES

I. GENERAL INFORMATION

A. Bookings shall be completed pursuant to the Booking Post Orders. Deviations from those post orders must be approved by the Supervisor on Duty/OIC.

1. ~~4.~~ Detention decisions shall be made considering the least restrictive environment reasonable for the youth and the safety of the community.

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2. Youth under 12 years of age booked in the JRF shall be released from custody to a parent, guardian, or caregiver pursuant to Section 602.1 WIC unless they are alleged to have committed one of the following offenses:

- a. Murder.
- b. Rape by force, violence, duress, menace, or fear of immediate and unlawful bodily injury.
- c. Sodomy by force, violence, duress, menace, or fear of immediate and unlawful bodily injury.
- d. Oral copulation by force, violence, duress, menace, or fear of immediate and unlawful bodily injury.
- e. Sexual penetration by force, violence, duress, menace, or fear of immediate and unlawful bodily injury.

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B. The majority of bookings shall begin in the Pre-Booking area, which is

accessed through the Booking Vehicle Sally-port.

4.3. Youth who turn themselves in via the facility lobby will be escorted by facility staff into the main booking area via the Lobby Sally-port after their warrant or hold has been confirmed, and a pat down search (at minimum) is conducted.

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C. The primary objective of this booking process is to ensure that only those youth presented on a bookable offense are accepted into the facility, and that the youth are safely transitioned into the facility. This is accomplished by:

1. Assessing all youth to determine that there are no injuries or illness that should prevent their acceptance into the facility.
- 2.4. Thoroughly searching the youth to ensure that they do not possess any dangerous contraband that could be smuggled into the facility.
- 3.5. Ensuring that youth are showered and provided with clean facility clothing prior to being housed on a pod.
- 4.6. Inventorying and securing their personal property.
- 5.7. Orienting the youth to the basic rules and guidelines of the facility and preparing them for placement on a pod.
- 6.8. Offering the youth food upon arrival to the JRF.
- 7.9. Screening youth for physical and behavioral health and safety issues, intellectual or developmental disabilities.
- 8.10. Screening youth for physical and developmental disabilities in accordance with Sections 1329, 1413, and 1430 of these regulations.
- 9.11. Contacting Far Northern Regional Center for the Developmentally Disabled for youth that are suspected of or identified as having a developmental disability, pursuant to Section 1413.

D. Custodial Interrogations: Juvenile Miranda

1. When a Peace Officer has reasonable cause to believe a minor has committed a crime or violated an order of the court, existing law requires the peace officer to give the juvenile his Miranda advisement. Any youth 15 years of age or younger must consult with legal counsel in person, by telephone, or by video conference prior to a custodial interrogation and before waiving any rights. This does not apply to the admissibility of statements of a youth 15 years of age or younger if the officer who questions the youth reasonably believes the information he/she sought was necessary to protect life or property from imminent threat, and the officer's questions were limited to those questions that were reasonably necessary to obtain that information. Additionally, a probation officer need not comply in the normal performance of his or her duties.
2. Each time a youth is booked into the facility, the booking officer will read the youth the Miranda Warning verbatim from their Shasta County District Attorney Issued card.

E. Different types of bookings

1. Fresh Bookings

- a. New Law Violations
- b. Violations of their grants of probation (777 WI)
- c. Warrants

2. Failed Furloughs/JDAP

- a. Residents who fail to meet the terms and conditions of their Furlough or JDAP release can be returned to the facility by their Probation Officer or with their Probation Officers approval. Refer to booking Post Orders regarding the necessary Failed Furlough/JDAP forms and processes.

3. Court Ordered Bookings (Remands)

- a. A resident appearing in court out of custody is remanded into custody and ordered to be detained by the judge. Juvenile Probation Officers will transport the resident to the SCJRF to be booked in. Refer to the booking Post Orders for the necessary Court Ordered Booking forms and processes.

4. Transfer In

- a. When a resident commits an offense in another jurisdiction and is transferred to Shasta County for the purpose of disposition. The sending facility shall assure that proper documentation accompanies the youth (a packet for the Juvenile Court and a packet for the Probation Department).

5. Courtesy Holds

- a. Courtesy hold refers to youth who are declared Wards in the delinquency court of another jurisdiction (another California County or even another state) who have violated the terms of their probation.
- b. Other California Counties
 - i. In order to accept a Courtesy Hold, the requesting agency must fax a letter to the JRF, on their department letterhead, containing the following information:
 - 1) Name(s) and phone number(s) of the probation officer or probation contacts in the home state.
 - 2) State that the youth is on formal probation as a Ward of the court.
 - 3) The nature of the violation of their grant of probation.
 - 4) That the requesting agency is requesting a courtesy hold.
 - 5) The anticipated date/time that the agency will arrive at our facility to pick the youth up.
 - 6) A copy of warrants (if applicable).
- c. Agencies located out of state
 - i. These bookings can be complicated given the requirements of Interstate Compact, as well as differing language used by various states in their juvenile court processes. The following procedures apply if there are no new charges. Note that letters requesting a Courtesy Hold are not required for out of state

youth, as Interstate Compact Rules require they be held pursuant to the following circumstances:

- 1) The booking officer must take steps to verify that the youth is on a form of probation in their home state that is equivalent to Formal Wardship in the delinquency courts in California.
 - a) If it is determined that the youth is the equivalent of a 300 WI dependent in California (placed by a child welfare agency due to neglect or abuse by parents/guardians), then we cannot detain the youth in the JRF unless there are new charges that the youth is being booked on. These youth will have to be turned over to Children and Family Services in Shasta County.
 - b) If it is determined that the youth is on a form of juvenile probation in the home state equivalent of Formal Wardship of the Delinquency Courts in the state of California, then the youth shall be detained and the Juvenile Intake Unit shall coordinate with Interstate Compact to arrange for their transportation back to the home state.
- ii. If the youth is to be detained in the JRF, if possible, obtain classification information from the probation agency in the home state:
 - 1) Criminal History and behavior during prior detentions.
 - 2) Classification information, such as gang affiliation, room alone status, VAI issues, etc.
 - 3) Mental health status, if known.
 - 4) Medical issues affecting their classification or that create safety issues.

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II. PRE-BOOKING OPERATIONS

A. Approval of Probable Cause Declaration (PC Dec)

1. The SCJRF officer is to ensure that the arresting officer fills in all appropriate information and all elements of the charges are present on the PC Dec. The PC Dec is to be signed by the arresting officer and approved by the shift supervisor/OIC before the booking process proceeds.
2. If there is information at this stage that the resident is a placement failure from out of county, take steps to determine if:
 - a. CFS or Probation are involved
 - b. Name of county, social worker and/or PO
 - c. Were they ever in custody in another Juvenile Hall, etc.?

B. Medical Screening Form

1. Shasta County Juvenile Facility Medical Pre-Screening questionnaire is to be filled out by the booking JDO prior to the resident being accepted for booking and the arresting officer leaving the facility. The **Medical Pre-Screening Questionnaire** is an electronic form located

- in the pre-booking computer.
2. Medically Cleared for Booking
 - a. A resident is Medically Cleared for booking when, it is determined by the booking officer that there are no apparent health conditions or suicide ideations that would preclude acceptance of the resident into the facility without a documented medical clearance. Refer to Policy & Procedures 5.3.4.1 Guidelines for Medical Clearances.
 - b. If the resident was taken to the hospital by the arresting officer for medical clearance prior to being presented to the JDO for booking, any paperwork from the hospital must be presented to the booking JDO, who shall proceed in accordance with Section VI of 5.3.4.1.

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C. Booking Pat Search

1. All searches will be conducted in a professional and respectful manner by the booking officer that is consistent with their training. Refer to Policy & Procedures 4.4 Searches of Residents.
 - a. Pat Searches shall be conducted in accordance with Section 1352.5 of Title 15, Transgender and Intersex youth.
 - b. When a resident is being booked into the facility, the booking officer shall conduct a Pat Down Search of the resident prior to the resident being escorted from Pre-booking into the Booking area.
 - c. This search shall be completed in the presence of the arresting officer, and any items or evidence of a new crime that is located shall be turned over to the arresting officer.
 - i. Residents can be subjected to additional searches as deemed necessary by the booking or arresting officers based on the resident's current behavior, booking offense, and history in the facility, in accordance with Policy 4.4, Searches of Residents.

III. BOOKING AREA

- A. When the Pre-Booking process is complete, and the resident has been accepted for booking, he/she shall be escorted by the booking officer into the booking area to complete the booking process.
 1. Residents shall either be seated in the booking area or secured in a holding cell.
 2. Room safety check guidelines as stated in policy Section 5.2.2 apply to residents who are secured in holding cells.
 3. Pursuant to Section 627(a) WI, when a resident is accepted for booking into the facility, staff shall take immediate steps as outlined in the Booking Post Orders, to notify the resident's parent, guardian or a responsible relative that such resident is in custody and the location of the JRF.
- B. Reported Runaways
 1. During graveyard shift, the supervisor on duty shall run all new bookings through CLETS to determine if they are reported runaways or

if there are other warrants or charges from other jurisdictions.'

C. LiveScan/Photo

1. All residents who are booked into the facility shall be fingerprinted and photographed pursuant to the Booking Post Orders.

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IV. INITIAL SHOWER, CLOTHING AND BEDDING ISSUE

A. Clothing Exchange shall be conducted when the resident is escorted to the booking shower area. Staff shall insure that the resident stands out of sight of the officer in the shower area and hands their personal clothing, one item at a time, to the booking officer who shall inspect the item and place it into a plastic bin. Refer to Section 4.4, Searches of Residents.

1. If the officers observes contraband or movements that are threatening or indicate dangerous contraband may be in the resident's possession, that officer shall call for back up and treat the situation as a threat to the safety of the resident or others, not as a strip search as defined in Section 4.4.

2. Following these searches, the resident shall be allowed to shower.

B. Residents shall be issued the following clothing for their use following their booking shower:

1. Undergarments consistent with their gender identity consisting of, bra and undergarments.
2. One pair of socks.
3. One tee shirt.
4. One pair of shorts (summer) or sweat pants (winter).
5. One sweat shirt (winter).

C. Residents shall be issued the following hygiene items (hygiene kit) for use during the booking shower:

1. Toothbrush.
2. Toothpaste.
3. Soap.
4. Comb.

D. Residents shall be issued the following bedding before being transferred to a pod:

1. One blanket.
2. One pillow case.
3. Two sheets.
4. One Towel.

V. RESIDENT PROPERTY INVENTORY AND STORAGE

A. Resident property shall be inventoried and stored pursuant to policy 5.3.7, Resident Property Storage.

VI. BOOKING PHONE CALL

- A. No later than one hour after a resident has been accepted for booking, they shall be advised of their right to telephone their parent/guardian or responsible relative, their employer and their attorney. The telephone in booking shall be utilized for this phone call, as there is a toll charge on the resident telephones on the pods.

VII. RESIDENT ORIENTATION

- A. The orientation of residents to the facility shall be completed in accordance with Policy Section 5.3.9.

VIII. ESTIMATED LENGTH OF STAY

- A. The booking officer shall complete the ADVISAL OF ESTIMATED LENGTH OF STAY AT BOOKING form during the booking process.
- B. During this process, the booking officer will discuss with the resident the maximum term of confinement associated with their charges, what a furlough is and how it works, the pertinent filing deadlines for their charges, as well as deadlines for them to appear in court.
- C. If the booking officer cannot answer a resident's question, that booking officer shall contact the supervisor on duty/OIC or the assigned probation officer to obtain an answer.

IX. COMMUNICATION RELATED TO SUICIDE RISK

- A. The booking officer shall communicate with the arresting officer, facility staff, family members, medical and mental health personnel in relation to suicide risk.
- B. During the booking process, staff shall make all necessary communications in related to suicide risk and complete the COMMUNICATION REGARDING SUICIDE RISK AT BOOKING form.
- C. Communication with the arresting officer
 - 1. During pre-booking, staff shall discuss with the arresting officer if they have any information related to suicide attempts, a history of suicidal ideation, any statements made by the resident that could indicate a desire to harm themselves or of severe depression, or any other information related to suicide risk. Staff shall note the officer's response on the form.
- D. Communication with the parent/guardian
 - 1. Staff shall communicate with the parent/guardian and ask questions related to suicide risk. Staff shall ask if there is any concern or history of suicide attempts, suicidal ideation and/or depression. Staff shall ask about family history of suicide, if any recent tragedies have occurred, or if the parent/guardian has any

concerns related to suicide. Staff shall note the parent/guardian answers on the form.

E. Communication with Facility Medical Staff (Including Mental Health Providers)

1. If any information obtained during the booking process, or communication with the arresting officer or parent/guardian, indicates there could be a suicide risk, the officer shall communicate with the medical provider either in person or by utilizing the on-call system.

2. Staff shall provide medical staff with the information pertaining to the suicide risk, and document it on the form.

3. Staff shall receive information and direction from the medical provider and document it on the form.

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REPLACEMENT HISTORY:

Created: 11/19/2014

Revised: 12/1/2016, 05/03/2018, 11/20/2018, 2/26/2019

REFERENCES

Section 4.4 Searches of Resident.s

Section 5.3.4.1 Guidelines for Medical Clearances

Section 5.3.7 Resident Property Storage

Section 627 of the California Welfare and Institutions Code (WIC)

Section 602.1 WIC

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.4.1	Guidelines for Medical Clearances	SECTIONS: 1430, 1431	1 of 7

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff shall adhere to the following policy to ensure that a documented medical clearance is received for arrestees who require a health evaluation and/or treatment prior to being accepted into the facility.

PROCEDURES

I. GENERAL INFORMATION

- A. The following policy is to guide officers in assessing arrestees who are brought into the facility for booking. These procedures include:
1. Observation by the booking officer.
 2. Interviewing the resident for the purpose of accurately completing the Medical Pre-Screening form.
 3. Determining if the arrestee is "Cleared for Booking via Medical Pre-Screening."
 4. The process for declining the booking pending the medical clearance.
 5. How arrestees are to be supervised after they have been accepted for booking following the medical clearance.
- B. It is the responsibility of the arresting officer to report any evidence of trauma, acute illness, or suicidal ideation or actions to the booking officer.
- C. It is the responsibility of the booking officer to observe the arrestee for any visible signs of trauma, and to question the arrestee and the arresting officer concerning any recent history of trauma, suicidal statements, suicidal behavior, or ingestion of intoxicating substances.
- D. The booking officer may summon on duty medical staff to assess if the arrestee may be "Cleared for Booking via Medical Pre-Screening."
- E. All arrestees who admit or exhibit the use of intoxicating substances shall be referred for counseling and post-release care in accordance with their Institutional Case Plan, and Probation Case Plan.
- F. Definitions
1. Cleared for Booking via Medical Pre-Screening
An arrestee is Cleared for Booking via Medical Pre-Screening when it is determined that there are no apparent health conditions that would preclude acceptance of the arrestee into the facility without a documented medical clearance. The booking officer generally makes this determination. Medical staff can also make this

determination if they respond to pre-booking and conduct their own evaluation.

2. Documented Medical Clearance

Forms provided by a hospital to the arresting officer when an arrestee is taken to the Emergency Room to receive a health evaluation and/or treatment prior to being accepted in the facility. After providing the health evaluation and/or treatment, hospital staff provide a document declaring that the arrestee is cleared for booking. Additional paperwork explaining the treatment provided, care instructions, and other medical information may accompany the document.

3. Recent History of Physical Trauma or Prolonged Restraint

For the purpose of this policy, recent history of physical trauma may include, but is not limited to: An automobile accident or traffic collision, use of considerable force by the officer to affect the arrest (baton strikes, K-9 bite, chemical agent, etc.), fall from heights, recent victim of assault or violence, recent fight, etc.

Prolonged Restraint would involve any hobble, hog tie, or advanced restraint device. Simple handcuffs and shackles applied for the purpose of transporting a complaint prisoner are not considered a prolonged restraint for the purpose of this definition.

G. Mandatory conditions that require a documented medical clearance prior to acceptance into the facility:

1. The arrestee is unconscious or cannot walk under their own power.
2. The arrestee is having or has recently had convulsions.
3. Arrestees with any significant external bleeding.
4. Arrestees with any obvious fractures.
5. Arrestees with signs of head injuries.
6. Arrestees with any type of serious injury, illness, or difficulty breathing.
7. Pregnant arrestees in labor or with other serious problems.
8. Arrestees with complaints of severe pain or trauma.
9. Arrestees who have been hog tied, or placed in a prolonged restraint as defined above.
10. Arrestees who are believed to be actively suicidal.
11. The arrestee is intoxicated to the extent that they are a threat to their own safety or the safety of others.
12. Any arrestee who claims to be pregnant or is determined to be pregnant who reports recent use of, or is under the influence of alcohol or other drugs.
13. The results of the Medical Pre-Screening indicate that the arrestee is in need of immediate medical or mental health treatment or care.

H. No Arrestee who has been referred for pre-booking treatment shall be accepted into the facility without a documented medical clearance.

II. **ASSESSING A RESIDENT**

- A. The booking officer shall join the arresting officer in Pre-Booking, as outlined in the booking post orders.
- B. During the pre-booking process, the booking officer will be interacting with the arrestee while completing various forms and obtaining necessary information about the resident and the charges. During these interactions, the officer shall be looking for:

1. Signs of physical injury or trauma.
2. That the arrestee is alert and oriented to their surroundings.
3. Signs that the arrestee may be under the influence of an intoxicating substance.
4. Signs of self-harming or suicidal behavior, or suicidal statements.

C. The booking officer shall ask the arrestee the questions listed on the Medical Pre-Screening form, and record the answers and make notes as necessary.

1. The Medical Pre-Screening form is designed to gather information and help the booking officer and/or medical staff to determine if the arrestee requires a medical evaluation and/or treatment in order to be accepted into the facility, or if there are health conditions that require treatment while the arrestee is in custody.

a. The screening procedures shall include but not be limited to:

i. Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;

ii. Health conditions that require treatment while the youth is in the facility;

iii. Identification of the need for accommodations (for example, physical or developmental disabilities, gender identity or medical holds).

2. Should the booking officer have questions or concerns at any point while completing the Medical Pre-Screening form, they may request medical personnel to respond to Pre-Booking to assist with the assessment if they are on duty or contact the on-call provider.

D. If the arrestee answers "Yes" to any of the three suicide questions on the form, or if the booking officers believes that the arrestee is acting or making statements that lead them to believe the resident has suicidal thoughts or ideations, then the officer will assess further as follows:

1. If medical staff is on duty, the booking officer shall request via control that they respond and assess the arrestee.
2. If medical staff is not on duty, the booking officer shall complete the Suicide Screening Form as outlined in Section 5.12 Suicide Prevention.
3. The booking officer shall then contact the on-call medical provider and provide them with the results of the Suicide Screening Form and follow their directions.

E. At the conclusion of the Medical Pre-Screening interview, the booking officer will determine if the resident is "Cleared for Booking via Medical Pre-Screening", or decline the booking.

III. DETERMINING A ARESTEE IS CLEARED FOR BOOKING VIA MEDICAL PRE-SCREENING

A. When the arrestee is deemed "Cleared for Booking via Medical Pre-Screening", the officer will continue with the additional pre-booking procedures, as outlined in Section 5.3 of this manual, and the Booking Post Orders.

B. During the booking process, the Medical Pre-Screening form is transmitted via email to the medical staff, who will review it during the next business day and determine if there are health conditions that require treatment while the arrestee is in custody.

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- C. Any arrestee suspected of having a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by health care staff.
 - 1. During the booking process, if officers suspect that an arrestee has a communicable disease, the Supervisor on Duty/OIC shall be notified, and they will contact the on-call medical provider pursuant to Section 5.11.1 Resident Access to Medical Services.
 - 2. If medical staff concur that there is a likelihood that the arrestee may have a communicable disease that could pose a significant risk to others in the facility, they may:
 - a. Order the booking be declined pending the receipt of a documented medical clearance following a health evaluation and/or treatment at an Emergency Room.
 - b. That the arrestee be housed in Booking pending further examination and treatment.

IV. DECLINING A BOOKING PENDING MEDICAL CLEARANCE

- A. If it is determined that an arrestee requires a documented medical clearance in order to be accepted into the facility, the following steps shall be taken by the booking officer:
 - 1. The booking officer shall complete the Declined Booking Pending Documented Medical Clearance form.
 - 2. Brief the arresting officer on the need for a medical clearance, and provide them with a copy of the Declined Booking Pending Documented Medical Clearance form.
 - 3. The arresting officer shall transport the arrestee to the hospital for medical clearance.

V. DECLINING A BOOKING FOLLOWING A MEDICAL CLEARANCE

- A. If an arrestee is Medically Cleared for Booking at a hospital, but the Supervisor on Duty/OIC believes there is still a serious medical/mental health issue, the on-call medical provider shall be notified.
- B. The on-call medical provider shall consider the report of the Supervisor on Duty/OIC, the information included on the medical clearance, and may contact the hospital for further information.
- C. The on-call medical provider may request that the arrestee be declined for booking and returned to the hospital if the arrestee's condition is deemed to be deteriorating or does not meet admission requirements. Should this occur, the booking officer shall follow the procedure for declining a booking pending medical clearance.

VI. SUPERVISION OF ARRESTEES WHO HAVE BEEN MEDICALLY CLEARED

- A. General Guidelines
 - 1. Depending on the nature of the medical clearance, arrestees returning from the Hospital can require various levels of supervision. These guidelines outline the basic types of supervision that should be provided. This, however, does not preclude staff from initiating more intense supervision standards as they deem necessary to effectively provide for the safety of the arrestee. Staff are encouraged to contact the on-call medical provider if they have concerns or require additional guidance.
 - 2. Completed medical clearance documents received from the hospital shall be

forwarded to medical staff, who will evaluate the arrestees no later than the next available sick call.

- a. The medical provider shall coordinate with the mental health provider in every case where a substance abusing arrestee has known or suspected mental illness.

B. Supervising arrestees cleared for being under the influence of an intoxicating substance.

1. Pursuant to Section 1431(c), supervision of intoxicated arrestees who are cleared to be booked into the facility shall include:
 - a. Monitoring by personal observation no less than once every 15 minutes until resolution of the intoxicated state.
 - i. Staff shall document these observations on an Observation Sheet that is located in Booking, including the actual time of the observation and a small description of what they observe and/or their interaction with the arrestee.
 - ii. The following measures may be used by staff to assess if the intoxicated state is resolving:
 - a) If alcohol intoxication, periodically measure BAC using PAS device, noting if BAC is trending upward or downward.
 - b) If stimulant or depressant abuse, periodically check pulse, and do a DAR examination if officer is trained.
 - b. Medical staff shall be notified if on duty, or the on-call medical provider shall be contacted whenever the arrestee's condition appears to be deteriorating, or if the arrestee begins to exhibit withdrawal symptoms.
 - i. Officers will have medical respond if on duty, or the Supervisor on Duty/OIC shall contact the on-call medical provider to seek a medical evaluation for all arrestees whose intoxicated behavior persists beyond **four (4)** hours from the time of admission.

C. Supervising arrestees cleared for Suicidal ideation or attempts.

1. Officers shall refer to Section 5.12 Suicide Prevention in this policy manual for guidelines and procedures for residents on Suicide Watch or Suicide Risk.

D. Supervising arrestees cleared for trauma or other acute illness.

1. Upon the acceptance of a arrestee who has been medically cleared for trauma or other acute illness, the Supervisor on Duty/OIC shall review the documents provided by the hospital, and summon medical staff (if on duty), or contact the on-call medical provider for instructions.

REPLACEMENT HISTORY:

Created: 9/5/2014

Revised: 9/24/2014; 10/30/2014, 5/26/19

REFERENCES

- JRF Policy and Procedure Manual, Section 5.12 Suicide Prevention

- JRF Policy and Procedure Manual, Section 5.11.1 Resident Access to Medical Services
- Title 15, Section 1431(c)

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.5	Foreign Nationals	SECTIONS:	1 of 5

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to comply with all United States treaty obligations on consular notification and access.

Residents who are known or suspected to be foreign nationals (i.e., citizens of another country) have the right to communicate with an official from the consulate of their country. If a resident chooses to exercise this right, JRF staff shall provide notice of the request to communicate to such consulate and shall make reasonable arrangements for such communication to occur. In addition, the JRF is required to notify the consulates of certain designated countries if their citizens are arrested or detained, regardless of the wishes of the resident. While federal immigration authorities may receive information regarding an individual's citizenship or immigration status, it is not within the purview of the JRF to determine the immigration status of any person in its custody.

PROCEDURES

I. GENERAL INFORMATION

A. A Foreign National is a person who is not a citizen or permanent resident alien (must possess a "green card") of the United States.

B. Consulate notification is required for known or suspected Foreign Nationals.

1. If a juvenile who is known or suspected to be a foreign national is in the custody of a Probation Officer for more than two hours, or if a juvenile is booked into the Juvenile Hall, then the intake staff shall inform the resident that he/she has the right to communicate with an official from the consulate of his/her country.
 - a. Notice shall be provided only to the consulate office closest to the Juvenile Hall.
2. Staff shall use reasonable efforts to determine whether a resident being booked into the Juvenile Hall is a known or suspected foreign national. Such reasonable efforts include questioning the resident to determine whether he/she is a citizen of another country, and considering facts available from the arresting officer or other third parties. **Pursuant to the California Values Act, staff shall not inquire into a resident's immigration status (whether the person is lawfully or unlawfully in the United States).**

3. If staff is uncertain as to the citizenship of a resident, staff shall apply the requirements of this policy to the resident as a suspected foreign national.

C. It is not the responsibility of Juvenile Hall Staff to determine the immigration status of a juvenile; such determination is in the purview of the Department of Homeland Security, Bureau of Immigration and Customs Enforcement ("ICE").

II. **MANDATORY VERSUS "UPON REQUEST" NOTICE TO CONSULATE**

A. If a resident is a citizen of a country that is a party of the Vienna Convention on Consular Relations, the resident's country is required to be notified of the arrest and detention regardless of the wishes of the resident, absent exigent circumstances. (The list of countries can be found in Section III below). Notice to Consulates is thus required to be provided to the countries set forth in Section 3, and as listed in the Consulate Notification Form.

B. Upon Request notification applies when a resident is a foreign national from a country not included in Section A. above.

C. Further information regarding the rights of foreign nationals and consulate notification is provided in the U.S. Department of State's Consulate Notification and Access Manual, a copy of which shall be located as an online link and in the JRF Booking area.

1. The manual can also be found at the following web address:
http://www.travel.state.gov/pdf/cna/CNA_Manual_3d_Edition.pdf

III. COUNTRIES THAT REQUIRE MANDATORY CONSULATE NOTIFICATION REGARDLESS OF THE RESIDENT'S REQUEST:

Algeria	Malta	Zambia
Antigua and Barbuda	Mauritius	Zimbabwe
Armenia	Moldova	
Azerbaijan	Mongolia	
Bahamas, the Barbados	Nigeria	
Belarus	Philippines	
Belize	Poland	
Brunei	Romania	
Bulgaria	Russia	
China	St Kitts and Nevis	
Costa Rica	St Lucia	
Cyprus	St Vincent & the Grenadines	
Czech Republic	Seychelles	
Dominica	Sierra Leone	
Fiji	Singapore	
Gambia, the Georgia	Slovakia	
Ghana	Tajikistan	
Grenada	Tanzania	
Guyana	Tonga	
Hong Kong	Trinidad and Tobago	
Hungary	Tunisia	
Jamaica	Turkmenistan	
Kazakhstan	Tuvalu	
Kiribati	Ukraine	
Kuwait	United Kingdom	
Kyrgyzstan	U.S.S.R	
Malaysia	Uzbekistan	

Non-permanent residents only : United Kingdom includes England, Scotland, Wales, Northern Ireland and Islands and British dependencies of Anguilla, British Virgin Islands, Bermuda, Montserrat, and the Turks and Caicos Islands.

Notification is not mandatory in the case of persons who carry "Republic of China" passports issued by Taiwan. Such persons should be informed without delay that the nearest Taipei Economic and Cultural Representative Office ("TECRO") can be notified at their request.

IV. NOTIFICATION PROCEDURES

- A. Notification procedures are triggered at the time the resident is booked into the JRF.
- B. Upon determining that a resident is a known or suspected foreign national, staff shall determine if the resident's country is a mandatory notification country (included on the list).
1. If the residents county is a mandatory notification country, the booking officer shall:
 - a. Notify the nearest consulate via fax immediately, or as soon as reasonably possible (no longer than the end of the booking shift) utilizing the Consulate Notification Form.
 - i. The form may be downloaded at the following web address if no hard copies are available:
[http://www.travel.state.gov/pdf/cna/CNA%20Fax%20Sheet ArrestOrDetention.pdf](http://www.travel.state.gov/pdf/cna/CNA%20Fax%20Sheet%20ArrestOrDetention.pdf)
 - ii. Notification must occur even if the resident does not want notification.
 - iii. Staff shall not advise the consular officer that the foreign national has requested asylum. If the consular officer insists on information that the resident does not want disclosed, staff shall advise the Supervisor/OIC on duty.
 - b. Staff shall advise the resident that they have contacted his/her consulate. Staff may use the sample notification statements located on the State Department web site,
http://www.travel.state.gov/law/consular/consular_5126.html.
 2. If the residents country is a "Upon Request" country, the booking officer shall:
 - a. As soon after the arrest as reasonably possibly, but no later than 72 hours after arrest, inform the resident that he or she may have his or her consular officers notified of their arrest or detention.
 - i. Staff can use the sample statements located on the State Department web site,
http://www.travel.state.gov/law/consular/consular_5126.html.
- C. Upon request, a resident shall be provided with the telephone number of the closest consulate of his/her country, and allowed to place a telephone call to it.
- D. Staff shall accommodate the requests of resident's, their parents/guardians, and consulate officials to communicate with each other to the extent reasonable and appropriate. Communications may occur in writing, over the telephone, or in person. Consulate Officials must present valid Department of State identification prior to visiting or coming into contact with any resident in custody.
1. If the staff member checking in the Consular official has reason to doubt the authenticity of the identification card provided, the State

Department can be reached at 202-647-1985 or after hours at 571-345-3146 or 866-217-2089.

2. Consulate officials maintain the same rights as attorneys to visit with residents.

V. MAINTAINING RECORD OF NOTIFICATION

- A. Staff shall make a note of the completed notification on the face sheet in the resident's file. Staff shall retain the Consulate Notification Form and fax confirmation in the file for scanning.
- B. Staff shall provide a copy of the Consulate Notification Form to the resident's probation officer and to the legal process clerk assigned to the JRF to be mailed to the resident's parent or legal guardian.
- C. JRF staff shall provide copies of completed Consulate Notification Forms to ICE.
- D. JRF staff shall comply with any additional request by ICE for further information relating to residents, and shall provide ICE with reasonable access to such residents for the purpose of questioning.

VI. DEATH, SERIOUS INJURY, OR SERIOUS ILLNESS OF A FOREIGN NATIONAL

- A. In addition to the procedures outlined in the Death in Custody policy, no. 9.12, when a foreign national dies, is seriously injured or becomes seriously ill, notification shall be made to the nearest consulate of his/her country immediately or as soon as reasonably possible. Make such notifications by fax, if possible, using the Consular Notification Form.
 1. Staff shall retain the original copy of this notification, along with the fax confirmation, in the facility records.

REPLACEMENT HISTORY:

Created: 10/4/2013

Revised: 4/09/2014; 1/31/18

REFERENCES

- Penal Code 834c
- Welfare and Institutions Code 828
- U.S. Department of State Guidelines Regarding Foreign Nationals Arrested or Detained in the United States.

that property is missing, that officer shall:

- a. Review the Resident Property Sheet to determine if the missing item is documented.
 - i. If the missing item is documented on the Resident Property Sheet, the officer shall:
 - a) Provide the resident with a County Claim Form.
 - b) Complete an SIR documenting the lost property as well as any other information pertinent to the investigation.
 - ii. If the missing item is not documented on the Resident Property Form, the officer shall:
 - a) Provide the resident with a County Claim Form.
 - b) Indicate in the Booking Log Book the allegation made by the resident that their property is missing.

REPLACEMENT HISTORY:

Created: 4/09/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.6	Classification and Housing Assignments	SECTIONS: 1352, 1352.5, 1354	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to a classification system that provides for the safety of residents and staff while imposing the least restrictive conditions on the resident(s). The JRF also gives consideration of trauma informed care and positive development for the resident when determining classification.

PROCEDURES

I. GENERAL INFORMATION

- A. The Juvenile Rehabilitation Facility shall provide that a resident 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, safety considerations, medical/mental health considerations, gender and gender identity of the youth.
- B. Classification shall never be used as a tool for punishment or discipline
- C. Booking officers shall take the steps necessary to properly classify every resident during the booking process and prior to their transfer to the general population. Staff shall consider, among other things, the population as well as the physical design of the facility when classifying residents.
- D. In general, all classifications shall be reviewed by the management team during their weekly, Wednesday meeting.
 1. Special classifications are designated as Step Down (SD), Maximum Security Risk (MSR), and Protective Custody (PC) shall be reviewed regularly as described below.
- E. Classification Changes
 1. Only the Division Director or Supervisor may approve a resident being removed from MSR, SD, or PC status. An OIC or above may place a resident on a classification status for safety or security issues. This will be reviewed by the management team.
 - a. Typically, this will occur during the weekly management meeting,

- but can also occur as needed at any time.
- b. If no supervisor is on duty, the OIC can contact a supervisor or director via telephone to obtain approval and carry out the documentation process.
2. It is the responsibility of the supervisor authorizing the classification change (or their designee) to ensure that changes are documented in the following locations:
 - a. The Central Control Classification Sheet
 - b. The Pod Information Sheet located in the specific resident's green file.
 - c. The Pod Locators, Pod information sheet, and locator.
 3. The supervisor or designee shall then log the classification change in the pod logbook.

II. CLASSIFICATIONS

A. Maximum Security Risk (**MSR** – (Red Ink))

1. A resident is classified **MSR** when they are in custody on serious and violent felonies or have exhibited violent or serious behavior. This classification is for residents who present an extreme risk to staff and others based on their behavior. This is the most restrictive classification and requires 2 staff to be present whenever the resident is not secured in their room or in the secured recreation yard.
2. During the initial booking process, a resident may be classified as MSR due to their charges, prior facility behavior, aggressive or threatening behavior during the booking process, or other aggravating factors. If classified as MSR during the booking process, the resident's status will be reviewed by the Division Director to ensure the MSR status remains appropriate.
3. Residents classified **MSR** will not program with the general population, but may program when other residents are programming as long as they program in a separate area such as the program room, secure recreation yard, etc. A minimum of 2 staff must be present, and there are no other factors present that indicate it is unsafe to do so.
4. **MSR's** must eat their meals in their rooms off soft trays.
5. MSR status shall room alone.
6. **MSR's** cannot be housed on the top tier.
7. **MSR's** cannot participate in group activities, but may be out at the same time as other residents, as long as they do not interact with them and are programming separately such as in the program room or on the secure recreation yard while others are on the main yard. An **MSR** may not have contact with another **MSR** or an **SD** resident.
 - a. On the East Rec Yard, **MSR's** may only program by themselves with two or more staff present.
 - b. On the North (Covered) Rec Yard, **MSR's** may program in the secured recreation areas while other residents are present on the main yard.

- i. Staff shall ensure that the **MSR** is escorted onto the North Rec Yard by two staff with no other residents present on the main yard.
 7. **MSR** will not be allowed on the West Garden.
 8. Residents classified as **MSR** shall be provided with school materials and one-on-one instruction by teaching staff.
 9. Only the facility director can authorize a resident being removed from **MSR** status.
 10. **MSR** status requires Court Restraint (CR) designation.
 11. **MSR** residents must be approved by the Division Director or designee to step-down to a lower classification. If approved by the Division Director to move to a lower classification, they will move to Step-Down classification.
- B. Step-Down (**SD** – (Red Ink))
1. A resident is classified as a **SD** when they exhibit violent or threatening behavior, create serious disruptions on the pod, or are deemed a safety and/or a security risk.
 2. **SD** residents can only be housed on the top tier with management approval.
 - a. Such approval shall be noted on the resident face sheet and in the pod log book.
 - b. **SD** status shall room alone.
 - c. **SD** status requires Court Restraint (CR) designation.
 3. **SD** status must eat their meals in their rooms off soft trays
 4. Two staff must be present when a **SD** status is not secured in their room or the secured recreation yard.
 5. **SD** residents may program with the general population, but only 1 **SD** status may be in general population at one time.
 6. An **SD** may be programming in the Day room with general population youth, while another **SD** resident may be programming in the secure recreation yard or in the program room. **SD**'s may not have contact with each other or an **MSR** resident.
 7. Only 1 **SD** status resident will attend school in the classroom at a time. If more than 1 **SD** resident is required to attend school, a rotation will be set up to allow equal opportunities for the **SD** residents to attend class. The **SD** resident who is not in class will do their school work in the day room with assistance from teaching staff when necessary.
 8. If a resident is placed on a step-down classification (**SD**) due to behavior while being housed in the JRF, after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study Team or an Individualized Educational Plan (IEP).
 - a. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the

formal request for a Student Study Team or an IEP will be made by the supervisor prior to the 5th day.

- b. Those residents placed on a **MSR** status at the time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team or an IEP.

C. Step-Down (**SD**) Process:

For those youths placed on **SD** classification, they will have the opportunity to return to general population by consistently demonstrating safe, appropriate, and respectful behavior. To step-down to general population, the following must be completed:

1. To earn their way off **SD** status, the youth must maintain level 3 scores for 5 consecutive days. If the youth fails to make 5 consecutive days, he/she will start their days over until the 5 consecutive days of level 3 score are obtained.
2. After the youth completes 5 consecutive days of level 3 scores, he/she will return to general population as a level 1.
3. Upon return to general population as a level 1, the youth must maintain a minimum of level 2 scores for 10 consecutive days. If the youth fails to earn a minimum of a level 2 score during those 10 days, he/she will immediately return to **SD** status and the process will start over.
4. Upon completion of the youth's 10 day probationary period, the youth will immediately be awarded the level he/she earned while completing his/her 10 days. For example, a youth who earned level 3 scores for 7 of the 10 days (with level 2 scores for the remaining 3 days) will immediately be a level 3 for the remainder of the week. The youths points earned for the week will be calculated for the following weeks scores as well.

C. Protective Custody (**PC** – (Red Ink))

- a. If a resident requests to be placed on Protective Custody (**PC**), they will adhere to the same rules as an **MSR**.
- b. To be removed from **PC**, the resident must request removal from the Division Director or designee.
- c. Once removed from **PC**, the resident will return to general population at the same level they were prior to being placed on **PC**.
- d. **PC** shall room alone.

C. Room Alone (**XXX** – (Red Ink))

1. A resident is classified as a **XXX** when their charges, behaviors or **VAI**

results indicate that they cannot be housed with a roommate.

D. No Top Tier (NTT – (Blue Ink))

1. A resident is classified as a NTT when their behavior, charges or other factors indicate there is a safety risk that prohibits them from being housed on the top tier.
2. Other factors can include, but are not limited to medical or mental health conditions, history of suicidal ideation or attempts, history of assaultive behavior or behaviors requiring restraint, etc.

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E. Adult Court Process (AC – (Blue Ink))

1. A resident is going through the Adult Court process.

F. No Contact (N/C – Blue Ink)

1. This classification records that a resident is to have no-contact with another resident who is housed in the facility.
2. No Contact orders may be ordered by the court, juvenile hall staff, the case carrying PO, or by request from the district attorney or investigating law enforcement agency.

III. HOUSING ASSIGNMENTS

- A. Resident housing assignments shall be in the least restrictive housing and program setting, taking into consideration safety concerns identified through the booking process, classification, prior record, and past behavior in this or other facilities.
- B. Whenever the facility population allows, residents shall be housed in single rooms.
- C. Housing assignments shall take into account the physical design of the facility, especially as it relates to the presence of physical disabilities or classifications prohibiting access to the top tier of pods.
- D. Residents shall not be separated from the general population, nor shall they be assigned to single occupancy rooms based solely on their 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.
- E. Juvenile Rehabilitation Facility staff shall not consider lesbian, gay, bisexual, transgender, questioning or intersex identification or status as an indicator of likelihood of being sexually abusive.
- F. Juvenile Rehabilitation Facility staff shall house residents in the unit or room that best meets their individual needs, and promotes their safety and well-being. Staff may not automatically house a resident according to their

external anatomy, and shall document in writing the reasons for any decision to house a resident in unit that does not match their gender identity. In making a housing decision, staff shall consider the resident's preferences, as well as any recommendations from the resident's health or behavioral health provider.

G. Juvenile Rehabilitation Facility staff shall make every effort to ensure the safety and privacy of transgender and intersex resident when the residents are using the bathroom or shower, or dressing or undressing

H. Residents may request single occupancy rooms. Staff may consider this request, along with each of the above criteria when making housing assignments.

REPLACEMENT HISTORY:

Created: 3/21/2014

Revised: 4/05/2014; 10/30/2014; 6/17/2016; 10/27/2016, 11/3/2018, 11/17/2018, 2/15/2019, 04/04/2019, 05/11/2019, 5/28/19

REFERENCES

Sections 210 and 885, Welfare and Institutions Code. Reference: Section 209, Welfare and Institutions Code.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.7	Resident Property Storage	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to store resident property in a safe and secure manner.

PROCEDURES

I. GENERAL INFORMATION

- A. Resident property shall be stored in the Property Room located in booking, as described in the Booking Post Orders.
 1. Property shall be stored in assigned bins, or in larger storage devices that are properly labeled with the resident's name.

- B. All resident property shall be inventoried on a Resident Property Sheet, which will be maintained with the resident's property.

- C. Storage and Documentation of Money
 1. The Booking Officer shall count all money and record the results on the Resident Property Sheet. A second staff shall verify the count and initial the record on the Resident Property Sheet.
 2. The Booking Officer shall then place the money in a sealed envelope, initialing across the seal along with the date and time.
 3. For denominations totaling less than \$25.00, the envelope may be placed in the resident's property bin.
 4. For denominations totaling \$25.00 or greater, the booking officer will notify the Supervisor/OIC of the circumstances and request they respond to booking with the key to the appropriate evidence locker. The Supervisor/OIC shall then secure the money in said locker.

- D. Property Release
 1. Resident authorization to release property to parent/guardian.
 - a. Residents may release property only to their parent/guardian.
 - b. Staff conducting the release of property shall document the release on the resident's property form.
 2. Releasing property during resident release from facility.
 - a. The booking officer shall release the property to the resident or person taking custody of the resident, per the post order.

- E. Resident Complaint of Missing Property
 1. If during the release, an officer receives a complaint from a resident

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.8	Release Procedures and Transition Planning	SECTIONS: 1351	1 of 5

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to the following procedures for the release of residents.

PROCEDURES

I. GENERAL INFORMATION

A. Definitions

1. Straight Release: The release from custody of a resident. They are removed from the roster completely.
2. Release to Furlough: While on furlough, the resident is released from the physical custody of the facility. However, the resident is still considered "booked" on the relevant petition, and is earning custody credits just as if they were still physically in custody. If a resident violates the terms of the furlough, the probation officer may "fail" the furlough and transfer their custody back into the facility.
3. Release via Furlough onto the Juvenile Detention Alternatives Program (JDAP): This is a type of furlough that incorporates intense supervision by a probation officer. For our purposes, the procedures are identical to those governing furloughs.

B. Releases must be authorized by the following:

1. The Juvenile Court via court order
2. Probation Officers
3. Juvenile Hall Administration

C. Policy regarding the release of property can be found in Section 5.3.7, Resident Property and Storage.

D. Specific procedures for staff to follow can be found in the Booking Post Orders located in Booking.

II. DETERMINING WHO THE RESIDENT CAN BE RELEASED TO

A. Residents may only be released to the following individuals, in order:

1. Persons identified by the Court.
2. Persons identified by the probation officer.
3. The people identified as the "Authorized Parent(s)/Guardian(s)" in the

- Institutional Case Plan.
4. Persons identified as the parent or guardian on the Probable Cause Declaration at booking.
 5. Persons identified by the probation officer, facility supervisor, or the identified parent or guardian as "responsible adults" who have their consent to pick up the resident.

III. VERIFICATION OF RELEASE

- A. All releases must be approved by the Supervisor on Duty, OIC, or Facility Director, who shall:
 1. In the case of a Straight Release, verify using the facility roster that the resident has completed his term of confinement. This will be indicated by a "D" in the status column, and displaying the current day in the "Hrg/RIs" column.
 2. In the case of a DRAI release, after verifying that the DRAI was completed accurately, that the indicated score signifies a release, or approving the DRAI Override after considering the circumstances and the DRAI Business Rules, authorization to release a resident must be obtained by Deputy Probation Officer, Supervising Probation Officer, Division Director, ACPO, or CPO.
 - a. Policies related to Home Supervision and Written Promise to Appear applies to DRAI Releases.
 3. In the case of a Citation completed by the arresting officer, staff shall follow release procedures as outlined in the Post Orders and have the responding parent, legal guardian or responsible adult sign the citation along with the resident.
 4. In the case of a Citation completed by employees of the Probation Officer classification, the supervisor shall insure that the release decision does not conflict with state laws and regulations governing the detention of minors, including 628 WI through 631 WI.
 - a. Policies related to Home Supervision and Written Promise to Appear applies to citations initiated by the probation officer.
 5. In the case of a Release to Furlough or Furlough onto the JDAP program, that the required furlough paperwork has been submitted by the Probation Officer, and that the furlough dates are indicated on that form.

IV. RELEASE TO HOME SUPERVISION

- A. During booking, the booking officer shall complete the Shasta County Probation Detain/Release Criteria form as outlined in the Booking Post Orders. This form is based on the requirements found in Section 628 of the California Welfare and Institutions Code (WI).
- B. Section 628.1 WI requires that when a resident meets one or more of the criteria outlined in the Detain/Release form (indicated by marks in the "Yes" box), but the probation officer believes that 24 hour secure detention is not necessary to protect the resident or the person or property of

another, or to ensure that the resident does not flee the jurisdiction of the court, the probation officer shall release the resident to their parent, guardian or responsible relative on home supervision if the following circumstances exist:

1. The resident has a parent, legal guardian or responsible relative who is willing and able to provide proper and effective parental care and control.
 2. The resident is provided with a suitable home or place of abode.
 3. The resident is provided with the necessities of life (food, clothing, etc.)
 4. The resident's home is free from neglect, cruelty, depravity or physical abuse by the parent, legal guardian or responsible relative in whose care they are entrusted.
- C. The resident and their parent, guardian or responsible relative shall be required to sign a Home Supervision Contract, indicating that they understand and agree to the terms and conditions of Home Supervision.
- D. A resident who violates a specific condition of Home Supervision which they have promised in writing to obey may be returned to custody.
- E. All residents released on Home Supervision shall be required to sign a Written Promise to Appear before the probation officer at a specified time, in accordance with this policy.
1. The resident's parent, guardian, or relative may also be required to sign a written promise to appear before the probation officer.

V. WRITTEN PROMISE TO APPEAR

- A. The following releases, if done prior to the resident's appearance in Court, require the resident to sign a Written Promise to Appear:
1. Residents released pursuant to policy in this section governing Home Supervision.
 2. Residents who are 14 years of age, or older, who are booked in the commission or attempted commission of a felony offense.

VI. RELEASE OF MEDICATION

- A. Medical staff shall be notified of the release of residents who have stayed past their detention hearing in the following manner:
1. By the assigned probation officer when scheduling a release or furlough.
 2. By JRF staff during the release process.
 - a. If medical staff is not on duty, and the resident is dispensed ongoing medication pursuant to instructions located on the MARS sheet, then the releasing officer shall contact the on-call medical provider to obtain instructions.
- B. Due to federal and state regulations, medication procured for residents by the contract medical provider shall not be released with the residents.

- C. Residents who have their personally owned medication brought to the facility for their use shall be released with that medication, given to their parent/guardian by the releasing officer.
- D. Medical staff may arrange for prescriptions to be phoned in to an appropriate pharmacy for pick up by the resident's parent or guardian following their release.
- E. The releasing officer is responsible for identifying cases where medication personally owned by a resident is on site and should be released with the resident to the parent or guardian. These instances shall be identified by a warning sheet placed in the resident's green folder, designed to draw the releasing officer's attention to the fact that the resident has personally owned medication in the medication cart. In any instance where additional information is required, the Supervisor/OIC shall contact medical or the on-call medical provider.

VII. REQUIRED NOTIFICATIONS

- A. Parent notification
 - 1. If a resident is released to someone other than their parent/guardian (ie: placement, transfer to another jurisdiction, etc.), the releasing officer shall insure that the parent/guardian is contacted and notified of the release.
- B. Medical, mental health and school providers within the facility.
 - 1. Medical and mental health providers shall be notified:
 - a. Prior to release, if possible, by the case carrying Deputy Probation Officer.
 - b. During the release process if necessary.
 - c. Via the Juvenile Hall Roster, that is distributed each morning.
- C. School staff shall be notified:
 - 1. Via the Juvenile Hall Roster, that is distributed each morning.
 - 2. During the School Briefing that is held each school morning at 0855 hours.

VIII. POST-DISPOSITION TRANSITIONAL AND REENTRY SERVICES

- A. Case planning
 - 1. The case carrying Deputy Probation Officer and the Juvenile Detention Officer assigned to the Juvenile Probation Supervision Unit are expected to meet with in-custody youth on a weekly basis, monitor their case plan progress, and provide documentation in the case plan tracking binder.
- B. Transitional and Reentry Services
 - 1. Transitional and Reentry Services are the responsibility of the case carrying Deputy Probation Officer and the Juvenile Detention Officer assigned to the Juvenile Probation Supervision Unit. Services may

include the following but are not limited to:

- a. Youth and Family Team Meeting(s)
- b. Multidisciplinary Team Meeting(s)
- c. Family Reunification Visits
- d. "Passport" Meeting for purpose of scheduling out of custody continuum of care case plan and reentry services: i.e., Moral Reconciliation Therapy; Aggression Replacement Training; transportation arrangements if needed; assistance with school enrollment information, medical, behavioral/mental health services, etc.

REPLACEMENT HISTORY:

Created: 3/21/2015

Revised: 5/9/2015

12/11/2018

REFERENCES

5.7.1 Resident Case Plans

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.3.9	Resident Orientation	SECTIONS: 1353	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to orient all newly booked residents prior to placing them into the general population.

PROCEDURES

I. GENERAL INFORMATION

- A. Provisions shall be made to provide written and verbal orientation information to all residents. This shall include:
1. Viewing the orientation video while in booking.
 2. Written Resident Handbook provided to each individual resident during the booking process.
 3. Staff interacting with residents regarding orientation topics, and answering any questions they might have.
 4. Additional Resident Handbooks that are available on each Pod.
 5. Various written information that is posted on the walls of the dayroom area of each Pod.
- B. Orientation shall include:
1. Facility rules and disciplinary procedures.
 2. Grievance procedures.
 3. Access to legal services.
 4. Access to health care services.
 5. Access to counseling services.
 6. Access to religious services.
 7. Access to educational services.
 8. Information on the court process.
 9. Housing assignments.
 10. Availability of personal care items and opportunity for personal hygiene.
 11. Correspondence, visiting and telephone use.
 12. Availability of reading materials, programs and activities.
 13. Use of restraints and chemical agents.
 14. Use of force.
 15. Emergency and evacuation procedures.
 16. Non-discrimination policy.
- C. Translation Services for non-English speaking residents
- 1.

REPLACEMENT HISTORY:

Created: 3/21/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.1	Pod Post Orders	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers assigned to Pods follow the approved and published post orders.

PROCEDURES

I. GENERAL INFORMATION

- A. The Pod Post Orders are located on each Pod, in a binder at the Control Desk.
- B. Staff are to follow the Pod Post Orders.
- C. Should staff encounter a situation not covered in the Pod Post Orders, or feel they are unable to follow the Pod Post Orders, that staff shall:
 1. Notify the Supervisor on Duty/OIC and obtain further instruction.
 2. In such circumstances, the Supervisor on Duty/OIC shall ensure that the director and other management personnel are made aware of the circumstances leading to the deviation from an existing post order, or need for additional post orders.
 3. The Facility Director shall ensure that any necessary additions or modification to the post order(s) are assigned and completed.

REPLACEMENT HISTORY:

Created: 1/20/2015

Revised: 3/13/2017

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.2	Pod Schedules	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff assigned to each Pod shall follow the posted schedule.

PROCEDURES

I. GENERAL INFORMATION

- A. A daily schedule is posted on each pod in locations accessible to the residents.
 - 1. The schedule promotes structure and consistency for the residents.
 - 2. A master copy of the Pod schedule can be found in the Post Order Binder for each individual Pod.

- B. Staff shall follow the schedules to the best of their ability, immediately notifying the Supervisor on Duty/OIC whenever a deviation is desired or necessary.
 - 1. The Supervisor on Duty/OIC shall have the ability to approve deviations from the pod schedule.
 - 2. Reasons to deviate from the published schedule may include:
 - a. Weather will prevent outdoor programming during the designated time, so it is desired that programming occur during a time scheduled for Pod cleaning.

REPLACEMENT HISTORY:

Created: 1/9/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.3	Group Supervision	SECTIONS: 1321	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that continuous, direct visual supervision over all the residents in the facility, by trained staff is essential to guaranteeing the safety of all.

PROCEDURES

I. GENERAL INFORMATION

- A. Residents shall be under continuous, direct visual supervision by trained staff whenever they are not secured in their room or holding cell.
 - 1. Residents secured in their room or holding cell shall be monitored in accordance with Section 5.2.2, Room Safety Checks.
- B. Staff shall ensure that they are not unnecessarily distracted from providing direct, visual supervision to residents.
 - 1. This requirement does not negate the duty of staff to meaningfully interact with residents. Staff can accomplish both by positioning themselves so that they can interact while still watching the group.
- C. Whenever residents are present, staff shall ensure compliance with the staff to inmate ratios prescribed in Title 15.
 - 1. If additional staff are needed, staff are to contact Control and have support dispatched to their location prior to exceeding the ratio.

II. GROUP SUPERVISION ON THE POD

- A. Staff shall assume proper positioning that allows continuous, direct supervision over the entire group.
 - 1. Staff shall remain alert and attentive.
 - 2. Whenever two or more staff members are supervising a pod, at least one staff member shall remain at the control station whenever possible, while the other staff position themselves on the floor.
 - a. The staff on the floor shall position themselves such that they have complete or overlapping view over all of the residents.
 - 3. When a pod is staffed with only one staff member, that staff shall periodically step out from behind the control desk to interact with residents, so long as it is both safe to do so, and they log off of the security electronics system.
 - 4. Although staff interactions with residents is encouraged, staff shall not allow said interactions to distract them from supervising the group.
 - 5. Staff shall refrain from grouping together unless the circumstances

dictate.

- a. Spreading staff out ensures overlapping supervision of both the residents and fellow staff.
- B. In the event of an incident, staff shall alert control and ask for back up officers to respond, prior to intervening if at all possible.
1. Refer to Section 6.1, Use of Force, for further information.

III. GROUP SUPERVISION ON THE RECREATION YARDS

- A. Staff are to assume proper positioning that allows continuous, direct supervision over the entire group.
1. Staff shall remain alert and attentive.
 2. Staff shall remain standing.
 3. Staff shall not allow interactions with the residents to distract them from supervising the group.
- B. Staff shall refrain from grouping together unless the circumstances dictate.
1. Spreading staff out ensures overlapping supervision of both the residents and fellow staff.
- C. In the event of an incident, staff shall alert control and ask for back up officers to respond, prior to intervening if at all possible.
1. Refer to Section 6.1, Use of Force, for further information.

REPLACEMENT HISTORY:

Created: 1/9/2014

Revised: 1/16/2014

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.4	Meal Service	SECTIONS: 1328	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that meals are served to all residents in a safe, clean and sanitary environment. All of the residents nutritional needs are met by following federal, state and local guidelines, as well as annual menu verification performed by a licensed nutritionist.

PROCEDURES

I. MEAL SCHEDULE

A. Sunday through Saturday, the meal schedule is as follows:

1. Breakfast: 0705-0735
2. Lunch: 1120-1150
3. Dinner: 1700-1740
4. Snack: 1900 - 1930

II. PRE-MEAL SET UP

A. Pod staff shall insure that the dayroom tables are appropriately clean for the meal prior to distributing trays to the residents.

B. Pod staff shall determine seating locations and the number of residents per table based on various factors including, but not limited to:

- ~~2~~.1. Number of residents assigned to the Pod.
- ~~3~~.2. Number of residents who are eating their meal in their rooms due to various consequences or classification.
- ~~4~~.3. No contact orders that may be in place.
- ~~5~~.4. Resident behavior.

C. Pod staff shall make every effort to notify the kitchen of number of residents on the pod, number of residents eating down, and the number of staff meals needed on the pod prior to the transfer of trays from the kitchen to the pod.

III. STANDARD MEAL RULES

A. Kitchen staff shall deliver meal trays to the pods, and instruct staff if specific meal trays are assigned to specific minors due to dietary and/or medical restrictions.

B. Resident's shall be given no less than 30 minutes to complete the meal.

C. If seconds are to be offered, it shall be offered in a random fashion by staff. Food is not a punishment or a reward.

- D. Whenever trays are being served to residents, a “no talking between residents” rule will be enforced.
- E. Once meal service is completed, residents may talk quietly with others at their table only, unless staff have ordered, “no talking” during the meal.
- F. The television is to be kept off until all residents are finished eating.
- G. Playing with food or horseplay is not allowed.
- H. Residents are not allowed to trade, share or give away food.
- I. When finished eating, residents shall raise their hands and wait for permission to bus their food trays.
- J. Improper use of food trays, or classifications indicating a resident is a threat to others may result in the restriction of soft trays or bag meals.

IV. MEAL COUNT SHEETS

- A. Meal count sheets shall be delivered to each pod when the breakfast trays are delivered by the kitchen.
- B. Meal count sheets shall be maintained on the pod, filled out by pod staff throughout each meal and snack. Following the evening snack, staff will take the completed meal count sheet and place it in the Kitchen mail box located in the staff break room.
- C. Staff shall indicated in the spaces provided the total number of residents, total number of staff, the number of resident refusals, and initial as each meal is served.

REPLACEMENT HISTORY:

Created: 1/16/2014

Revised: 10/31/2014; 7/7/2016

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.5	Resident Hygiene	SECTIONS: 1485, 1486, 1487, and 1488	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide all residents with the personal care items and resources necessary to maintain themselves in a clean, hygienic manner each day.

PROCEDURES

I. ISSUE OF PERSONAL CARE ITEMS

- A. All residents who are detained for greater than 24 hours shall be issued the following during the booking process:
1. Toothbrush*
 2. Toothpaste*
 3. Soap
 4. Comb
 5. Antiperspirant/deodorant
 6. Lotion
 7. Shampoo
 8. And post-shower conditioning hair products.
- B. Youth shall not be required to share any personal care items listed in items 1-4.
- * Safety Toothbrushes shall be issued in place of a toothbrush and toothpaste, when there is a concern that a resident may harm themselves or others if provided with a standard toothbrush.

- C. Personal care items shall be replaced and/or refilled as needed.
- D. All female residents shall be provided with sanitary napkins, panty liners, and tampons as requested, pursuant to Section 4023.5(a)(1) of the California Penal Code.
- E. Premium personal care items are available for purchase with points earned by residents via the behavior management system.

II. SHOWERING AND HYGIENE

- A. Residents shall be allowed to shower on a daily basis.
- B. All residents shall be allowed to brush their teeth after each meal and snack.

- III. Resident Hygiene Kits shall be inspected by staff each time they are collected, to ensure that all items are removed from the rooms. **SHAVING****
- A. Residents shall have equal opportunity to shave face and body hair daily, unless:
1. The district attorney has obtained an order from the court to maintain the resident's appearance for reasons of identification in Court.
 2. The facility director has suspended the requirement to shave for individual residents who are considered to be a danger to themselves or others.
- B. All residents may request from staff that their name be placed on the list for shaving, which will occur in the evening hours every day.
- C. Staff shall obtain disposable razors from the Supervisor on Duty/OIC.
- D. During shaving, residents shall be provided with a disposable razor and shaving cream. Staff shall provide one-on-one, direct supervision to residents who are shaving.
- E. When shaving is completed, the used razors are inspected to ensure that the individual blades are accounted for. The used razors are then disposed of by staff into the appropriate, secured bio-hazard disposal bins.

IV. HAIR CARE SERVICES

- A. Hair care services shall comply with the State Board of Barbering and Cosmetology Requirements of Title 16, Chapter 9, Section 979 and Section 980 of the California Code of Regulations.
- B. Haircuts shall be offered monthly.
- C. Residents shall be placed on the list to receive haircuts by indicating their interest to a supervisor in charge of haircuts no later than the day prior to scheduled hair service.
1. These requests shall be routed to the supervisor in charge of haircuts and placed on the facility hair cut tracking sheet.
 2. After haircuts have been completed, the hair cut tracking sheet will be provided to the facility legal process clerk, who will enter a case note into each resident's case file, indicating whether or not they received a haircut. If they did not receive a haircut, a comment must indicate why the resident did not receive a haircut (for example, due to safety and security problems on the pod, etcetera).
 - a. Tracking sheets will be retained for 2 years by the facility legal process clerk.
- D. Staff will only use cleaned and disinfected hair care instruments for each individual resident when providing haircuts.
1. Equipment shall be cleaned and disinfected after each haircut or

procedure, by a method approved by the State Board of Barbering and Cosmetology.

2. Staff shall disinfect hair care instruments using Barbicide Solution, mixed according to the manufacturer's directions.
 - a. Scissors, combs and clipper guards shall be placed in the designated container, submerging them completely in fresh Barbicide Solution after each use.
 - b. The instruments shall soak for a minimum of 10 minutes and be rinsed thoroughly and dried before use.
 3. Electric Clippers will be cleaned as follows:
 - a. Staff will clean off loose hair and debris from used clippers and spray the head and teeth of the clippers (ensuring the clippers are turned OFF) with Mar-V-Cide spray disinfectant per the directions on the can.
 - b. The clipper head should remain "wet" with the sprayed solution for 10 minutes, and allowed to air dry between uses.
- E. Cleaned and disinfected instruments and clippers shall be stored in a clean, covered location.
- F. Freshly cleaned towels, sheets, gowns, etc. that are used during the hair cutting process shall be provided to each resident.
- G. Any hair care item that comes in contact with a resident during haircuts must either be disinfected before it is used on another resident, or must be thrown away if it cannot be disinfected.

REPLACEMENT HISTORY:

Created: 8/12/2014

Revised: 12/20/2018, 1/28/2019

REFERENCES

- Section 4023.5(a)(1) of the California Penal Code.
- State Board of Barbering and Cosmetology Requirements of Title 16, Chapter 9, Section 979 and Section 980 of the California Code of Regulations.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.6	Facility Cleaning, Safety and Maintenance	SECTIONS: 1510	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers adhere to the following provisions to ensure that the facility and its systems are clean and in good repair.

PROCEDURES

I. SUPERVISION OF RESIDENTS DURING CLEANING OF COMMON OR SECURED AREAS OF THE FACILITY

- A. Common or secured areas of the facility include:
 - 1. Pod day room, classrooms, programming room, medical screening rooms, and janitor's closets.
 - 2. Main facility hallway and sally ports.
 - 3. Medical and all rooms included therein.
 - 4. The Staff Breakroom.
 - 5. Staff Locker Rooms.
 - 6. The Multi-Purpose Room.
 - 7. Visiting, non-contact visiting rooms, and the private visiting room.
- B. Only Level 2 and 3 Residents are eligible to clean common areas of the facility, if they are not classified as SR, MSR, or AdSep 2.
- C. Staff shall maintain direct visual supervision of Residents when they are engaged in cleaning common or secured areas of the facility.
- D. Officers supervising the cleaning shall inspect the completed areas to ensure that it is done to expected standards.

II. FACILITY CLEANING

The facility shall be cleaned on a regular basis to ensure an acceptable level of cleanliness is maintained. The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).

- A. Pods, Visiting, Booking and Corridors
 - 1. Officers shall insure that the following daily housekeeping tasks are performed:
 - a. Residents shall sweep debris from the floors of their rooms, the

upper tier, and the dayroom of every occupied Pod each morning and evening.

- b. Residents shall be provided with cleaning supplies to sanitize their lavatory and sinks every morning.
 - c. Assigned residents shall wipe down the tables, sweep floors and prepare the trash to be taken from the pod after every meal.
 - d. Assigned residents shall wipe down the tables, sweep and mop the floors, clean the kitchenette, and clean the staff restroom.
 - e. Assigned residents shall clean the showers after all the showers are completed.
2. In addition to the daily housekeeping, officers shall insure that the following housekeeping tasks are completed every Saturday:
- a. Residents shall clean their floor, lavatory, sinks, walls and other surfaces with supplied cleaners.
 - b. Assigned residents shall clean the classrooms, medical screening rooms, programming rooms, non-contact visiting rooms, holding cells, interview rooms, hallways and any other rooms connected to common areas. This shall include:
 - i. Sweeping and mopping floors.
 - ii. Cleaning windows
 - iii. Wiping down walls as needed.
 - iv. Preparing trash to be removed.

B. Medical

1. Graveyard staff is responsible for cleaning Medical every Saturday.
2. The normal cleaning shall include:
 - a. Sweeping and mopping the floors of the lobby, nurse's station and bathroom.
 - b. Vacuuming the floor of the office currently equipped for tele-psych.
 - c. Wiping down the counters, sink(s), and mirrors located in the lobby, nurse's station and bathroom.
3. Medical staff shall identify any other rooms that require cleaning.

C. Kitchen

1. Foods are prepared daily in the kitchen from scratch. All food preparation areas and any equipment used during the day are cleaned and sanitized upon completion of the task.
2. At the completion of the work day, all areas shall be clean and sanitized.
3. Kitchen staff may utilize residents for all or part of the cleaning as described below. In such instances, staff shall maintain direct visual supervision over the residents completing the work.
4. The Kitchen floor will be swept daily with mopping to be completed in sections that are rotated, or as needed. All trash shall be removed from the kitchen and placed in the city receptacle for proper disposal.
5. All areas of the kitchen, refrigeration, freezer, and storage will have a set schedule for cleaning and sanitation that is maintained by the

Supervisor in charge of the kitchen.

6. If at any time, staff encounters a need for additional cleaning, sanitation issue, equipment in need of repair, they shall contact the Supervisor on Duty/OIC who shall make proper notifications to ensure that the reported conditions are corrected.
7. Cleaning schedules shall be modified to meet the needed requirements to ensure that proper cleaning and sanitation is met.

D. Security sensitive areas of the facility

1. Security sensitive areas of the facility include Central Control, Staff Locker Rooms, and the Staff Break Room.
2. Graveyard staff is responsible for cleaning the Central Control Room every night. This cleaning shall include:
 - a. Vacuuming of the floors.
 - b. Sweeping and mopping of the bathroom.
 - c. Wiping down all counters, sinks, mirrors and windows.
3. Graveyard staff is responsible for cleaning the Staff Locker Rooms and the Staff Break Room every Saturday.
 - a. Cleaning shall include:
 - i. Sweeping and mopping the floors.
 - ii. Wiping down the counters, sink(s), and mirrors.
 - iii. Cleaning the toilets.

E. Areas of the facility that have floor drains must be exposed to water on a regular basis so that the P-Trap contains sufficient water to prevent sewer gas from leaking up through the drain and into the facility. The following procedure shall be followed to prevent this occurrence:

1. Every other week, during Saturday morning cleaning, a float officer shall inspect areas of the facility that contain plumbing fixtures and floor drains that are not regularly exposed to water.
2. Each of these drains and fixtures shall be flushed with water to ensure that the P-Trap functions properly.
3. The assigned staff member may use a high-level resident to assist them as approved by the Supervisor on Duty/OIC.

III. SAFETY INSPECTIONS

A. Beginning and End of Shift Post Inspections

1. Following the verification of the population, staff shall inspect the pod while conducting their beginning shift inventories. During this inspection, staff shall look for:
 - a. Damage or unreported items in need of repair.
 - b. Safety concerns.

B. Monthly Facility Safety Inspection

1. Each month, the assigned supervisor shall conduct a Monthly Safety Inspection, which is a thorough inspection of the facility that includes:
 - a. Insuring all doors and locks in the facility are working properly.

- b. Insuring that all alarms and fire prevention monitoring equipment are tested and working properly.
- c. Insuring all fire extinguishers register charged.
- d. Insuring all intercom and panic alarms are working properly.
- e. Inspecting for safety concerns or unreported damage/vandalism.
- f. Verifying that required manuals and logs are present at all posts.
- g. Insuring the video monitoring and recording equipment is functioning properly.
- h. Outer and Inner Perimeter fencing and gates.

C. Department Monthly Safety Audit

- 1. There is a schedule of monthly safety audits, conducted by department personnel who are assigned to the Department Safety Committee. The schedule is designed to that a different department safety committee member conducts each monthly audit.
- 2. The goal of this inspection is to comply with OSHA standards, identifying safety issues that may exist in the facility and take appropriate steps to correct issues and promote a safe working environment.
- 3. This includes, but is not limited to: Looking for broken equipment or other hazards, inventorying first aid kits, ensuring that necessary personal protection equipment is available to staff, inspecting fire extinguishers, etc.

IV. EQUIPMENT AND PHYSICAL PLANT MAINTENANCE

A. Inspections by Facility Maintenance

- 1. The following facility inspections occur on a regular basis each year:
 - a. Building (structure) safety inspection.
 - b. Fire system inspection.
 - c. Electrical, water and general maintenance of the building.

B. Reporting of defective items or items needing repair

- 1. Staff shall inform the Supervisor on Duty/OIC of any damaged, broken or items in need of repair.
- 2. The Supervisor on Duty/OIC shall insure that a Maintenance Request form is forwarded to the assigned maintenance supervisor.

REPLACEMENT HISTORY:

Created: 12/30/2014

Revised: 12/10/2018

REFERENCES

5.3.6 Classification and Housing Assignments

5.7.8 Work Program

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.7	Clothing and Bedding Exchange	SECTIONS: 1481, 1482, 1483, 1484, 1500, 1501, and 1502	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to the following procedures for regularly exchanging clothing and bedding, as a means of maintaining an appropriate level of hygiene.

PROCEDURES

I. GENERAL INFORMATION

- A. Laundry carts are designated as Soiled and Clean, to prevent cross contamination of clean clothes with dirt and debris from soiled items. No soiled items are to be placed in the Clean Laundry Cart.
- B. Staff are to adhere to the post orders for clothing and bedding exchange. These orders require staff to inspect individual items of clothing and bedding to promote sanitary conditions, to control the contamination and/or the spread of vermin and ecto-parasites, prevent contraband, and as a deterrent to loss of items defaced or damaged by residents.
- C. A list of resident clothing sizes is maintained on each pod, written on a white board in the Janitor/Storage closet.
- D. The following exchange procedures are minimum standards. Items may be exchanged more frequently depending on the resident's participation in work details, weather or illness.
- E. The JRF shall retain sufficient supply of clothing, bedding, and linen for the actual need of the facility population,

II. CLOTHING

- A. Standard facility clothing is issued to residents during the booking process as outlined in Section 5.3.4 Booking Procedures.
- B. Residents participating in a work detail may be issued additional clothing items that are deemed essential when the use of standard issue clothing would be unsanitary or inappropriate.
- C. Each day during morning shower, residents shall be issued their own clean undergarments which are new, non-disposable and labeled with

their name, which shall remain with the youth throughout their stay, bra (as needed/requested), a clean t-shirt, and clean socks.

- D. Every Wednesday and Saturday, residents shall be issued clean outer clothing and a clean towel. During winter months when sweatshirts are issued, residents shall exchange their sweatshirts on Sundays.

III. BEDDING

- A. Every Saturday, during morning cleaning, staff shall collect resident's sheets, pillowcases and mattress covers in the soiled laundry cart. These items will be returned to residents later in the day, after they have been laundered.
- B. Blankets shall be exchanged the first Saturday of every month. Residents will be issued one blanket. Upon requests residents may be issued an additional blanket.
- C. Consideration shall be given for the type of mattress issued for pregnant residents or residents with medical-related issues.

REPLACEMENT HISTORY:

Created: 8/12/2014

Revised: 12/20/2018; 5/26/19

REFERENCES

- Section 5.3.4 Booking Procedures

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.8	Laundry Operations	SECTIONS: 1484	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to establish procedures detailing laundry operations to ensure that all residents are supplied with clean clothing and bedding on a regular basis consistent with Title 15 guidelines.

PROCEDURES

I. USE OF LAUNDRY ROOM

- A. The industrial machines used in the laundry room are for issued clothing and bedding only. Resident's personal clothes are not to be washed in these machines under any circumstances.
- B. Each day, floats will retrieve soiled laundry from the pods and take it to the Laundry Room for washing.
- C. Staff shall follow the protocol and instructions for the use of the industrial washers to the letter. Damage to the equipment and/or serious injury could occur if the instructions are not followed.

II. RESIDENT'S PERSONAL CLOTHING

- A. During booking, all of the resident's personal clothing is taken and stored in an assigned, sealed bin in the Property Room, so as to eradicate or stop the spread of vermin, as required in Title 15, Section 1484. The resident is then issued clean institution clothing pursuant to Section 5.3 Booking Operations.
- B. During the booking notification phone call, staff shall request the resident's parent/guardian of their need to pick up the residents personal clothing that is taken during the booking process, and to supply clean clothing for the purpose of the resident's release.
 1. Officers shall adhere to policy found in Section 5.3.7 related to the release of property during this exchange.

III. CONTROL OF VERMIN IN ISSUED CLOTHING

- A. Issued clothing that is suspected of being infested with vermin shall be placed in a sealed, water soluble bag and laundered using the industrial machines located in the facility laundry area.
 1. The default temperature of these machines is set at 140 degrees

- Fahrenheit, which is adequate to prevent the spread of vermin.
2. All laundry is to be dried on the high heat setting.

REPLACEMENT HISTORY:

Created: 8/14/2014

Revised: 11/6/2014

10/31/2017

REFERENCES

- Title 15, Section 1484

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.9	Resident Access to Telephone	SECTIONS: 1376	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to permit residents to have reasonable access to telephones.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy relates to the resident's access to telephones on the Pods. For policy related to the resident's right to make free telephone calls during the booking process, refer to Section 5.3.4 Booking Procedures.
- B. Residents who are going to remain detained in the facility will be assigned a probation officer, who will submit an Institutional Case Plan usually within 2 business days of the detention. This document will contain approved contact numbers for the resident, which will be programmed into the Telephone Management System by the supervisor in charge of programming.
- C. Residents shall be provided with an individual PIN number that they can use to access their stored numbers in the Pod Telephones. Residents are not to share their PIN number.
- D. Staff may allow the use of the pod telephones by residents during normal programming. The pod telephones shall not be used when it would interfere with school, meal service, or guided programming (church, instructional programs led in the day room, etc.)
- E. All residents shall be allowed to make one personal phone call per week using the Pod Telephones.
- F. Residents may earn additional phone call privileges as outlined in Section 5.8.1 Behavior Management System.

II. SUPERVISION OF RESIDENTS USING THE POD PHONES

- A. Staff shall take steps to ensure that residents using the pod telephones are supervised. As the phones are located away from the area where residents congregate, staff shall need to position themselves such that the phone area is part of their continuous scanning of the pod.

- B. If staff believe that a resident is not following the rules as outlined in the Resident Handbook, or that the phone call negatively affects the confidentiality of other residents or the safety and security of the facility, staff shall end the phone call, and take steps to further investigate and document the incident.

III. RECORDED TELEPHONE CALLS

- A. Calls made by residents using the Pod Telephones are recorded, unless they are protected calls to attorneys or clergy. Protected calls are programmed into the system in such a way that they are not recorded.
- B. Only supervisors and the facility director will have access to the telephone recording system.
- C. Supervisors in both the Juvenile Division and assigned to the JRF may listen to recorded telephone calls, as needed to investigate incidents, ensure the safety and security of the facility, and to promote the rehabilitation of the residents.
1. Supervisors shall enter a note in the software used to access the recordings explaining the reason for listening. These notes shall be entered for each individual phone call that is listened to.
- D. Only the facility director may authorize a recording to be transferred to a CD or other portable media, or transmitted electronically (email). This shall only be done:
1. For evidentiary purposes pursuant to Section 5.8.6 Evidence.
 2. At the request of the assigned probation officer for the purpose of case management and rehabilitation.
 3. For training purposes.

REPLACEMENT HISTORY:

Created: 8/14/2014

Revised:

REFERENCES

- Section 5.3.4 Booking Procedures
- 5.8.1 Behavior Management System

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.4.10	Resident Mail	SECTIONS: 1375	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to support residents in corresponding with family, friends, officials, and providers with a minimum of interference, consistent with the legitimate security needs of the facility.

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PROCEDURES

I. GENERAL INFORMATION

- A. As part of the Resident Orientation, information on how to send and receive mail, for both personal and legal reasons, is reviewed with each resident.
- B. Residents shall be given the opportunity to send and receive an unlimited number of letters.
 - 1. The facility shall pay postage for 1 letter to the parent/guardian of each resident each day, and one letter to a non-parent/guardian each week.
 - 2. The resident may "purchase" stationary and metered envelopes with points earned as described in Section 5.8.1 Behavior Management System.

II. All incoming mail must be received from the US Postal Service or other recognized courier service (ie., may not be delivered by a family member or friend).

- A. Mail shall be provided to residents on a daily basis, as it is received and inspected pursuant to this policy.
- B. Residents shall not receive or send letters to inmates in any adult or juvenile correctional institution without specific permission from their case carrying Probation Officer.
- C. Any mail received for a resident after their release is to be stamped "return to sender" and sent back to the post office with the outgoing mail.

D. Legal Mail Defined

III. Residents have the right to correspond confidentially with state and federal courts, any member of the State Bar or holder of public office, and the California Board of State and Community Corrections (formerly the State Corrections Standards Authority).

IV. INSPECTION OF MAIL

A. Incoming Mail

1. Incoming legal mail shall be opened in the presence of the resident by staff, who will simply ensure that there is not dangerous items or contraband (paper clips, staples, etc.) attached to the pages. Staff shall not read the mail and provide it to the resident once it is deemed safe.
2. Incoming personal mail shall be opened in front of the resident and inspected for contraband and may be scanned for inappropriate content, which includes:
 - a. Stickers, paint, or other non-ink marks.
 - b. Lipstick marks.
 - c. Inappropriate pictures or drawings depicting:
 - i. Gang writings or graffiti.
 - ii. Sexual in nature.
 - iii. Drug abuse.
 - iv. Cursing.
3. Staff shall remove any paperclips or staples prior to giving the letter to the resident.
4. Mail shall be read by staff when there is reasonable cause to believe facility safety and security, public safety, or minor safety is jeopardized and/or if any of the following is discovered during the scanning of the letter for contraband:
 - a. Discussion of criminal acts.
 - b. References to escape or escape plans.
 - c. Racial or ethnic slurs.
 - d. Discussion of physical harm to another person.
 - e. Use of gang signs, insignias or verbiage.
 - f. References to other residents in the facility.
5. Mail containing inappropriate content shall be confiscated, with a receipt/confiscation form provided to the resident outlining the reasons and the resident's due process rights.

B. Outgoing Mail

1. Outgoing legal mail shall be sealed in an envelope by the resident, in the presence of staff.
2. Outgoing personal mail shall be provided to the staff for inspection prior to sending.
 - a. Residents shall not seal the envelope.
 - i. Sealed letters that have not been inspected shall be opened and inspected.
 - b. Letters that have not yet been addressed legibly shall be returned to the resident without being mailed:
 - c. Outgoing personal mail shall be inspected for the following:
 - i. Discussion of criminal acts.
 - ii. Reference to escape or escape plans.
 - iii. Racial or ethnic slurs.

- iv. Discussion of physical harm to another person.
- v. Use of gang signs, insignias or verbiage.
- vi. References to other residents in the facility.
 - a) All residents have a right to privacy and confidentiality regarding their status and confinement.
- d. If any of the prohibited items described in c. above are found in the letter:
 - i. Appropriate disciplinary action shall be taking in accordance with Section 5.8 Behavioral Expectations of Residents
 - ii. The letter shall be confiscated and passed on to the Supervisor on Duty/OIC.
 - iii. The Pod JDO shall complete a receipt/confiscation form and provide it to the resident.

V. ORDERS TO ROUTE ALL MAIL THROUGH THE ASSIGNED PROBATION OFFICER

- A. If the assigned probation officer desires to search all mail prior to it being provided to the resident, they must do the following:
 - 1. Explain to the resident that they are ordering that all their mail be routed through them pursuant to their valid search condition.
 - 2. Complete a Notice of Confiscated Materials (located on the Pod(s)), stating that all mail is to be routed through them.
 - a. In the Reasons Confiscated section, select other and explain that you are searching all incoming and outgoing mail and the beginning and ending dates.
- B. The Pod JDO will place the form in the resident's green file.
- C. When mail is received for that resident, it will be routed to the probation officer who will decide if the resident can receive it.
 - 1. If the probation officer decides the resident cannot receive the mail, it will either be confiscated by the probation officer or placed in the resident's personal belongings that are stored pending release.
 - a. In each instance, the probation officer shall notify the resident and complete a Notice of Confiscated Materials form indicating the disposition.
 - 2. If the resident can receive the mail, the probation officer shall sign the envelope, mark it "OK" and rout it back to the facility.

REPLACEMENT HISTORY:

Created: 1/15/2014

Revised: 8/13/2014; 1/7/2016; 11/10/2016; 5/3/2019

REFERENCES

- 5.8 Behavioral Expectations of Residents

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL				
SECTION:	SUBJECT:	CORRESPONDING TITLE 15	Policy No.	PAGE:
5.5.1	General Court Procedures	SECTIONS:		1 of

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to the following guidelines when supervising residents during hearings or other court appearances.

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

- A. This policy does not govern the transporting of residents to Court. That policy is covered in Section 7.2, Court Transports.
- B. Officers shall adhere to the Section 3.1.4, Dress Code, Subsection III., Courtroom Attire.
- C. Officers shall insure that their cell phones are on mute, and their radio volume is turned down while in the courtroom.
- D. Officers from the Marshals Office are in charge of all courtroom security as well as the Adult Court Holding Cells. JRF Officers shall follow directives from the Marshal on duty.
 1. JRF Officers shall report any conditions or orders received from Marshals to the Supervisor on Duty/OIC as soon as practical.

PROCEDURES

I. SUPERVISING RESIDENTS IN COURT HOLDING CELLS

- A. Adult Court Holding Cells
 1. Adult Court Holding Cells are under the control of the Marshal's Office. JRF Officers who are supervising residents awaiting hearings in the adult court holding area shall follow the directives of the Marshal on duty.
 2. Every effort shall be made to keep residents awaiting court in adult holding cells or areas of the courtroom from having contact with adult offenders. If JRF staff are unable to prevent contact due to the courtroom layout or instructions from Marshal personnel on scene, the JRF staff shall report the circumstances to the Supervisor on Duty/OIC as soon as practical .
 3. Residents who are classified with no-contact orders or Administrative Separation shall also be segregated in court holding cells in

compliance with that classification or order.

B. Juvenile Court Holding Cells

1. JRF Officers who are supervising residents in the Juvenile Court Holding Cells shall take steps to insure that they have been searched and are safe for resident occupation prior to placing a resident therein.
2. JRF Officers shall provide direct supervision to residents at all times while they are inside the holding cell.
3. JRF Officers shall seek assistance from either the courtroom Marshal or other probation staff (via radio or by calling out) if an issue affecting the safety and/or security of the residents secured in the cell arises.

II. SUPERVISING RESIDENTS IN THE COURTROOM

A. Adult Court

1. Marshal personnel shall direct officers as to where to position themselves and their residents.
2. Officers shall obtain court paperwork following court prior to transporting their resident back to the facility.
 - a. The court clerks know this and will generally take steps to provide the paperwork prior to the Marshal staff escorting officers back to the transport vehicle. If the officer has any questions about this process, they should ask the Marshal personnel.

B. Juvenile Court

1. Staff shall at no time leave a resident who is secure in the holding cell unsupervised.
2. In general, the only time an officer will supervise a resident in the Juvenile Courtroom is when that resident is the only one being supervised in the holding cell, or when back up officers are requested by Marshal staff.

REPLACEMENT HISTORY:

Created: 12/1/2014

Revised:

REFERENCES

- 7.2 Court Transports

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL				
SECTION:	SUBJECT:	CORRESPONDING TITLE 15	Policy No.	PAGE:
5.5.2	Subpoena and Testifying	SECTIONS:		1 of

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to the following guidelines when supervising residents during hearings or other court appearances.

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

- A. A Subpoena is an order to appear in court on a specific case, signed by a Judge.
 - 1. The Subpoena can be an order for an individual to appear to give testimony, or an order to appear with specific documents.

- B. Officers who are served a subpoena shall appear as ordered unless they have a pre-existing plan that prevents them from being available to testify.
 - 1. Approved pre-existing plans may include, but are not limited to:
 - a. Previously approved vacation from work.
 - b. Department assigned training occurring out of the area.

- C. Officers appearing in court on a subpoena shall adhere to Section 3.1.4, Dress Code.
 - 1. Officers who are on duty working a scheduled shift in the JRF shall wear their uniform and duty equipment while appearing in court.
 - 2. Officers who are not working a scheduled shift may elect to wear appropriate attire as outlined in the Dress Code policy in lieu of their uniform and duty equipment.

- D. Questions about Criminal Subpoenas
 - 1. Juvenile Subpoenas call 530-245-6342.
 - 2. Adult Subpoenas, call the number listed on the Subpoena.

PROCEDURES

I. NOTIFICATION OF INABILITY TO COMPLY WITH SUBPOENA

- A. Officers who have pre-existing plans as outlined above shall complete a 'Declaration In Support Of Motion To Continue' form, that is located on the H drive in the SCJRF/Control file under the name "Declaration For Officers".
 - 1. The completed form must be faxed to the Shasta County District

Attorney:

- a. For Juvenile Subpoenas, fax to 530-245-6345.
- b. For Adult Subpoenas, call the number listed on the subpoena and inquire.

II. GENERAL GUIDELINES FOR APPEARING

- A. Officers shall be prepared for court as follows:
 1. Officers shall have any subpoenaed documents or evidence in their possession.
 2. Officers will have taken steps to refresh their knowledge of the report(s) or occurrences that are the subject of the subpoena.
 - a. This may include reviewing SIR's, criminal reports, video, case notes, probation reports, etc.
- B. Officers shall appear in court prior to the time listed on the subpoena and check in with the Marshal/Bailiff in the Courtroom.
- C. Officers shall participate in the hearing in a professional manner.

REPLACEMENT HISTORY:

Created: 12/1/2014

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.5.3	Court Videoconferencing	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that videoconferences for allowable court appearances will be facilitated for in-custody youth unless any party requests an in-person court appearance.

GENERAL INFORMATION

1. Appearances eligible for videoconferencing will be determined by the Court and sent to Probation by the court clerk.

PROCEDURES

1. A graveyard shift juvenile detention officer will refer to the court list reformat the list for court videoconferencing and in-person court appearances.
2. Only parents or guardians may attend videoconferencing.
3. The graveyard shift juvenile detention officer will email the court lists and no contact lists.
4. The court transport officer will review the lists, plan court and notify central control and the pods of the day's court transports and when they will take place.
5. Court transports via vehicle will follow the Court Transports policy.
6. The court transport officer will conduct a safety sweep of the JRF visitation area and videoconferencing room.
7. The court transport officer will turn on the videoconferencing computer and television, log in and test the system.
8. The court transport officer will contact the court clerk if there are technical difficulties.
9. The court transport officer will ready the lobby for the security checkpoint.
10. The court transport officer will notify Central Control they are ready for court.
11. Central Control will authorize court movement.
 - a. The Deputy Probation Officer and Deputy Public Defender attending court videoconferencing are members of County staff and may enter the facility without passing through the security checkpoint.
12. The court transport officer will conduct the security checkpoint and check in parent(s)/guardian(s).
13. The court transport officer will notify Central Control which parent(s)/guardian(s) are in visiting.
14. The court transport officer will remain with the families in visiting.
15. A float will bring the corresponding youth to the visiting area.
 - a. No more than five families may enter the JRF Visiting Area at a time.
 - b. If there are more than five (5) families attending video conferencing court, one set of parents or guardians will leave directly after the court hearing to

make room for another set of parents or guardians. Once they have exited the facility another family will go through the security checkpoint and enter the JRF Visiting Area.

16. The defense attorney will confer with their clients and families in the visiting side of a no contact visiting room for confidentiality purposes.
17. A youth and family will enter the court videoconferencing room when they are called for their court appearance.
 - a. If any party requests an in-person court appearance, the Court will make the decision regarding the hearing location.
18. The corresponding youth will be returned to their pod, escorted by a float officer. This process will continue until the court calendar is completed.
19. At the conclusion of the court videoconferencing session, the court transport officer will shut down the videoconferencing equipment.
20. The court transport officer will conduct a search of the visiting area and the lobby.
21. The court transport officer will put away all equipment, i.e. property cart.
22. The court transport officer will shut down the video conferencing equipment, lock the cabinet, and search the video conferencing room.

REPLACEMENT HISTORY:

Created: 6/27/17

Revised:

REFERENCES

- 3.1.3 Equipment
- 4.1.1 Central Control Roles and Responsibilities
- 4.1.6 Identification Verification
- 4.1.7 Security Checkpoint
- 4.3.1 Public Lobby Operations
- 7.1 Use of Department Vehicles
- 7.2 Court Transports
- Court Videoconferencing Post Orders

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.6	Visiting Procedures	SECTIONS: 1374	1 of 5

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to allow each resident the opportunity to visit with their parent(s), guardian(s), or other authorized visitors to support their rehabilitative plan, maintain and strengthen family bonds, and foster healthy relationships.

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PROCEDURES

I. GENERAL INFORMATION

- A. Residents shall be allowed to receive visits by parents, guardians, persons standing in loco parentis, or other pro-social adults identified and approved by the probation officer, for a minimum of two hours per week.
- B. Visiting times are as follows:
 1. Saturday: 12:15pm to 2:15pm; and 2:45pm to 4:45pm
 2. Sundays: 12:15pm to 2:15pm; and 2:45pm to 4:45pm
- C. Only 10 residents may attend visiting. This includes the number of residents participating in visiting in the Non-Contact Visiting rooms, or the private visiting rooms.
- D. Staff supervising visiting shall not monitor conversations unless there is a safety or security need.
- E. Staff supervising visiting shall conduct a complete and thorough search of the visiting areas, including the non-contact visiting rooms, both sally ports, and the private visiting room prior to the first visit of the day, between the first and second visits, and upon the completion of the final visit.
 1. No visitors or residents may be present during these searches.
- F. Anytime a visit is denied, the officer shall write a Special Incident Report.

II. VISITOR APPROVAL AND ACCEPTANCE PROCESS

- A. Only those persons authorized by a resident's assigned probation officer shall be allowed to visit during normal visiting times.
 1. The probation officer authorization process shall include:
 - a. The probation officer verifying the custody status of the parent, guardian or person standing in loco parentis.
 - b. The benefit that a resident shall receive from being allowed visits

- from a pro-social person other than listed above.
- c. Insuring that the visitor does not have any active warrants.
 - i. Should the visitor have an active warrant for their arrest, the probation officer can make contact with them and encourage them to clear their warrant in order to be cleared for visiting.
- d. Documenting approved visitors in the resident case plan as outlined in Section 5.7.1.

B. A special visit, supervised by the probation officer or other staff assigned to the probation department may be scheduled by the assigned probation officer.

C. Visitors who have are known to have active warrants shall be denied their visit.

1. If it is a misdemeanor warrant, the person shall be notified and advised to clear their warrant through the Sheriff's Office prior to their next attempted visit.
2. If it is a felony warrant, the officer shall notify the Supervisor on Duty/OIC, who will determine the next course of action.

III. PROHIBITED CLOTHING OR ITEMS

- A. The following clothing attire will result in the visitor being denied entry into the facility:
1. Gang attire or sports attire worn in any combination that suggests gang membership.
 2. Low-cut shirts/blouses.
 3. Any blouses/shirts that expose the midriff.
 4. Any clothing bearing print, logos, or pictures that promote drugs, alcohol, sex or violence.
 5. Shorts, skirts, or dresses that expose skin above the knees.
 6. Sheer clothing.
 7. Hats or bandanas of any form.
 8. Heavy outerwear, to include jackets, sweatshirts, and sweaters.
- B. The following items are prohibited from being brought into the facility.
1. Cell phones.
 2. Car Keys** (Must be left with identification in the assigned tray during the Check-In Process.
 3. Food or beverage.
 4. Tobacco items or alcohol.
 5. Lighters or matches.
 6. Controlled substances.
 7. Bags, backpacks, purses, or briefcases.
 8. Writing implements.
 9. Knives or firearms.
 10. Money.
 11. Donations.

12. Mail. All mail must be routed through the US Postal Service or other recognized courier service (ie., may not be delivered by a family member or friend).
- a. Legal mail must be brought in by resident's assigned attorney, through the probation officer, or routed the US Postal Service.

IV. VISITOR CHECK-IN PROCESS

- A. Visitors shall complete the Check-In Process in the lobby prior to being allowed into the sally port leading to visiting.
- B. Uncooperative visitors shall be denied their visit and asked to leave.
- C. The Check-In Process shall include:
 1. Staff visually verifying that the visitor has no prohibited clothing or other items on their person.
 - a. Officers may offer to schedule such visitors for a later visit to allow them to retrieve acceptable clothing.
 2. Staff verifying the identity of the visitor by viewing approved identification.
 - a. The visitor must be on the approved visiting list.
 - b. Only valid identification is acceptable. This can include:
 - i. Valid State Driver's License or Identification.
 - ii. Passport.
 - iii. Picture with name and identifying information on Probation or Parole letterhead.
 - c. If there is a question as to the identity of the visitor, or whether or not that they have been approved, the officer shall contact the Supervisor on Duty/OIC who shall have the final authority to approve or deny admission into the facility.
 3. Staff verifying that no prohibited items are brought into the facility.
 - a. Visually, insuring that items are placed in the assigned tray when exchanging for a visiting badge, and that items too large to fit in the tray are taken out to vehicles or left in the lobby.
 - b. Utilizing the metal detectors.
 - i. All visitors shall pass through the metal detector.
 - ii. Officers shall operate the metal detector as indicated in the Visiting Post Orders.
 - iii. Visitors who are unable to be "cleared" through the metal detector shall be denied their visit and asked to leave.

V. UNCOOPERATIVE VISITORS/RESIDENTS

- A. Residents who are uncooperative during the process of preparing for the visit, or the escort to Visiting from the Pod shall be denied their visit.
- B. Visitors who are uncooperative during the Check-In Process shall be denied their visit.

1. Visitors shall be asked to leave the lobby.
2. Staff shall request back-up if their safety or the safety of others is threatened by a Visitor refusing to leave.
3. Staff shall notify the Supervisor on Duty/OIC, who will determine what additional steps must be taken when addressing a Visitor who refuses to leave.

- C. Anyone who becomes uncooperative during the visit shall have their visit terminated.

VI. VISITORS WHO ARE UNDER THE INFLUENCE OR INTOXICATED

- A. While interacting with visitors, the officer shall assess the demeanor, and look for signs that they are under the influence or intoxicated.
1. Anyone suspected of being under the influence or intoxicated shall immediately be reported to the Supervisor on Duty/OIC and denied entry.
 2. The Supervisor on Duty/OIC shall determine if Redding Police need to respond, or if the visitor needs to be detained for the safety of the community.
 - a. The Supervisor on Duty/OIC must weigh the potential for danger to the subject and/or community if the under the influence/intoxicated subject is allowed to leave versus the risk to staff or disruption to the facility if the subject is detained.
 - b. The Supervisor on Duty/OIC may at their discretion offer to make a telephone call for intoxicated visitors who are cooperative, to help them to arrange for safe transportation.

VII. USE OF NON-CONTACT VISITING ROOMS

- A. Residents who are classified on Administrative Separation (1 or 2), Maximum Security Risk, or whose current behavior exhibits a threat to the safety of themselves or others, or the security of the facility, must conduct their visits in the Non-Contact Visiting Rooms.
- B. Residents or visitors who refuse this process will not be allowed to visit.

VIII. SUPERVISION OF VISITING

- A. The Visiting Officer shall supervise all of the residents and visitors. This shall include:
1. Watching for objects being passed between them, or inappropriate physical contact.
 2. Determining the "tone" of the visit, to ascertain if there are signs of building negative emotions, anger, unhealthy exchanges, or of an impending argument or physical altercation.
 3. Insuring that residents interact with their visitor and not each other.

IX. END OF VISIT

- A. All residents shall be searched prior to being returned to their Pod from

visiting.

- B. If an officer has reason to believe that contraband has been exchanged, they shall go through the Strip Search procedure as outlined in Section 4.4, Searches of Residents.

REPLACEMENT HISTORY:

Created: 1/20/2015

Revised: 5/3/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.1	Resident Case Plan	SECTIONS: 1355	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide rehabilitative services to residents in accordance with the rehabilitative case plan designed by the assigned probation officer. Facility staff shall work with probation officers to communicate identified areas of concern, track progress, promote resident accountability and ensure that the residents are hearing a unified, cohesive plan that follows them seamlessly whether they are in or out of custody.

Information shall be provided to the Probation Officer based on assessment during the vocational, counseling, behavioral/mental health, consideration of known history of trauma, and family reunification strengths and needs observed/known at the time of booking and through periodic review while the youth resides in the facility.

PROCEDURES

I. GENERAL INFORMATION

- A. The Resident Case Plan is completed by the Probation Officer during or shortly after the booking process but no later than 40 days after admission. This document is designed to communicate the following information to facility staff:
 1. A brief summary of the resident's personal problems or needs (criminogenic needs) that have been identified through the PACT assessment.
 - a. This shall include identification of substance abuse history, education, vocational, counseling, behavioral/mental health, consideration of known history of trauma, and family reunification strengths and needs.
 - b. Officers should highlight those needs that contributed to the current violation.
 2. The probation officer's plan for the resident during the detention.
 - a. The probation officers goal(s) and objectives to be achieved during detention, including timeframes.
 - b. A plan for completing the objectives, including which specific rehabilitative programs the resident is to participate in.
 3. What the facility staff, who are responsible for assuring that the plan is implemented, should be monitoring and reporting to the probation officer via case notes or email regarding the resident's behavior or mindset towards the rehabilitative goals.

4. Identify the parent(s) and/or guardian(s) who are approved for visiting.
 5. Identify approved persons and verified phone numbers that will be programmed into the resident phone system.
 6. Probation conditions and/or issues related to classification. (No contacts, gang affiliation, room alone, etc.)
- B. Juvenile Detention Officers are assigned in groups of three to four to monitor a caseload of residents assigned to specific probation officers. This promotes consistency and adherence to the rehabilitative plan for each individual resident.
1. Teams and assignments shall be determined by the designated Supervisor.
 2. Residents shall be assigned to teams during the booking process.
 3. The team of JDO's shall periodically evaluate the resident's progress towards meeting objectives and meet with the resident(s) on a weekly basis. Progress shall be casenoted in JALAN.
- C. Juvenile Detention Officers shall make every effort to steer their interactions with residents on their assigned caseload based on the Resident Case Plan.
- D. The resident's assigned probation officer is responsible for tracking the resident's progress towards meeting the case plan objectives in preparation for the resident's eventual release. This should include:
1. Input from the resident's family, supportive adults, and the youth whenever possible.
 2. Contact with the Regional Center for the Developmentally Disabled (Far Northern Regional Center) should the resident be suspected or confirmed to be developmentally disabled.

II. POST-DISPOSITION TRANSITIONAL AND REENTRY SERVICES

A. Case planning

1. The case carrying Deputy Probation Officer and the Juvenile Detention Officer assigned to the Juvenile Probation Supervision Unit are expected to meet with in-custody youth on a regular basis, monitor their case plan progress, and provide documentation in the case plan tracking binder.

B. Transitional and Reentry Services

1. Transitional and Reentry Services are the responsibility of the case carrying Deputy Probation Officer and the Juvenile Detention Officer assigned to the Juvenile Probation Supervision Unit. Services may include the following but are not limited to:

- a. Youth and Family Team Meeting(s)
- b. Multidisciplinary Team Meeting(s)
- c. Family Reunification Visits
- d. "Passport" Meeting for purpose of scheduling out of custody continuum of care case plan services: ie., Moral Reconciliation Therapy; Aggression Replacement Training; transportation arrangements if needed;

assistance with school enrollment information, etc.

REPLACEMENT HISTORY:

Created: 1/2/2014

Revised: 10/25/2014

12/11/2018

REFERENCES

- Resident Case Plan Document
5.3.8 Release Procedures and Transition Planning

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.2	Programs, Recreation, and Exercise	SECTIONS: 1371	<i>1 of 6</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide residents with programs, recreation, and exercise that safely promote a healthy and active lifestyle while encouraging rehabilitation.

There will be a written annual review of the programs, recreation, and exercise by the responsible agency to ensure content offered is current, consistent, and relevant to the population.

PROCEDURES

I. GENERAL INFORMATION

- A. The intent of this policy is to minimize the amount of time residents are in their rooms or confined to their bed area.
- B. Programs, recreation, and exercise shall be provided to residents at a minimum of:
 - 1. Three hours a day during the week, one hour of which shall be an outdoor activity, weather permitting.
 - 2. Five hours a day each Saturday, Sunday or other non-school day, one hour of which shall be an outdoor activity, weather permitting.
 - 3. All residents shall be provided the opportunity for at least one hour of unscheduled activities such as leisure reading, letter writing, and entertainment.
- C. If the outside temperature exceeds 100 Degrees Fahrenheit, officers shall only use the North Covered Rec Yard, as it is shaded and typically cooler. If the temperature on the North Covered Rec Yard exceeds 100 Degrees Fahrenheit, residents shall not be permitted to recreate outside.
 - 1. During summer months, the Pod schedule shall be modified to take advantage of periods of cooler temperatures in the morning hours for the purpose of LME.
- D. The Pod Schedule as outlined in Section 5.4.2, is posted on each Pod and includes scheduled recreation and exercise times.

II. RESIDENT ACCESS TO PROGRAMS, RECREATION, AND EXERCISE

- A. All residents shall be provided with the opportunity to participate in programs, recreation and exercise, as outlined in this policy.

- B. The facility director and/or Supervisors on Duty/OIC may suspend a resident's participation in programs, recreation, and exercise for a period not to exceed 24 hours, in the interests of safety and security, or due to the needs of the facility. Suspension of these activities shall be documented in writing.
- C. Residents who are serving a period of room confinement, or who lose a block of program time as a consequence for a violation of facility rules shall not be withheld from LME or programs, except as outlined below:
 - 1. Residents who are placed on bed rest by medical staff shall not be permitted to participate in recreation and exercise programs until cleared by medical staff.
 - 2. Residents who are placed on Restricted Activity by medical staff shall only be permitted to participate in LME within the restrictions imposed by medical staff.
 - 3. Residents classified as Ad-Sep I or II may not participate in recreation and activities with the group.
 - a. These residents may receive LME on the maximum-security recreation yards.
 - b. These residents shall be offered recreation and programs, away from other residents. Locations may include the programming room located on the pod, a classroom, Visiting, or a holding cell in Booking.
 - 4. Residents who pose a physical danger to themselves or others shall be restricted from programs, recreation, and exercise as follows:
 - a. Residents may be restricted from programs if they pose a current threat to themselves or others as determined by the Supervisor on Duty/OIC. These restrictions will be in writing.
 - b. The required one hour of LME may be suspended only upon a written finding by the facility administrator or supervisors.
 - i. This finding shall be documented in an SIR, and be based on the current behavior exhibited by the resident.
 - ii. This finding may not extend to the following days scheduled LME. Each day, the facility administrator or supervisor shall make an independent evaluation of the present circumstances.

III. SUPERVISION OF RECREATION AND EXERCISE

- A. All recreation and exercise shall be supervised by facility staff, and may include orientation and coaching as necessary.
- B. Staff shall adhere to minimum staffing ratios while supervising recreation and exercise.
 - 1. School staff are not considered as part of the minimum staffing requirements.
- C. The supervision of residents during recreation and exercise is the primary role of JRF Staff.
- D. Staff shall adhere with policy Section 4.2.3, Security for Outdoor Activities while

supervising recreation and exercise.

- E. If it is safe to do so, and there is a satisfactory number of staff present to ensure full supervision, staff may obtain permission from the Supervisor on Duty/OIC to interact with residents, instruct, coach or participate in a limited capacity as outlined below.
1. Officiating a structured sporting activity.
 2. Quarterbacking flag football.
 3. Active roles in non-contact sporting activities, such as calisthenics, standing free-throw shots in basketball, playing HORSE, hackey-sack, etc.

5. DAY ROOM RECREATIONAL ACTIVITIES

- A. Recreation shall include the opportunity for at least one hour of daily access to unscheduled activities such as reading, television, radio, music, video and games.
- B. Other recreation opportunities such as letter writing, drawing, and coloring shall be offered on a daily basis.
- C. Use of Radio, Television and Video Movies
1. Radio
 - a. Staff shall prohibit music that contains graphic or sexually explicit lyrics, or music that promotes criminal or anti-social behaviors or gang behavior.
 2. Television programming
 - a. Television and video movies can provide an important benefit to the program offered in the facility.
 - b. Television programming shall be limited to documentaries, non-violent sporting events, educational or of an appropriate nature that entertains within the following guidelines:
 - i. Programs that contain profane language, graphic violence, abuse and sexual content are prohibited.
 - ii. Programs that promote a criminal lifestyle or anti-social behavior are prohibited.
 - iii. Examples of violent sporting events include MMA fights, boxing, and wrestling. All of these are prohibited.
 3. Video Movies
 - a. JRF staff are authorized to bring in and show movies that are:
 - i. Rated G/PG
 - ii. NOT "New Release" movies, as those movies are only shown during the earned Saturday movie as outlined in Section 5.8.1 Behavior Management System.
 - iii. The viewing of PG-13 or Unrated movies will be at the discretion of the Supervisor on Duty/OIC.
 - iv. Movies rated R are not allowed, unless approved by the Facility Director.
 - b. No copies of copyrighted material may be shown/played for residents. This is an example of copyright infringement and is illegal.

- c. Section 10006 of the California Penal code prohibits residents in Juvenile Hall Institutions from viewing a movie shown by the institution that contains "harmful matter."
- d. Section 313 of the California Penal Code defines "harmful matter" as: "matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient (lascivious or lustful thoughts/desires) interest, and is matter which, taken as a whole, depicts or describes in a patently offensive way sexual conduct and which, taken as a whole, lacks serious literary, artistic, political, or scientific value for minors."
- e. JRF staff is encouraged to locate relevant videos and build meaningful program opportunities from them, calling to our residents attention current trends and healthy discussions about race, politics, morality, citizenship, etc.
 - i. The officer must incorporate into the program guided, meaningful discussions occurring at key points in the program, and a written exercise or journaling. The officer can then seek permission from the facility director to implement the program.

6. LARGE MUSCLE EXERCISE

- A. Large Muscle Exercise (LME) is participation in exercise and activities, whether structured or unstructured, in the facility or on one of the recreation yards.
- B. All residents shall be provided with the opportunity for at least one hour of large muscle activity each day, absent limitations imposed upon a resident as outlined in Section II above.
- C. LME may be offered in the following locations:
 - 1. The North Covered Recreation Yard.
 - 2. One of the two Maximum Security Risk Recreation Yards located on the North Covered Recreation Yard.
 - 3. The East Recreation Yard.
- D. The recreation yards are all equipped with basketball hoops.
- E. Sporting equipment such as basketballs, footballs, soccer balls, Frisbees and playground balls are available for resident use.
 - 1. Residents who purposely kick balls over the fence, or who abuse sporting equipment may forfeit the remainder of the recreation period, or be subject to citation or other consequence as deemed appropriate by the JRF staff and the Supervisor on Duty/OIC.
- F. Sporting activities that involve significant physical contact are not allowed. Tackle football, tag, etc. is prohibited.

7. USE OF MAXIMUM SECURITY RISK RECREATION YARDS (MSR Rec Yard)

- A. Only one resident at a time may occupy an individual MSR Rec Yard.

- B. Whenever a resident is confined to a MSR Rec Yard, at least one officer shall position themselves at the Pod Control Desk in such a manner that they can provide direct visual supervision of the resident through the window.
- C. A resident can only be supervised in the MSR Rec Yard by an officer physically present on the North Rec Yard, or if an officer is manning the Pod Control Desk nearest to the MSR Rec Yard that is occupied.
 - 1. For example, 800 Pod may not place one resident in each of the two MSR Rec Yards, unless the 900 Pod Officer is providing direct supervision over the resident nearest their pod, or there is at least one staff member on the North Rec Yard providing supervision.

8. PROGRAMS

A. All residents shall be provided with the opportunity for at least one hour of daily programming to include, but not be 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. These programs should be based on the resident's individual needs as required by Title 15, Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff.

B. Programs may include but are not limited to:

- (1) Cognitive Behavior Interventions;
- (2) Management of Stress and Trauma;
- (3) Anger Management;
- (4) Conflict Resolution;
- (5) Juvenile Justice System;
- (6) Trauma-related interventions;
- (7) Victim Awareness;
- (8) Self-Improvement;
- (9) Parenting Skills and support;
- (10) Tolerance and Diversity;
- (11) Healing Informed Approaches;
- (12) Interventions by Credible Messengers;
- (13) Gender Specific Programming;
- (14) Art, creative writing, or self-expression;
- (15) CPR and First Aid training; (16) Restorative Justice or Civic Engagement;
- (17) Restorative Justice or Civic Engagement;
- (18) Career and leadership opportunities; and,
- (19) Other topics suitable to the residents population.

REPLACEMENT HISTORY:

Created: 1/13/2015

Revised: 11/1/18

REFERENCES

5.4.2 Pod Schedule

5.7.4 Social Awareness

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.3	Access to Religious Programming	SECTIONS: 1372	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide access to religious services and/or religious counseling for all residents, regardless of their religious beliefs, in accordance with state law.

PROCEDURES

I. GENERAL INFORMATION

- A. All residents shall have the opportunity to participate in religious services, practices, or counseling at least once a week.
 - 1. Religious services are communal in nature.
 - 2. The intent of a religious service is not achieved if a resident is placed alone in a room with religious reading materials.
- B. Attendance in religious services shall be voluntary.
 - 1. No incentive shall be given to residents for attending, nor shall penalties be imposed for not attending religious services or counseling.
- C. Residents shall be allowed to participate in an activity outside of their room if he/she elects not to participate in religious programs.
- D. Residents are allowed to have religious literature in their room, unless they have restrictions in place related to safety and security, or related to the behavior modification system.
- E. Freedom of religion does not mean freedom to interfere with the peaceful rights of others, nor does it allow residents to disregard facility rules in the name of religious freedom.

II. PROVIDERS OF RELIGIOUS PROGRAMS

- A. Persons who provide religious programming to residents must be certified or approved by their religious organization.
- B. Religious groups must receive the approval of the facility director prior to being allowed to present any programs to residents.
- C. Residents who desire counseling from their private clergy may request a clearance through their assigned probation officer.

D. Special religious needs must be approved by the facility director.

III. RELIGIOUS DIETS

- A. If a resident requires a special religious diet, the resident or his/her parents must submit a written request to a supervisor specifying the type of diet requested and religious affiliation.
1. The supervisor following up on the request may require additional information from clergy prior to approving the request.

IV. RELIGIOUS PROGRAMMING FOR RESIDENTS ON SPECIAL CLASSIFICATIONS

- A. Special Classifications consist of:
1. Maximum Security Risk (MSR) Residents.
 2. Administrative Separation 2 (AdSep 2) Residents
 3. Any other classification that prohibits a resident from being in the presence of other residents or staff.
- B. Special arrangements shall be made for Special Classification residents so that they can participate in religious programming. These arrangements may include:
1. Access to the programming room, visiting or other area of the facility that is deemed appropriate by the supervisor on duty/OIC.

REPLACEMENT HISTORY:

Created: 12/30/2014

Revised: 10/29/18

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.4	Social Awareness Program	SECTIONS: 1371	<i>1 of 3</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide residents with programs designed to promote social awareness and reduce recidivism.

PROCEDURES

I. GENERAL INFORMATION

- A. The purpose of social awareness programs is to promote appropriate and positive social skills and support rehabilitation.
- B. Social awareness programs shall take into consideration the needs of male and female residents.
- C. All youth shall be provided with the opportunity for at least one hour of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or prosocial interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff. Programs may include but are not limited to:
 - (1) Cognitive Behavior Interventions;
 - (2) Management of Stress and Trauma;
 - (3) Anger Management;
 - (4) Conflict Resolution;
 - (5) Juvenile Justice System;
 - (6) Trauma-related interventions;
 - (7) Victim Awareness;
 - (8) Self-Improvement;
 - (9) Parenting Skills and support;
 - (10) Tolerance and Diversity;
 - (11) Healing Informed Approaches;
 - (12) Interventions by Credible Messengers;
 - (13) Gender Specific Programming;
 - (14) Art, creative writing, or self-expression;
 - (15) CPR and First Aid training;
 - (16) Restorative Justice or Civic Engagement;
 - (17) Career and leadership opportunities; and,

(18) Other topics suitable to the youth population.

D.

E. The schedule of social awareness programs shall be included in the Pod Schedule as outlined in Section 5.4.2.

F. The facility director shall prepare a written annual record review of the programs to ensure that program content offered is current, consistent and relevant to the population of the facility.

1. This review may also include outside program providers.
2. This review shall include verification that offered programs meet department standards and philosophy related to the implementation of evidence based practices, best practices or promising practice standards.

G. Residents shall only be restricted from attending social awareness programs upon a written finding by the administrator/manager that a youth's attendance poses a risk to facility safety and security.

1. In such cases, efforts shall be made to provide social awareness programs separately from the facility population, if it is safe to do so.

REPLACEMENT HISTORY:

Created: 1/13/2015

Revised: 12/12/2018

REFERENCES

- 5.4.2 Pod Schedule
5.7.2 Programs, Recreation, and Exercise

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.5	Voter Registration	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to identify residents who are of age to register to vote, and provide them the information and assistance as required in Section 2105.7 of the California Elections Code.

PROCEDURES

I. GENERAL INFORMATION

- A. The supervisor in charge of Voter Registration shall take steps to identify residents who reach or have reached the age of 18, and insure that the following procedures are followed.
- B. Pursuant to Section 2105.7 of the California Elections Code, residents who have reached the age of 18 are eligible to register to vote, pursuant to this policy, if they "are not in prison or on parole for the conviction of a felony."
- C. Eligible residents shall be provided with a Voter Registration Card, which is stored on each Pod.
- D. Eligible residents shall be offered assistance in completing the Voter Registration Card.
- E. Residence of the individual being registered.
 1. The resident should use the residence they anticipate being released to, or their parents resident when registering.
 2. Residents who are homeless or transient can take their Voter Registration Card with them to submit when their residence is identified.
- F. Completed Voter Registration Cards shall be submitted to the facility Legal Process Clerk, who will mail them (via Interoffice Mail to County Elections/Registrar of Voters, or via US Postal Service).
- G. If a resident refuses to complete the card or participate in the process, the card shall be placed in their accordion file.
- H. It shall be recorded in the residents' JALAN file, via JH Casenote, that the resident was provided the Voter Registration Card, was provided or declined assistance in filling it out, if they refused to fill it out, and the

status of its completion (completed and sent, or stored in their accordion file).

REPLACEMENT HISTORY:

Created: 1/20/2015

Revised:

REFERENCES

- Section 2105.7 of the California Elections Code

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL				
SECTION:	SUBJECT:	CORRESPONDING TITLE 15	Policy No.	PAGE:
5.7.6	Leaders of Tomorrow Club	SECTIONS:		1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to support the mission of the Leaders of Tomorrow, which is: To enable all residents to develop social and life skills that will allow them to reach their full potential as productive, caring, and responsible members of the community and their lives.

PROCEDURES

I. PURPOSE AND GOALS OF LEADERS OF TOMORROW

- A. The purpose and goals of the Leaders of Tomorrow ("The Club") are for residence to:
1. Achieve academic success
 2. Choose healthy lifestyles
 3. Possess good character and citizenship
 4. Develop life skills
 5. Develop social networks and skills
 6. Learn to make positive choices
 7. Lead a self-sufficient life
- B. These goals will be facilitated by:
1. Providing specialized programming, to include:
 - a. Character and leadership development
 - b. Health and life skills
 - c. The Arts
 - d. Job skills
 - e. Academic success and career development
 - f. Sports, fitness and recreation
 2. Encouraging appropriate behavior in and out of The Club.
 3. Providing the success of each goal reached by individual residents to Probation, for case management, re-entry planning g and services.
- C. The uniform implementation of The Club policy throughout the facility is a key element and will afford both staff and residents the following benefits:
1. The consistent application of rules.
 2. A clear understanding of expectations and consequences

- D. The Club provides incentives based on:
 - 1. The residents' behavior on their housing POD and within The Club.
 - 2. Positive attitude and participation in The Club activities and programs.
 - 3. Ability to interact with volunteers, staff and peers appropriately.

II. ELIGIBILITY

- A. A Resident who maintains levels II and III of the SCJRF Behavior Level System during the week (Sunday through Saturday), is eligible to attend The Club.
 - 1. A resident that is a level II or III from Sunday to Saturday is eligible to attend, however if he or she does not maintain the scores to receive a level II or III on the following Sunday the resident becomes ineligible to attend The Club for that week.
- B. A resident must have full school attendance between their scheduled club hours to be eligible, unless there is an excused absence or the resident has graduated.
 - 1. If a resident is excused from school by medical due to illness or injury, that resident is on "Bed Rest" for the remainder of the day and will not be able to participate.
- C. A resident must maintain appropriate behavior on the day they attend The Club, regardless of eligibility, due to poor behavior. A citation will be required.
- D. A resident who is currently on a high risk status or special program will not be allowed to attend The Club without special review by the supervisors.
- E. All residents shall be allowed to attend The Club, unless it is unsafe to do so based on:
 - 1. Recent behavior while attending The Club, that was violent or demonstrated a failure to follow instructions.
 - 2. Recent violent or assaultive behavior in the facility.
 - 3. Recent behavior on the pod that if the resident were allowed to attend The Club, it would undermine the consequence given for that behavior.
- F. Residents on Administrative Separation cannot attend The Club with other residents.
- G. Residents cannot attend The Club with other residents whom they are on "No Contact" with.
- H. A resident who resumes regular program after completing a transitional Special Program that resulted from a resident being on Administrative Program will need the approval of Administration to return to The Club.

III. DOCUMENTATION

- A. Night staff will create a list of residents who are eligible to attend the Pods scheduled club hours for the following day using the club attendance form.

IV. REMOVAL FROM CLUB

- A. Any resident that leaves The Club prior to their session concluding for an unexcused reason will not be allowed to return for 7 days from that date.

- B. Residents that leave The Club prior to their session concluding will receive a minimum of a pat down search.

V. STAFFING AND SUPERVISION

- A. The staffing ratio in The Club will be a minimum of 1 staff for every 10 residents.
 - 1. Pods 700 & 800: One pod staff will always remain on the Pod if the remaining population is between one and ten residents. Note: a female staff will always be available when female residents are scheduled for club time.
 - a. If a second staff is assigned to the pod, they will go to The Club with the eligible residents as long as the remaining population on the pod does not exceed 10 and no safety issues exist.
 - b. If the remaining population on the pod exceeds 10, two staff will remain on the pod and a float from the security team will accompany the residents to The Club.
 - c. If more than 10 residents are eligible to attend the club two staff will accompany the residents, if there is enough staff to facilitate the needs of the facility at that time.
 - d. High risk residents (MSR, ADSEP I & II) that are eligible to attend The Club will always be accompanied by two staff.

- B. Supervision
 - 1. Officers shall provide supervision to residents attending The Club, while the volunteers interact with the residents. Officers may interact with the residents, however their primary duty is to provide supervision.
 - 2. If an alarm happens in the facility, staff will follow pod procedures (policy?). Residents in The Club will be directed where to sit until a code 4 is called by a facility supervisor or OIC.
 - 3. If an alarm happens in The Club, staff will follow pod procedures as outlined in Policy Section 9.4 and the Evacuation Post Orders. After code 4 is called by the facility supervisor or OIC, it will be determined by the Supervisor on Duty/OIC if The Club will continue programming or if it will be cancelled and the residents returned to their pods.

VI. COUNTS & SEARCHES

- A. Counts
 - 1. All items on The Club Inventory Report must be approved by administration or their designee. Any additions to the count on the

inventory report must be approved by Administration or their designee. If the inventory report is to be modified (i.e deletions or additions to the count) club staff will be responsible for establishing and maintaining the list of items to be placed or deleted from the inventory report.

2. Club staff will complete The Club Inventory Report which includes a count of items listed on the inventory report before the start of each club session and at the end of each club session.
3. Staff will complete an area walk through observing any damages to equipment or supplies and contraband within the area. The area walk through will be completed before the start of each session and documented in The Club Inventory Report.

B. SEARCHES

1. A search will be performed any time there is a discrepancy in The Club Inventory Report. A search may also be performed if staff feels it necessary based on suspicious activity, behavior or other safety concerns that may arise.
2. Residents that leave The Club prior to their session concluding will receive a minimum of a pat down search. All residents are subjected to a pat down search before their return to the pods from the club session.

VII. MOVEMENTS

- A. Movements to and from The Club will be conducted by the Officer assigned to The Club” and the attending unit staff. If unit staff is unavailable for the movement, available security or programming staff will assist with the movement.

REPLACEMENT HISTORY:

Created: 12/30/2014

Revised:

REFERENCES

- 5.8 Behavioral Expectations of Residents
- 9.4 Emergency Procedures, Evacuations

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.7	Counseling and Casework Services	SECTIONS: 1356	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure appropriate counseling and casework services for all residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Officers shall assist residents with personal problems or needs that may arise.
 - 1. This assistance may be in the form of supportive dialog, or referral to medical, mental health, legal services, or the probation officer.

- B. Officers shall assist residents in requesting contact with parents, attorney, clergyman, probation officer, or other public officials. The following policies may assist in this process:
 - 1. 5.4.9, Resident access to telephone.
 - 2. 5.4.10, Resident mail.
 - 3. 5.11.1 Resident access to medical services.
 - 4. 5.11.2, Resident access to mental health services.
 - 5. 5.11.4, Resident access to legal services.

- C. Programs and services shall be provided to residents as appropriate to the population housed in the facility. These programs and services may include:
 - 1. Substance abuse.
 - 2. Family crisis and reunification.
 - 3. Counseling.
 - 4. Public health.
 - 5. Mental health services.

REPLACEMENT HISTORY:

Created: 2/4/2015

Revised:

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.8	Work Program	SECTIONS: 1373	<i>1 of 2</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to, whenever possible; incorporate the learning of meaningful work skills into the rehabilitative programming of residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Work assignments shall be fair, consistent, meaningful, constructive and related to vocational training or increase the resident's sense of responsibility.
- B. Due to the inherent security risks, only the following residents are eligible to participate in Work programs:
 - 1. Not be SR, MSR, Ad-Sep
 - 2. Meet any relevant medical requirements as determined by medical staff.
 - 3. Be a Level 2 or above.
 - 4. On a case by case basis, staff may seek permission from the Supervisor on Duty/OIC to work 1 on 1 with a resident who does not meet the first three criteria, so long as:
 - a. It is not deemed unsafe to do so based on the resident's current behavior and demeanor.
 - b. The officer plans to utilize the work program as a tool to achieve progress in the resident's overall behavior and/or motivation to participate in their rehabilitative program. This should involve heavy interaction between the officer and the resident.
- C. Work assignments shall not be imposed as a form of discipline.

II. AVAILABLE WORK PROGRAMS

- A. Work programs offered on the Pod:
 - 1. These programs include:
 - a. Cleaning
 - b. Meal Service
 - c. Preparing shower rolls
 - d. Participating in creating arts and crafts projects for donation to the community.

B. Work programs offered elsewhere in the facility:

1. ROP Food Services Program
2. Yard Maintenance with JCWP Staff
3. Laundry
4. Cleaning off the pod.
5. Garden program.

REPLACEMENT HISTORY:

Created: 2/25/2015

Revised: 10/29/18

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.7.9	Resident Access to Media	SECTIONS:	<i>1 of 2</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that resident access to computers, the internet, and the materials located there shall be controlled and supervised to prevent violations of facility rules and applicable law. Access to computers is limited to educational and rehabilitative purposes, and will only be allowed under strict supervision of facility, school or facilitators of structured programs.

PROCEDURES

I. GENERAL INFORMATION

- A. The intent of this policy is to allow residents to benefit from the appropriate resources that are available on the internet, while providing control, structure and supervision to insure that violations of policy and law are avoided.

- B. Residents shall only have direct access to computers through the school setting. This is to facilitate the use of web based instructional aids that are approved and used in the school setting. Direct access is defined as their ability to manipulate the keyboard and mouse, or other input devices. *le.* Controlling the computer.

- C. Resident direct access to probation computers is prohibited.

- D. Resident access to social media is prohibited. This includes direct access or assisted by staff. Social Media is defined as websites that have accounts created by the user for the purpose of social networking. These websites include, but are not limited to: Facebook, Snapchat, Twitter, Tumblr, Instagram, Flickr, etc.
 - 1. Exceptions to this policy can only be made by the Facility Director, when circumstances exist that access to social media is in the best interests of the resident or in the interests of facility security. These circumstances may include, but are not limited to:
 - a. Assistance in contacting appropriate relatives, gathering contact information or validating placement options as deemed necessary by the Supervisor/OIC.
 - b. As may be part of an investigation, criminal or otherwise, as deemed necessary by the Supervisor/OIC.
 - c. Viewing social media accounts created by licensed placements and verified rehabilitation providers when there is a direct connection to the resident. *le.*, A resident is ordered into placement and there is a rehabilitative benefit to providing them with more information on the

placement environment, programs and opportunities.

- E. Any materials that are downloaded from the internet to be provided to residents must conform to facility rules governing contraband. The following guidelines are not all inclusive, but intended to guide staff and volunteers in what is deemed unacceptable for distribution to residents:
1. Pictures depicting sex, nudity, gang identifiers, racism, violence, hate, cursing, drugs, alcohol, and tobacco.
 2. Words or lyrics that include sexual tones, gang identifiers or slang, racism or racial epithets, cursing, the glorification of hate or violence, and the abuse of drugs, alcohol and tobacco.

II. RESIDENT ACCESS TO COMPUTERS

- A. Residents shall be directly supervised by school staff at all times they are utilizing a computer during instruction. This supervision shall include, but is not limited to:
3. Staff positioning themselves so that they maintain constant, direct supervision of the residents and their computer station, to include the computer monitor.
 4. Utilizing programs designed to enhance security and prevent resident access to prohibited websites. This may include monitoring software displaying on the staff computer what each resident monitor displays, or security firewalls that block access to identified sites.

REPLACEMENT HISTORY:

Created: 5/25/2016

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8	The GROW Program	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) to provide prosocial programming to residents that addresses their criminogenic needs, such as the Gardening, Responsibility, and Ownership of Self and Community Well-Being (GROW) Program. Overarching goals of the program include reducing recidivism, increasing the number of youth with healthy lifestyles, and teaching life skills, social skills, and job readiness skills.

PROCEDURES

I. GENERAL INFORMATION

1. The GROW Program is a prosocial Aftercare/Reentry program that is funded by a four year Title II Delinquency Prevention and Intervention Grant requiring a partnership between multiple agencies who deliver the program.
1. GROW Program Partners are Shasta County JRF; Shasta County Juvenile Probation; Providence International Garden of Hope (GOH); Shasta County Child Abuse Prevention Coordinating Council (CAPCC) and the Shasta County Office of Education (SCOE).
2. The program was developed to provide services to youth at high risk of re-offense in detention and during the aftercare period in which they are released from custody to the care of their parents/guardians.
3. Target youth are those at high risk of re-offense and whose Positive Achievement Change Tool (PACT) assessment indicates they could benefit from enhancing their involvement and satisfaction in prosocial activities and building their problem-solving, self-management, anger management, and coping skills.
4. The GROW Program addresses the criminogenic needs of leisure/recreation; antisocial peers; and antisocial personality traits.
5. GROW Program mentor/trainers, skill builders, and juvenile detention officers (JDOs) provide a continuum of care that exists both in the JRF and the community. While youth are learning skills regarding gardening, construction, vocations, and animal husbandry, they are being exposed to positive adult role models who can assist in teaching positive community values and prosocial community ties.
6. Youth are referred to the GROW Program by their probation officer via the institutional case plan and/or their Title IV-E case plan.
7. Activities of the GROW Program include the following: building raised beds; planting, sowing of seeds, care, maintenance and harvesting of cold and warm weather vegetables; care and feeding of chickens and

goats, egg retrieval; and manufacturing of cheese, soaps, lotions from goats milk.

8. Teaching staff from SCOE will develop hands-on life science activities for detained youth.
9. GROW mentors/trainers and the skill builder focus on listening and building relationships with youth (and their parents, in the case of the skill builder). During the course of working on a project, conversations may turn to such topics as how plant health relates to human health; coping strategies; stress management with healthy techniques, etc.
10. Data is collected on the program and its participants and aggregated by the program coordinator (JRF Director), and provided to the Board of State and Community Corrections on a quarterly basis.
11. Successful participants of the GROW Program are those who transition from custody to the community without absconding and continue to participate in their probation case plan services.

II. PROCEDURES AND GUIDELINES REGARDING LOCATION AND RESIDENT CLASSIFICATIONS/STATUSES

1. The interior garden, which is located north of the 900 pod inside the main perimeter of the JRF, is generally accessible to all residents provided no safety/security concerns are present. Facility standards for JRF staff/resident ratio are to remain in effect. MSR's, Ad-Sep, SR are all permitted provided proper staffing ratios are maintained. Furlough paperwork is NOT required to utilize this area. A Core Trained JDO will always be present when residents are in the Interior Garden.
2. Chicken Care: (Short Term) Food Scrap Bucket Delivery/Egg Gathering Accompanied by JDO: Resident(s) who are not classified as A status (awaiting arraignment), or MSR/ Ad-Sep Status may accompany a Core Trained JDO to the West Garden for the purposes of emptying food scrap buckets ("Chicken buckets") and gathering eggs from the chicken coops. This task should be completed daily. Residents who have earned the facility job of chicken care should be the primary workers for this assignment.
3. West Garden- Furlough for Ongoing Work/Projects (All areas Located west of the Inner Facility Perimeter): The West Garden for work of a longer duration/larger projects (more than just emptying chicken buckets and gathering eggs) is available only to residents with furlough paperwork which is signed by the resident's Probation Officer and initialed by the Facility Director. No residents with C status (placement), A status (awaiting arraignment), or any residents with MSR, Ad-Sep Statuses are permitted in the West Garden.
4. The resident(s) must have court ordered discretion to furlough (B* or D* status) to utilize this area. The furlough paper work must indicate whether the resident shall be supervised by a core trained JDO or if the resident can be furloughed to a GROW Program service provider. While working in the West Garden, the gate between the fire egress

lane and West Garden shall be locked.

5. The Staff Parking Lot/Strawberry Garden is available only to residents with furlough paperwork which is signed by the Resident's Probation Officer and initialed by the Facility Director. No C status (placement), A status (awaiting arraignment), or any residents with MSR or Ad-Sep Statuses are permitted in the Strawberry Garden. The Resident(s) must have court ordered discretion to furlough (B* or D* status) to utilize this area. Residents programming in this area MUST be accompanied by a core trained JDO. The Furlough paperwork must indicate that the Resident may work in the strawberry garden and must be signed by the Resident's Probation Officer and initialed by the Facility Director.

III. USE OF TOOLS

1. An inventory system is to be utilized for any tools that are used. Prior to and after any tool use, a JDO must verify that all tools are accounted for. The JDO must ensure all tools have been returned to their proper place pursuant to the GROW Post Orders.

REPLACEMENT HISTORY:

Created: 10/30/17

Revised:

REFERENCES

GROW Post Orders
GROW Chicken Care Schedule
GROW Goat Care Schedule
GROW Planting Schedule

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.1	Behavior Management System	SECTIONS: 1390, 1391	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide residents with a Behavior Management System that is designed to promote positive behavior by encouraging adherence to facility rules, **by combining trauma-informed approaches with** pro-social and skill building chores to willing residents, and recognizing hard work and good behavior with enhanced privileges.

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

- A. The Behavior Management System is outlined in a binder located at the Control Desk on each Pod.

- B. The system is based on residents being scored by officers at the end of each shift.
 1. Officers work as a team to assign a point value based on the quality of participation and behavior exhibited by the resident.
 2. Residents earn additional points based on their participation and behavior at school.
 - a. Residents who participate in the Kitchen ROP program may receive additional incentive points.
 3. Incentive points may be earned by residents who are eligible (level 2 or 3) and volunteer for skill building chores/jobs.
 4. Additional incentive points may be earned by residents who participate in the cleaning of the common areas of the facility.

- C. Residents achieve the following levels:
 1. Level 1: 0-84% of Maximum Points Available.
 - a. All residents begin their stay as a Level 1.
 - b. Residents who exhibit poor behavior may be returned to a Level 1 status.
 - c. Level 1 residents:
 - i. Are entitled to participate in LME and programming, as outlined in Section 5.7.2 Recreation and Exercise, and Section 5.7.4 Social Awareness Programs.
 - ii. No Commissary purchases are available for Level 1 residents.
 - iii. Level 1 residents are not eligible to earn incentive points.
 - iv. Level 1 residents shower at 0600 hours.

- v. Bedtime is at 1930 hours.
 - vi. Points totaled on Saturday night are implemented on Sunday morning.
2. Level 2: 85-94% of Maximum Points Available.
 - a. Level 2 residents:
 - i. Are entitled to participate in LME and programming, as outlined in Section 5.7.2 Recreation and Exercise, and Section 5.7.4 Social Awareness Programs.
 - ii. Commissary purchases are available for Level 2 residents using earned points.
 - iii. Level 2 residents are eligible to earn incentive points.
 - iv. Bedtime is at 2000 hours.
 - v. Points totaled on Saturday night are implemented on Sunday morning.
 3. Level 3: 95-100% of Maximum Points Available.
 - a. Level 3 residents:
 - i. Are entitled to participate in LME and programming, as outlined in Section 5.7.2 Recreation and Exercise, and Section 5.7.4 Social Awareness Programs.
 - ii. Are expected to participate and assist others, including in LME and programming. This will earn incentive points.
 - iii. Commissary purchases are available for Level 3 residents using earned points.
 - iv. Level 3 residents are eligible to earn incentive points.
 - v. Bedtime is at 2100 hours.
 - vi. The last half-hour of the evening will consist of chores or free time for Level 3 residents.
 - vii. Points totaled on Saturday night are implemented on Sunday morning.

D. Scoring Points

1. General Guidelines
 - i. Officers shall fairly evaluate each resident based on their actual behavior and participation during the shift that is being completed.
 - ii. Officers are not to base scores on behaviors or participation exhibited during prior shifts.
 - iii. Officers are not to change scores assigned by prior shifts.
 - iv. Should an officer have concerns over the scoring of a resident during prior shifts, that officer shall notify the Supervisor on Duty/ OIC.
2. Day Shift Points
 - i. Room Condition: Bed being made and overall cleanliness = 0-5 points.
 - ii. Day shift behavior will be scored from 0-15 points, not including school. Behavior score will be based on shower time, following directions, following general rules, attitude towards all, meal conduct and overall behavior on each shift.

- iii. School will be scored from 0-15 points based upon overall attitude, participation and how well the resident follows school rules.
3. Swing Shift Points
 - i. Room Condition: Bed being made and overall cleanliness = 0-5 points.
 - ii. Daily behavior will be scored from 0-35 points. Behavior score will be scored based on shower time, following directions, following general rules, attitude towards all, meal conduct, and overall behavior on each shift.
4. Graveyard Shift Points
 - i. Nightly behavior will be scored from 0-10 points. Score will be based upon following basic room conduct rules, being quiet and going to sleep.

E. Commissary

1. Commissary items, consisting of privileges like phone calls, hygiene items, recreational items or food items are available for purchase with points and incentive points.
2. Should a resident lose their level, any commissary items that they might have in their possession that require their previous level shall be seized.
3. Residents who are found in possession of commissary items that require a higher level than that currently maintained by the resident to possess, are guilty of a minor rule violation as described in Section 5.8.2 and 5.8.3.

F. Loss of Level

1. Residents may be downgraded in level under the following circumstances:
 - a. The resident has not earned enough points to maintain their current level at the end of the week.
 - b. The resident has violated facility rules, which has resulted in an SIR that recommends Level Loss.
 - i. This must be approved by the Supervisor on Duty/OIC.

REPLACEMENT HISTORY:

Created: 1/20/2015

Revised: 3/7/2017

12/19/2018

REFERENCES

- JRF Policy and Procedures, Section 5.8.2, Facility Rules
- JRF Policy and Procedures, Section 5.8.3, Discipline

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.2	Facility Rules	SECTIONS: 1390, 1391	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to orient each resident to established rules that will guide their conduct.

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

- A. All residents shall be informed of the Facility Rules during the orientation process as described in Section 5.3.9.
- B. Facility Rules shall be posted on all Pod dayrooms on the bulletin board where all residents can review them.
- C. Provisions shall be made to provide accessible information to youth with disabilities, limited English proficiency, or limited literacy. This may include:
 1. Providing copies of the Facility Rules that are translated into the language spoken by the resident.
 2. Assisting residents who have difficulty reading or other deficiencies that would prevent them from reading and understanding the rules unassisted.
- D. Facility rules shall be reviewed by the management team on at least on an annual basis.
 1. If changes are made to any rules, residents shall be notified and a new list will be posted on each Pod.
- E. Staff are expected to enforce all rules and not deviate from them. This shall include trauma-informed approaches that promote positive behavior, and provide pro-social and skill building positive behavior interventions and supports.
- F. 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.

II. MAJOR AND MINOR RULES

- A. Major Rules
 1. Major rules are in place to ensure that all residents and staff are safe. Violations of these rules may result in extended release date,

limitations on programming, and other steps as deemed necessary to provide for your safety and the safety of others.

2. Major rules include:
 - a. Inappropriate physical contact with another resident.
 - b. Inflicting injuries on others.
 - c. Sexual harassment in any form.
 - d. Racial harassment in any form.
 - e. Fight or near fight.
 - f. Planning, talking about, or attempting to escape.
 - g. Threatening staff or others.
 - h. Gang related behavior. This includes drawings, hand signals, and using gang slurs or terms.
 - i. Possession of dangerous contraband is prohibited (weapons, drugs, or items that pose a safety risk).
 - j. Taking another person's property.
 - k. Inciting others to riot (engage in a disturbance with others to disrupt the activity and schedule of the pod, or engage in behaviors that violate Facility Rules).
 - l. Vandalizing facility property.
 - m. Any other behavior deemed a Major Rule Violation.
 - n. Multiple or continuous minor rule violations can be a major rule violation.
3. Discipline as a result of major rule violations shall be in writing and reviewed by the Supervisor on Duty/OIC.

B. Minor Rules

1. Minor rules are in place to guide residents in behaving respectfully, and to promote an environment conducive to rehabilitation. Violations of these rules may result in loss of points, time outs, loss of programming time, writing an essay or apology letter, etc:
2. Minor rules include:
 - a. Address staff respectfully. Ask, don't demand.
 - b. Do not use profanity.
 - c. Follow proper hygiene practices.
 - d. Possession of minor contraband is prohibited (Notes from others, extra clothing or hygiene items, hoarding food, possessing commissary items that you haven't earned, etc.).
 - e. Wear your issued identification bracelet at all times. If it is damaged in any way, notify staff.
 - f. Wear your assigned clothing appropriately. Shirts are to be tucked in, except when you are in your room or participating in exercise on the recreation yard. Sagging is not permitted. Underwear is never to be visible to others. Pants shall not be tucked into socks.

- g. Hair must be worn above the collar.
 - h. During line up and movement, keep your hands behind your back and face forward. Talking is not permitted in line.
 - i. Do not stand up and move about without permission. You may obtain permission from staff by raising your hand.
 - j. Horseplay is never allowed.
 - k. Graffiti, spit, food, etc. is not allowed on the walls, ceiling, floor, furnishings, etc. is not permitted.
 - l. Hitting/kicking doors and walls, and yelling from your room is not permitted.
 - m. You are not to be on the 2nd tier unless you live there AND you have permission to be there.
 - n. Do not pass notes or other material, including food, to other residents.
 - o. Do not stand on your sink/toilet.
 - p. Yelling to others through your door or vents is prohibited.
3. Minor Rule violations may be handled by informal counseling, advising the resident of expected conduct, and/or imposing a minor consequence.
- a. Any imposed discipline for these rule violations shall be documented writing and reviewed by the Supervisor on Duty/OIC.

REPLACEMENT HISTORY:

Created: 1/8/2015

Revised: 3/7/2017

12/19/2018

REFERENCES

- Section 5.3.9, Resident Orientation

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.3	Discipline	SECTIONS: 1390, 1391	<i>1 of 4</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a system of accountability that insures that residents are aware of the potential consequences of negative and/or unacceptable behavior while also safeguarding their individual rights. The Facility utilizes a Behavior Management System that is strength based and focused on positive reinforcement, emphasizing natural consequences when needed as well as developmentally appropriate, trauma-informed approaches to working with youth.

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

- A. Behavioral expectations and Facility rules shall be reviewed with each resident during the Orientation Program (Refer to Post Order, Section 5.8.2 Facility Rules, and Section 5.3.9, Resident Orientation).
 - 1. If a resident is impaired, illiterate, or does not speak English, facility administration shall be notified and provisions shall be made to assist the resident in this process.

- B. JRF staff are authorized to impose discipline for violations of facility rules.
 - 1. Residents are prohibited from imposing discipline on other residents.

- C. Discipline shall be imposed at the least restrictive level, which promotes the desired behavior.

- D. When determining the level and specific type of discipline to be imposed, staff shall utilize the Behavior Response Matrix and ensure that there is a correlation between the severity of the violation and the severity of the consequence.

- E. Discipline shall be imposed in the least restrictive level which promotes the desired behavior and shall not include room confinement, corporal punishment, group punishment, physical or psychological degradation.

- F. Discipline that includes the deprivation of the following is not permitted:
 - 1. Bed and bedding
 - 2. Daily shower, access to drinking fountain, toilet and personal hygiene items, and clean clothing
 - 3. Full nutrition
 - 4. Contact with parent or attorney

5. Exercise
6. Medical services and counseling
7. Religious services
8. Clean and sanitary living conditions
9. The right to send and receive mail
10. Education
11. Rehabilitative programming

- G. The JRF discipline process is administrative. Thus, there is no “Double Jeopardy” issue when assigning internal consequences as a matter of discipline, and also filing criminal charges based on the same behavior.

II. DEFINITIONS

A. Minor Rule Violations

1. Minor rule violations are violations that do not impact the safety and security of the facility or disrupt the normal operation of the pod.
2. Minor rules are outlined in Section 5.8.2, Facility Rules.
3. Minor rule violations may be handled through formal citation, or informally via counseling, advising the resident of the expected conduct, or by the imposition of a minor consequence, such as failure to earn points, or a “time out.”
4. If discipline is imposed for minor rule violations it shall be documented in writing and reviewed by the Supervisor on Duty/OIC.

B. Major Rule Violations

1. Major rule violations are violations that directly affect the safety and security of the facility, or disrupt the normal operation of the pod.
2. Major rules are outlined in Section 5.8.2, Facility Rules.
3. Major rule violations can result in the resident’s status being changed to a Special Classification, and/or separation from the group.
4. Discipline imposed for major rule violations shall be in writing and reviewed by the Supervisor on Duty/OIC.
5. Due process for residents who are charged with a major rule violation is outlined in Section 5.8.5.

C. Time Out

1. A time out is the temporary removal of a resident from the group.
2. Time outs are utilized to assist a resident in regaining their self-control.
3. Residents may return to the classroom or program once they regain their self-control, or complete the designated number of minutes for the time out.
4. A time out does not require a citation or incident report, so long as it lasts less than 1 hour.
 - a. If a time out exceeds 1 hour, staff shall complete a citation or incident report depending on the nature of the circumstances.

D. Special Program

1. A special program is an individually tailored program designed to correct undesired behaviors exhibited by a resident when other forms of correction or discipline have been ineffective.
2. The purpose of the special program is to target the undesired behavior and remove items or privileges directly related to that behavior. The special program identifies exactly how the resident can earn those items and/or privileges back and encourages desired behavior.
3. A special program shall be documented by a SIR, as well as a written, detailed explanation of the special program. A copy of this explanation shall be provided to the resident, as well as posted outside the door to the resident's room.
4. The management team shall review all special programs on a weekly basis.

III. DISCIPLINE SHALL NOT INTERFERE WITH THE EDUCATION PROCESS

- A. Residents shall not be deprived of their education as part of the disciplinary process.
- B. Residents whose behavior is deemed to be too violent or disruptive may be held out of school for that reason. In such cases, it is the behavior exhibited by the resident at that time that results in the removal or inability to occupy a seat in the classroom.
 1. In such cases, officers shall write a SIR detailing the circumstances resulting in the need to keep the resident out of the school room.
 2. Officers shall work with school officials to provide the resident with instruction and materials.
 - a. Officer may elect to supervise the resident doing class work at a table in the dayroom, or allow them to take school work and a pencil into their assigned room.
 - b. Such alternatives may only be utilized if it is deemed safe to do so.
- C. School officials may remove a resident from the school program pursuant to SCOE policies and procedures governing the suspension of students. In such cases, the SCOE principal overseeing the JRF school program is the final authority and source for appeal/due process.
 1. School officials shall document such suspensions on the SCOE Citation, and provide a copy to the pod officers.
 2. At any time during the resident's detention in the JRF that an officer is concerned the resident is not making progress and/or is struggling in school, the officer shall ensure a behavioral plan is created or Student Study Team (SST) meeting is scheduled.
 3. If a resident is placed on a security risk classification (SD, MSR) due to behavior while being housed in the JRF, after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study

- Team and/or an updated Individualized Educational Plan (IEP) if the youth is already receiving special education services.
4. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the formal request for a Student Study Team and/or an updated IEP for a special education student will be made by the supervisor prior to the 5th day.
 5. Those residents placed on a security risk status at the time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team and/or an updated IEP.

REPLACEMENT HISTORY:

Created: 1/8/2015

Revised: 3/7/2017

12/19/2018

2/15/2019

3/26/2019

REFERENCES

- Section 5.3.9, Resident Orientation
- Section 5.8.2 Facility Rules
- Section 5.8.5 Due Process

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.4	Reports and Documentation	SECTIONS: 1362	1 of 13

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers properly document injuries, incidents, or other specified events in department approved reporting formats, and that such reports are maintained in accordance with applicable laws and regulations.

PROCEDURES

I. GENERAL INFORMATION

- A. All log book entries are considered official documents that are subject to discovery and subpoena.
 - 1. Staff shall accurately and neatly document daily events in Log Books, and preserve them.
 - 2. Staff shall record the time for each entry.
 - 3. Staff shall legibly sign their initials after each entry.
 - 4. If corrections need to be made, staff shall not use white out or other correction tape that covers up the initial entry. Staff shall line out the incorrect entry and write the corrected information neatly on a new line.

- B. A written report of all incidents which result in physical harm, serious threat of physical harm, or death of an employee, youth or other person(s) shall be maintained. Such written record shall be prepared by the staff and submitted to the facility manager by the end of the shift.

- C. Approved Report Formats
 - 1. The Serious Incident Report (SIR) is the approved, internal reporting format that is the standard method for documenting injuries, incidents and other special events within the JRF.
 - 2. The Investigation Report is the approved format used to document cases that are forwarded to the Probation Officer recommending new criminal charges be filed.
 - 3. The JRF Citation is used by staff to document minor rule violations.

- D. Reports are due prior to the end of an officer's shift, unless an extension is approved by the Supervisor on Duty/OIC and the documented incident is not included in Section I. A. above.
 - 1. An officer may be held over on their shift to complete the report.
 - 2. The Supervisor on Duty/OIC may also be held over in order to review and approve the report.

II. REPORTING REQUIREMENTS

A. The following situations require a SIR:

1. Any incident that results in physical harm, threat of physical harm, or death of an employee, youth or other person(s).
2. Anytime a resident is placed in restraints, other than for the purpose of transportation.
3. To document a Major Rule Violation as described in Section 5.8.2, Facility Rules.
4. Injuries or illness that requires medical staff to be summoned, or called if off-duty.
5. Property damage that poses a safety or security risk that is not associated with or connected to a resident.
 - a. Ie: Damage discovered to a MSR Cage in the covered rec yard that cannot be linked to a resident; a metal shank located in the unit trash can, etc.
6. Any abnormal, irregular event or circumstance, or any questionable occurrence deemed appropriate for an SIR by the Supervisor on Duty/OIC.

III. INFORMATION TO BE CONTAINED IN SIR

- A. The Incident Date, Time and Number in the appropriate boxes.
- B. Incident Code in the appropriate boxes.
- C. The name(s) of the residents involved.
 1. Main parties and witnesses.
- D. The staff involved.
- E. Complete Narrative.
 1. Location of the incident.
 2. Detailed description of the incident, event or circumstances necessitating the SIR.
 - a. Who, what, where, when, how.
 - b. Elements of the violation.
 3. Any mitigating or aggravating factors.
 4. Statements taken from involved parties.
 5. Policy statements documenting that specific directives and policy guidelines were followed.
 - a. Factors and circumstances guiding use of force.
 - b. Thoughts and considerations going through the officers mind when making decisions affecting their response to the incident.
 - c. Medical notifications
 - d. Decontamination procedures
 - e. Restraint timelines
 - f. Required notifications
 - g. Efforts to protect or provide for the safety of the resident(s)
 - i. Cuffs checked for fit and double locked.
 - ii. Positioning to prevent positional asphyxia.
 - h. Counseling efforts

- i. Resident(s) demeanor and response to counseling.
6. Reporting Staff Signature Boxes.
7. Initial Action(s)/Staff Recommendations.

IV. APPROVAL AND REVIEW OF SIR

- A. Under normal circumstances, the SIR should be submitted to the Supervisor on Duty/OIC who is on the shift when the incident occurs.
 1. Exceptions would be if the Supervisor on Duty/OIC played a direct role in a situation involving use of force or restraint. In such cases, the report should be reviewed by the oncoming Supervisor or OIC.

- B. The Supervisor/OIC reviewing the report shall:
 1. Correct for grammar, spelling and punctuation.
 2. Evaluate to determine if the necessary content is there describing all of the elements of the violation.
 3. Evaluate if the contents justify the initial actions and recommended consequence.
 - a. If the reviewing Supervisor/OIC believes that a violation of policy or abuse of force has occurred, they shall immediately report it to the Facility Director.
 4. Evaluate to determine if all of the necessary notifications have been made.
 5. Evaluate to determine if all of the necessary timelines have been followed.
 6. Determine if policy and guidelines have been followed and properly documented.

- C. Medical Review of SIR
 1. A copy of the SIR shall be placed in the Medical Mailbox located in the Staff Break Room, for medical to review.
 - a. The Supervisor/OIC review does not have to be completed for the SIR to be reviewed by medical.
 2. Once medical completes their review, they will place the completed copy in the SIR binder located on the relevant pod.

- D. The reviewing Supervisor/OIC shall scan and email a copy of all SIR's documenting use of force, including restraints and chemical agents, to the designated department weaponless defense instructor.
 1. The weaponless defense instructor shall review the SIR and provide feedback to the staff involved.
 2. Any abuse of force or violation of policy will be reported by the weaponless defense instructor to the Facility Director.

- E. When the SIR has been approved by the Supervisor/OIC, it is placed back into the SIR binder on the Pod.

- F. On a daily basis, the Facility Director shall review all of the SIR's and add comments and/or instructions.

- G. The graveyard shift supervisor shall inventory the monthly SIR binder to insure that all SIR's are accounted for, and stored pursuant to state regulations for inspection purposes.

V. INFORMATION TO BE CONTAINED IN INVESTIGATION REPORTS

- A. Case Number, which can be obtained from a supervisor.
- B. Incident date and time.
- C. Report author.
- D. Name, address and description of the Subject(s) involved, and the charges that are sought.
- E. Name of Victim(s)
- F. Name of Witnesses
- G. Detailed description of the incident, event or circumstances necessitating the SIR.
 - 1. Who, what, where, when, how.
 - 2. Elements of the offense.
- H. Any mitigating or aggravating factors.
- I. Statements taken from involved parties.
- J. Policy statements documenting that specific directives and policy guidelines were followed.
 - 1. Factors and circumstances guiding use of force.
 - 2. Decontamination procedures
 - 3. Efforts to protect or provide for the safety of the resident(s)
 - a. Cuffs checked for fit and double locked.
 - b. Positioning to prevent positional asphyxia.
- K. List and description of photographs taken.
- L. List and description of evidence seized.
- M. Details on the chain of custody of the seized evidence.

VI. APPROVAL AND REVIEW OF INVESTIGATION REPORTS

- A. Completed Investigation Reports shall be forwarded to the Supervisor on Duty/OIC for review and approval.
- B. The Supervisor/OIC reviewing the report shall:
 - 1. Correct for grammar, spelling and punctuation.
 - 2. Evaluate to determine if the necessary content is there describing all of the elements of the crime(s).
 - 3. Evaluate to determine if additional witness statements, photographs, or evidence needs to be preserved and/or documented.
 - 4. Determine if policy and guidelines have been followed and properly documented.
 - a. If the reviewing Supervisor/OIC believes that a violation of policy or abuse of force has occurred, they shall immediately report it to the Facility Director.

VII. REPORT EXAMPLES

A. Serious Incident Reports (SIR)

1. The SIR is generated as follows:
 - i. Select the oldest, active case file in Jalan. You can do that by selecting #17 Proceedings by Tickler from the Master Menu. Then type "HL" as the Tickler Type and press enter. That should provide a list of juveniles on probation. Select the desired juveniles case.
 - ii. Select #4, Event Information. Press F10 to place the cursor on Event Type. Enter "IPT" as the event type, which generates the Investigative Offense Report document. Press enter 3 times.
 - iii. Press F12 to go back to the File Master Update Screen. Select #9, and page down until you get to the bottom of the list. There you should see the document titled "INV OFFENSE REPORT."
 - iv. Open this document, complete the offense report, print a copy for supervisor review, and save it.

SERIOUS INCIDENT REPORT

Incident	Incident Time:	Incident Number:				
11/1/2014	2015	811-00-00				
Incident	S06 PHYSICAL RESTRAINT	S03 ASSAULT				
Minor(s) Other Person(s) Involved			Staff Involved			
Last Name		First Name	Last Name		First Name	
Smith		Sean	Epperson		Donnie	
			Kent		Athena	
			KeKipi		Cody	
			Bourgeois		Kris	
			Till		Sarah	
NARRATIVE						
<p>On Friday, November 28, 2014, I was assigned as a uniformed Juvenile Detention Officer on the 800 detention pod at the Shasta County Juvenile Rehabilitation Facility.</p> <p>At approximately 1940 hours, I had sent Resident Smith to his cell due to his behavior towards staff. (See citation# 811-14-27).</p> <p>At approximately 2020 hours, Resident Smith shouted, "Yeah! Ignore me mother fuckers." and "All of you are fucking bitches!" and proceeded to pound the door of cell #803 which Resident Smith and Resident Jones currently occupy. Upon observing this, I informed all residents they would need to lock down in their cells. Officer Bourgeois and Director Till assisted me and began securing residents in their cells.</p> <p>At this time, I proceeded to cell #803 in order to counsel with Resident Smith and calm him down. Upon arrival Resident Smith shouted, "Fuck you Epperson! You pretend you are a cool-ass staff. But really you are a fucking faggot!" I attempted to counsel with Resident Smith one more time, to which Resident Smith stated, "Fuck you! I am tired of this shit."</p> <p>At approximately 2021 hours, Officers Kent and Kekipi arrived to cell #803 to assist me in speaking with Resident Smith. I informed Resident Smith to sit down on his bunk so I could enter the cell and speak with him. Upon opening cell #803, I informed Resident Smith to sit down on his bunk. Resident Smith shouted, "Fuck you. You are going to open my door and not do anything!?" Resident Smith was not showing any sign of aggression at this time and was standing with his hands at his sides. I again informed Resident Smith to sit down on his bunk and attempted to apply "soft hands" on to Resident Smith's right shoulder. Resident Smith immediately pulled away from me and raised both of his hands in clenched fists. Due to Resident Smith's previous behavior, the nature of his charges, and raising his fists up, I feared for the safety of myself and of Officer Kent.</p> <p>Upon observing Resident Smith raise his fists, I immediately attempted to take control of Resident Smith's right arm, and place him into a department approved rear wrist lock. Resident Smith immediately began to struggle and attempted to grab a hold of me and push me away. At this time, Officer Kent attempted to gain control of Resident Smith's left arm. While attempting to gain control of Resident Smith, Officer Kent and I continuously ordered him to stop resisting. Resident Smith continued to fight against Officer Kent and I by attempting to push against us with his hands, as well as attempt to grab our arms. Also at this time, Officer Kekipi verbally instructed Resident Jones to get out of cell #803. Officer Bourgeois then arrived to the cell and removed Resident Jones to cell #808.</p>						
Reporting Staff		Typed Name		Title	Date	Time
		Epperson, Donnie		JDO II	11/28/201	2015
INITIAL ACTION(S) / STAFF RECOMMENDATION(S)						

I recommend Smith serve 48 hour room confinement till 11/30/2014 @ 2100 hrs. I further recommend Smith be placed on AD-SEP 2.

MEDICAL REVIEW / PROTOCOL

Medical Staff Signature	Typed Name	Date	

REVIEWER CONCLUSION(S) / CORRECTIVE ACTION(S)

I concur with the above recommendations. Resident Smith behavior is not acceptable, nor will it be tolerated within this facility. Resident Smith has the ability to influence his peers in negative ways through his behavior. I counseled with resident Smith after the incident and he understands that his behavior can and does influence behavior on the Pod. He further explained that he has been trying to do good on the Pod and that this has been building inside of him for a little while and it finally just exploded. Resident Smith was notified by this officer about his consequences and AD-SEP2 status.

Reviewing Staff Signature	Typed Name	Title	Date
	Mike Boydston	SJDO	11/28/20

DIRECTOR REVIEW

Director's Signature	Typed Name	Date

A. Investigative Offense Reports

1. Report numbers can be provided via Central Control. There is a logbook that

the Control Officer will record the offense date, subject's name, the offense or reason for the report, and the officer authoring the report. Once that information is recorded in the logbook, the Control Officer will assign a report number.

2. The report can be generated in one of two ways:
 - a. For subjects not on probation, there is no JALAN case to access. In these instances, officers can do the following:
 - i. Locate the "Investigative Offense Report Blank.doc" on the H Drive at: H:\Investigative-Offense Reports, and open it.
 - ii. Once the document opens, select "Save As" from the File drop down menu. Save the document in "H:\Investigative-Offense Reports\20** Reports" as the assigned report number (i.e. SCPD 15-050) *Note, folders will be available for different years, so make sure you are saving in the correct year folder.*
 - iii. Enter the report number in the relevant box on the report, along with all of the other identifying information. Type the report, save it, and print a copy for your supervisor to approve.
 - b. For subjects who are on probation:
 - i. Select the oldest, active case file in Jalan. You can do that by selecting #17 Proceedings by Tickler from the Master Menu. Then type "HL" as the Tickler Type and press enter. That should provide a list of juveniles on probation. Select the desired juveniles case.
 - ii. Select #4, Event Information. Press F10 to place the cursor on Event Type. Enter "IPT" as the event type, which generates the Investigative Offense Report document. Press enter 3 times.
 - iii. Press F12 to go back to the File Master Update Screen. Select #9, and page down until you get to the bottom of the list. There you should see the document titled "INV OFFENSE REPORT."
 - iv. Open this document, complete the offense report, print a copy for supervisor review, and save it.



SHASTA COUNTY PROBATION ADMINISTRATION

2684 Radio Ln
 Redding, CA 96001
 (530) 245-6200 FAX: (530) 245-6001

Tracie Neal
 Chief Probation Officer

Investigative Offense Report

I N V O L V E D P A R T I E S	<u>Date Incident</u>		<u>Time Incident</u>		<u>Type of Incident</u> <input type="checkbox"/> New Offense <input type="checkbox"/> VOP <input type="checkbox"/> Information Only Offense(s):			<u>Case Number</u>	
	<u>Location of Incident</u>								
	<u>Name</u> X123, X123 X123			SS#: 99-0000 CII: AR46087816 FBI: 44570454524		<u>Age</u> 15 <u>Height</u>	<u>DOB</u> 05/05/2000 <u>Weight</u>	<u>Sex</u> F <u>Hair</u>	<u>Race</u> W <u>Eyes</u>
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM			<u>Physical and Mailing Address</u> 123 SMITH ST REDDING CA 96001 123 MURPHY LN ANDERSON CA 96007			<u>Phone</u> 222-1234		
	<u>Name</u>			SS#: CII: FBI:		<u>Age</u> <u>Height</u>	<u>DOB</u> <u>Weight</u>	<u>Sex</u> <u>Hair</u>	<u>Race</u> <u>Eyes</u>
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM			<u>Physical and Mailing Address</u>			<u>Phone</u>		
	<u>Name</u>			SS#: CII: FBI:		<u>Age</u> <u>Height</u>	<u>DOB</u> <u>Weight</u>	<u>Sex</u> <u>Hair</u>	<u>Race</u> <u>Eyes</u>
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM			<u>Physical and Mailing Address</u>			<u>Phone</u>		
	<u>Name</u>			SS#: CII: FBI:		<u>Age</u> <u>Height</u>	<u>DOB</u> <u>Weight</u>	<u>Sex</u> <u>Hair</u>	<u>Race</u> <u>Eyes</u>
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM			<u>Physical and Mailing Address</u>			<u>Phone</u>		

Please see attached page for additional Involved Parties

ADDITIONAL INVOLVED PARTIES

ADDITIONAL INVOLVED PARTIES	<u>Name</u>		SS#: CII: FBI:	<u>Age</u>	<u>DOB</u>	<u>Sex</u>	<u>Race</u>	
				Height	Weight	Hair	Eyes	
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM		<u>Physical and Mailing Address</u>				<u>Phone</u>	
	<u>Name</u>		SS#: CII: FBI:	<u>Age</u>	<u>DOB</u>	<u>Sex</u>	<u>Race</u>	
				Height	Weight	Hair	Eyes	
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM		<u>Physical and Mailing Address</u>				<u>Phone</u>	
	<u>Name</u>		SS#: CII: FBI:	<u>Age</u>	<u>DOB</u>	<u>Sex</u>	<u>Race</u>	
				Height	Weight	Hair	Eyes	
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM		<u>Physical and Mailing Address</u>				<u>Phone</u>	
	<u>Name</u>		SS#: CII: FBI:	<u>Age</u>	<u>DOB</u>	<u>Sex</u>	<u>Race</u>	
				Height	Weight	Hair	Eyes	
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM		<u>Physical and Mailing Address</u>				<u>Phone</u>	
	<u>Name</u>		SS#: CII: FBI:	<u>Age</u>	<u>DOB</u>	<u>Sex</u>	<u>Race</u>	
				Height	Weight	Hair	Eyes	
	<u>Involvement</u> <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> VICTIM		<u>Physical and Mailing Address</u>				<u>Phone</u>	

**STEPHEN C. CARLTON – SHASTA COUNTY DISTRICT ATTORNEY
CRIMINAL COMPLAINT WORKSHEET**

****Please use a separate page for each defendant****

NO. 1 OF _____ AGENCY: SHASTA COUNTY DA#: _____ LOGGED BY: _____
PROBATION _____

DEF. NAME: X123 X123 X123 CASE #: _____
CITE#: _____
ADDRESS: 123 SMITH ST DOB: 05/05/2000
REDDING CA 96001 SS#: 99-0000
PHONE: 222-1234 FBI#: 44570454524
SEX: _____ RACE: _____ HT: _____ WT: _____ HAIR: _____ EYES: _____ CII#: AR46087816
POB: _____
DFPOBI _____ DL# _____ ST: _____ OFFICE: JUV SPO INTAKE CASE

- DA UNIT: DEJ Eligible Prop 36 Eligible
- ADULT SEX ASSAULT ASSET FORFEITURE CAREER CRIMINAL CHILD ABDUCTION CHILD SEX ASSAULT
- DOMESTIC VIOLENCE ELDER ABUSE IDENTITY THEFT INSURANCE FRAUD MAJOR NARCOTIC
- SINTF WELFARE FRAUD 3-STRIKES

DATE(S)	1. Fel/ Misd/Inf/ Enh	CODE SECTION	MISC. CHARGE INFORMATION	VICTIM NAME(S)

- IN CUSTODY: _____ WARRANT CITE LETTER
- BAIL/OR Date: _____ BOOK NOTIFY STAY AWAY ORDER
- PROB. VIOL.

-----DISTRICT ATTORNEY USE ONLY-----

ORDER DMV PACKET
CDC #

ORDER PRIORS

ORDER 969B PRISON PACKET -

PROPERTY/EVIDENCE

FIREARM DISPO REQ'D

COMMENTS: ON PAROLE
_____ TOX

_____ PAS

_____ E-PAS

DECLINED (SEE ATTACHED FORM)

ISSUING ATTORNEY: _____

DATE: _____

(Rev 03/30/09)

REPLACEMENT HISTORY:

Created: 1/21/2015

Revised: 4/16/2016

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.5	Due Process	SECTIONS: 1391	<i>1 of 5</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide procedures for Due Process to maintain the required safeguards afforded to residents when significant disciplinary action is taken against them.

GENERAL INFORMATION

I. DUE PROCESS

- A. Major rule violations identified in Section 5.8.3, Discipline, which may serve to extend a resident's time in custody (within the boundaries of a "Ricardo M." disposition), shall be documented via the SIR process outlined in Section 5.8.4 and be subject to the Due Process procedures outlined below.
- B. The consequences approved in the SIR shall not begin until the required due process has been completed.
 - 1. If the resident poses a safety risk to others based on the behavior documented in the SIR (assaulting staff or another resident, participating in a fight, or exhibiting other violent behavior), they may be separated from other residents, however that separation is not the focus of Due Process.
- C. The Due Process Hearing shall occur in a timely manner, no later than the next Day or Swing Shift following the shift when the incident occurred.
 - 1. For example, if the incident occurred on day shift, the Due Process shall be completed during the following Swing Shift. If the incident occurs on Swing Shift, the Due Process shall occur during the following Day Shift.
 - 2. The timely hearing should not be delayed for the convenience of staff and should be relevant and meaningful to the resident.

II. DOCUMENTATION PROCESS

- A. Written notice of the violation shall be provided to the resident prior to the hearing.
 - 1. This can be part of the original discipline process, as staff are required to review incident reports and recommended consequences with residents as soon as practical once the investigative and documentation process is completed.
- B. The staff authoring the SIR shall begin Due Process by:
 - 1. Completing the first page of the Due Process Form in its entirety, including:
 - a. The Residents Name, SIR #, and Incident Date and Time.
 - b. The Description/Nature of Violation(s)
 - c. Disciplinary Measure(s) Implemented
 - d. The name of the officer providing the resident with a copy of the SIR and relevant

- attachments if any.
 - e. Signature of the resident indicating that they were provided with a copy of the SIR and any relevant attachments.
 - f. The date and time that number 4 and 5 above were done.
2. Indicating in the SIR/Due Process folder that they have started Due Process by placing their name in the appropriate row/column.

PROCEDURES

III. DUE PROCESS HEARING

- A. The Due Process Hearing shall be presided over by an officer who was not involved in the incident or the reviewer of any reports generated.
 - 1. This officer shall act impartially, and be capable of hearing the facts of the case and disagreeing with the findings of the supervisor who reviewed the initial SIR, if necessary.
- B. Residents have the right to be assisted by staff in the hearing process.
 - 1. This staff member's role is to assist the resident in understanding the process, and to support and express the resident's views during the hearing and in completing the Resident Statement of Incident section of the Due Process Form.
- C. Accommodations shall be provided to youth with disabilities, limited literacy, and English language learners.
- D. The resident shall be afforded the opportunity to be heard, and be allowed to present evidence and testimony if they choose.
- E. The resident has the right to refuse to issue a statement.
- F. The officer shall, with the resident present, review all the evidence and circumstances of the incident and render a finding. That finding shall be documented on the Supervisor's Finding of Facts/Discussion of Evidence Relied Upon section of the Due Process Form.
- G. The officer will then sign and date the form at the bottom of the second page, and indicate if the resident requests an appeal to the facility director.
- H. The officer will note in the SIR/Due Process folder that they completed Due Process by placing their name in the proper row/column.

IV. APPEAL PROCESS

- A. When a resident requests that their Due Process be reviewed by the facility director, the original SIR and Due Process forms are forwarded to the facility director for review.
- B. The decision of the appeal is final.

SCJRF DUE PROCESS* (FOR MAJOR RULE VIOLATIONS ONLY)

Resident's Name:

SIR#

Incident Date:

Incident Time:

Written Notice to Resident

Description / Nature of Major Rule Violation(s)

Behavior is described objectively.

Disciplinary Measure(s)/Consequence(s) Recommended

Recommended consequence is in accordance with Behavior Response Matrix.

a. Signatures

2.

3. WRITTEN STATEMENT OF FINDINGS/EVIDENCE PROVIDED TO RESIDENT BY:

Staff:

Printed Name of Staff:

Resident:

Today's Date:

Time:

REPLACEMENT HISTORY:

Created: 11/21/2014

Revised: 3/7/2017

11/28/2017

12/19/2018

REFERENCES

- Section 1391, Discipline, Juvenile Title 15 Regulations
- Juvenile Rehabilitation Facility Policy and Procedures, Section 5.8.3, Discipline.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.6	Evidence Collection.	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall follow established protocols when collecting and preserving evidence and contraband that is discovered in the facility.

PROCEDURES

I. GENERAL INFORMATION

- A. For the purpose of this policy, evidence is something that is preserved that furnishes or tends to furnish proof that a crime of violation has occurred.
 - 1. Evidence can be any contraband, item, recorded media, or photograph that is an element of a crime or violation.

II. PRESERVING EVIDENCE

- A. Officers shall seize and preserve evidence in a manner consistent with this policy.
- B. Whenever handling controlled substances or items that pose a risk of infection, officers shall wear gloves and other protective equipment as may be deemed necessary.
- C. Officers shall photograph evidence whenever possible during the collection process.
- D. Officers shall secure evidence in approved envelopes or containers, taking care to seal and document the envelope or container, in a manner consistent with their training.
 - 1. Evidence processing materials are located in the Armory in Booking.
- E. Evidence items shall then be stored in the JRF Temporary Evidence Lockers that are located in the Armory in Booking.
- F. The Supervisor in charge of the Temporary Evidence Locker shall be responsible for transferring evidence to the Sheriff's Office ID Lab.
 - 1. If the evidence is linked to a criminal report, that supervisor shall document the transfer of evidence in a supplemental report.

III. DOCUMENTATION

- A. Officers shall document the evidence collected in a department approved offense report format, as outlined in Section 5.8.4, Reports and

Documentation.

- B. The approved Shasta County Sheriff's Office Chain of Evidence form shall be used to document the chain of custody of an evidence item.
 - 1. This form is located in the Armory in Booking.
 - 2. This form shall be completed whenever evidence is collected, and a copy shall be attached to the original Investigation Report.
 - 3. Each time that evidence is transferred, a Supplemental Report shall be completed detailing the chain of custody of the evidence.

IV. TRAINING

- A. All detention officers and supervisory staff shall receive training on how to collect, preserve, and document the chain of custody of evidence.
- B. The supervisor in charge of the Temporary Evidence Locker shall receive additional training in the collection procedures in use by the Shasta County Sheriff's Office.

REPLACEMENT HISTORY:

Created: 1/20/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.8.7	Temporary Room Restriction and Reintegration Planning	SECTIONS: 1390, 1391, 1354, 1354.5	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that room confinement shall only be used, in accordance with Section 208.3 of the California Welfare and Institutions Code, in instances where a resident's behavior poses a risk to the safety of others, or the security of the facility. Efforts shall be made to reintegrate residents back into the general population as quickly as is safely possible.

Page | 1

GENERAL INFORMATION

I. GENERAL EXPECTATIONS

A. Room Confinement

1. Room Confinement is defined in Section 208.3(a)(3) of the Welfare and Institutions Code and, pertains to our facility as the placement of a resident in their sleeping room or cell, with minimal or no contact with persons other than detention officers.
 - a. Room confinement does not include placing a resident in their room or cell for brief periods of locked confinement necessary for required institutional operations.
 - b. Residents maintained in a court holding facility are not considered to be on room confinement.
 - c. Residents secured in their rooms during normal sleeping hours are not considered to be on room confinement.
 - d. Residents confined to their rooms due to medical orders (bed rest) are not considered to be on room confinement.
 - i. This exception requires the written approval of a physician or nurse practitioner.
 - e. Room confinement does not apply when residents are secured in their rooms during an extraordinary, emergency circumstance that requires a significant departure from normal institutional operations, including facility lockdown, natural disasters, or other facility wide threats that pose imminent and substantial risk of harm to multiple staff or residents.
 - i. This exception shall apply for the shortest amount of time needed to address the imminent and substantial risk of harm.

II. GUIDELINES FOR ROOM CONFINEMENT

- A. Room confinement shall not be used before other less restrictive options

have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any minor, ward or staff.

1. Positive youth development and trauma informed care should be taken into consideration when developing options.

- B. Room confinement shall not be used for the purposes of punishment, coercion, convenience or retaliation by staff.
- C. Room confinement shall not be used to the extent that it compromises the mental and physical health of a resident.
- D. Nothing in this section shall be construed to conflict with any law providing greater or additional protections to youth.

III. USE OF ROOM CONFINEMENT

- A. A supervisor/OIC may approve up to four hours of room confinement, if deemed necessary in response to a threat to safety and security of others as demonstrated by the resident's behavior or conduct.
 1. The behavior or conduct that necessitates the room confinement shall be documented in a SIR.
- B. After four hours of room confinement, staff shall return the resident to the general population, unless their current behavior or conduct indicates that they continue to pose a risk to the safety and security of others. In these circumstances, the supervisor/OIC shall:
 1. Consult with mental health or medical staff to ensure that continued room confinement does not pose a risk to the resident.
 2. Obtain approval from the facility director, or his/her designee, for continued room confinement. This is required every four hours that room confinement is to be continued. This shall be documented in a supplemental SIR.
 3. Document in a supplemental SIR the reason that continued room confinement is necessary, the date and time the resident was first placed on room confinement, the date and time each extension is reviewed, and the date and time the resident is returned to the general population.
 4. Develop an individualized plan that includes the goals and objectives to be met to reintegrate the resident back into the general population. This shall be documented in a supplemental SIR.

REPLACEMENT HISTORY:

Created: 3/7/2017

Revised: 4/30/2019

REFERENCES

- Section 208.3 of the Welfare and Institutions Code
- Section 210 of the Welfare and Institutions Code
- Section 885 of the Welfare and Institutions Code
- Section 209 of the Welfare and Institutions Code

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.9	Resident Grievances	SECTIONS: 1361	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to have established procedures whereby a resident may appeal any condition of their confinement, and have their grievance addressed in a timely manner.

PROCEDURES

I. GENERAL INFORMATION

- A. A "grievance" is an administrative means for expression and resolution of resident problems, including but not limited to: health care, classification decisions, participation in programming, access to telephone calls, mail, or visiting, food, clothing, and bedding, and mistreatment, harassment or violations of the non-discrimination policy.
- B. The grievance system provides the resident an opportunity for a fair hearing and resolution of complaints pertaining to the care they receive in Juvenile Hall.
 - 1. It is also an opportunity for residents to learn to resolve problems in a socially appropriate manner, without resorting to inappropriate behavior.
- C. A grievance differs from Due Process.
 - 1. A grievance is initiated by the resident.
 - 2. Due Process is administratively initiated to safeguard the resident's rights when disciplinary action is taken.
- D. Residents have the right to grieve any condition of confinement and to seek timely resolution of their grievances.
- E. Residents shall use the Resident Grievance Form to submit their grievance.
- F. The facility does not accept "group" grievances.
- G. Basic instructions on how to fill out a grievance form will be covered in the resident's Orientation Program and is listed in the Resident Handbook.
- H. A grievance may be submitted by the resident confidentially by placing it in the locked Confidential Communication box located in the dayroom of each pod, or by delivering the form to any JRF staff member working in

the facility.

1. Residents can write the name of the JRF staff member they desire to address the grievance on the form and:
 - a. Place it in the Confidential Communication Box.
 - b. Give it directly to that JRF staff member, if he/she is present or can respond to the resident's location.
 - c. Place it in a sealed envelope and request it be given to the desired JRF staff member during the shift.

- I. Unless the grievance is routed to a specific JRF staff member by the resident, the resident has the right to have the grievance resolved at the lowest appropriate staff level.

II. RESIDENT ACCESS TO FILE A GRIEVANCE

- A. It is the intent of this policy to provide residents with free access to the grievance form and filing process.
 1. Free access to the grievance form and filing process may be delayed by staff when the resident is out of control or behaving in such a manner that it is unsafe to furnish a pencil to the resident.
 - a. In these cases, staff shall allow the resident to fill out the grievance form as soon as the resident has calmed and it is considered safe and practical to do so.
 2. Residents will have the opportunity to complete a grievance form confidentially during periods of time where they have access to pencils during normal program time, and place the grievance in the Confidential Communication Box located on the unit.
 3. If a resident chooses not to fill a grievance out confidentially, they may approach a staff member at any time of the day and ask for a grievance form and pencil.
 - a. Staff shall furnish the form and pencil to the resident with minimal delay.
 - i. Refer to item 1. above when the resident is out of control or it is unsafe to provide a pencil.
 - b. Staff may attempt to resolve the grieved issue prior to providing the grievance form, should the resident ask to do so.
 - i. Staff are not to express or display body language that may discourage the resident from submitting a grievance, or ask why or what the resident wants to complain or grieve unless the resident voluntarily initiates such discussion.
 - c. The resident may request staff assistance in filling out the grievance form.

III. GRIEVANCE REVIEW PROCES

1. All grievances will be promptly reviewed and initial response to the grievance will occur within three (3) business days.
 - a. Grievances related to health and safety must be addressed immediately.
2. The resolution to the grievance must occur within ten (10) business days unless circumstances dictate a longer timeframe.
 - a. If a delay occurs, the resident shall be notified of the delay.
3. Grievances will be processed in the following manner:
 - A. Grievances submitted via the locked Confidential Communications box.
 1. Prior to leaving at the end of their shift, the Supervisor/OIC on duty shall empty the Confidential Communications box on each pod, log the grievance in the grievance log at Control, and assign the grievance a tracking number.
 - a. The Supervisor/OIC shall review the grievance.
 - b. If the grievance appears to be submitted for a purpose other than to voice a legitimate complaint (containing profanity, disrespectful language, or containing personal threats against a staff member or other person in the facility), the Supervisor/OIC shall return the grievance to the resident with a blank grievance form and instructions that their grievance will only be considered if it is written without the objectionable language.
 - c. Grievances of an emergency nature (sexual, physical assault, etc.), time sensitive, or complaints of staff misconduct shall be immediately handled by the Supervisor/OIC.
 - i. If the Supervisor/OIC, or their actions, are the focus of the grievance, the facility director shall be contacted and the grievance forwarded to him/her.
 - ii. The Supervisor/OIC shall ensure the resident is not placed in a position similar to that being grieved. (e.g. if there is a complaint of staff misconduct, the resident will not be placed under the supervision of the staff member who is the subject of the complaint, etc.)
 - d. All other grievances shall be forwarded within 24-hours to a staff member on shift, who is not directly involved in the grievance, for resolution.
 2. Grievances submitted to JRF staff member
 1. If a resident elects to submit the grievance directly to a staff member without utilizing the Confidential Communication box, he/she shall log it into the Grievance Log and assign the grievance a tracking number.
 2. The JRF staff member shall review the grievance to determine:
 - a. If the grievance contains offensive language as described in subsection 1 above, he/she shall refer it back to the resident with a new form and instructions to complete it without the offensive language.

- b. That the grievance is not of an emergency nature as described in subsection 2 above.
 - i. If the grievance is of an emergency nature as outlined above, the JRF staff member shall immediately refer the grievance to the Supervisor/OIC on duty, who shall follow the steps as outlined above.
- c. That the receiving JRF staff member is not the subject of the grievance.
 - i. If the receiving JRF staff member is the subject of the grievance, he/she shall select another staff member to attempt resolution.
 - ii. If the receiving JRF staff member is not the subject of the grievance, he/she shall attempt to resolve it.
- 3. The JRF staff member assigned to handle the grievance will attempt to handle the grievance at the lowest form possible.
- 4. The JRF staff member will interview all parties involved and document their findings and record whether the grievance was resolved, or needs to be forwarded to the Supervisory level, by the end of their shift. JRF staff shall include a written response to the grievance as well as the reasons for the decision.
- 5. If the grievance was unresolved, the JRF staff member handling the grievance will document how they attempted to resolve the grievance and why the matter is unresolved.
- 6. The JRF staff member will make a copy of the grievance and give the copy to the resident for their records and forward the original to the Supervisor/OIC on duty for the next level of review.

C. Supervisor/OIC on duty level review

- 1. Once the Supervisor/OIC receives the grievance form, they will attempt to resolve the grievance within 48 hours. If he/she is unable to accommodate this timeline, it will be forwarded to the next shifts Supervisor/OIC.
- 2. The Supervisor/OIC will interview all persons that they feel is appropriate or that the resident believes can provide relevant information on the subject of the grievance.
- 3. The resident may elect to be present to explain his/her version of the grievance to a person not directly involved in the circumstances, which led to the grievance.
- 4. The Supervisor/OIC shall include a written response to the grievance as well as the reasons for the decision.
- 5. If the grievance is **resolved**: The Supervisor will forward the grievance form and a report of settlement, including pertinent information and reasons for the decision to administration to be placed in the grievance binder.
- 6. If the grievance is **unresolved**: The Supervisor will forward the grievance and all pertinent information, along with their findings and reason for their decision, to the Facility Director.

D. Director level review

1. The Director will review the material, interview appropriate persons, and will attempt to render a decision including pertinent information and reasons for the decision within 72 hours of receiving the Grievance form.
2. The decision of the Director will be **final**.
3. Once the final decision is made, the original grievance form will be placed in the Grievance Binder.

IV. REPORTING SEXUAL ABUSE AND SEXUAL HARASSMENT

A. JRF will provide multiple ways for residents to privately report sexual misconduct, retaliation for reporting misconduct, and staff neglect of responsibilities contributing to misconduct.

1. Residents who are victims of or have knowledge of sexual misconduct should immediately report the incident either verbally or in writing to a staff member (Juvenile Detention Officer, Probation Officer, supervisor, teacher, mental health therapist, psychologist, nurse, or any other adult in the building).
2. Residents may inform a parent/guardian, their attorney/legal representative, or other trusted adult during a visit, phone call or via written correspondence so that the responsible adult may initiate the report on behalf of the youth by contacting a department employee. Residents have reasonable and confidential access to their attorney's and parent/legal guardians. See Policy Section 5.6, Visiting Procedures.
3. Residents shall be provided at least one method of reporting abuse or harassment to a public or private entity that is not part of the agency and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
4. Residents may utilize the "locked box" grievance procedure to report sexual misconduct. This allows the resident a method to submit a report without alerting staff, as well as, permits the report to be submitted anonymously.
5. Grievance forms, pencils, and lock boxes are available in each of the housing units;
6. No time limits is imposed on submission of a information/grievance regarding sexual abuse or harassment ;
7. Youth are not required to attempt to resolve issue with staff;
8. Ensures that a grievance is not referred to a staff member who is the subject of the complaint;
9. Designated supervisory staff will process such grievance as a high priority in accordance with established facility procedures regarding allegation of misconduct, and notify the Division Director /PREA Coordinator;
10. If a resident is at substantial risk of imminent sexual abuse, staff will take immediate action to protect the youth and ensure the report is

forwarded to the JRF Director without delay and;

11. Residents may not be punished for filing a grievance unless it was filed in "bad faith." A report of sexual abuse 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 allegation.

REPLACEMENT HISTORY:

Created: 10/4/2013

Revised: 1/16/2014; 5/8/2014; 5/21/2016; 12/20/2018

REFERENCES

- Minimum Standards for Juvenile Facilities, Title 15 Section: 1361
"Grievance Procedures"

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.10.1	PREA	SECTIONS: 1350.5, 1453	1 of 18

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility (JRF) to possess zero tolerance towards all forms of sexual abuse and sexual harassment. The probation department recognizes that prevention of youth sexual assault and abuse is a core component of facility security operations. The purpose of this policy is to outline the JRF's approach to prevention, detection, reporting and responding to such conduct. The JRF will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action and refer for investigation and prosecution those who perpetrate such conduct.

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PROCEDURES

I. DEFINITIONS AND ABBREVIATIONS

A. **Prison Rape Elimination Act (PREA) of 2003 (42 U.S.C. 147):** Prison Rape Elimination Act of 2003 supports the elimination, reduction and prevention of nonconsensual sex, abusive sexual contact and staff sexual misconduct within corrections systems; mandates national data collection efforts; applies to all federal, state and local prisons, jails, police lockups, juvenile facilities, and community setting such as residential facilities.

B. **Sexual Abuse** includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, and sexual harassment as defined below.

1. **Sexually Abusive Contact**-touching without penetration of the genitalia, anus, groin, breast, inner thigh, or buttocks, either directly or through clothing, of another person.
2. **Sexually Abusive Penetration**-contact between the penis and vagina or the penis and anus; contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger or other object.
3. **Indecent Exposure**-the display by a staff member of his/her genitalia, buttocks, or breast in the presence of a youth.
4. **Voyeurism**-an invasion of a youth's privacy by a staff member unrelated to official duties, such as peering at a youth who is showering or undressing in his or her room or requiring a youth to expose him or herself for reasons unrelated to official duties.
5. **Sexual Harassment**- repeated verbal statements, comments, or behaviors of a sexual nature to a youth by any individual including

threats, extortion, bribery, demeaning references to gender, derogatory comments about body or clothing, or profane or obscene language, gestures, or written comments.

C. **Juvenile Sexual Misconduct:** Any behavior or act of a sexual nature, either consensual or nonconsensual between juveniles. Completed, attempted, threatened, or requested sexual acts are included.

D. **Staff Sexual Misconduct:** Any Behavior or act of a sexual nature, either consensual or nonconsensual, directed toward a juvenile by an employee, volunteer, official visitor, or agency representative. Such acts include intentional touching of the genitalia, groin, anus, breast, inner thigh or buttocks with the intent to abuse, arouse, or gratify sexual desire and occurrences of indecent exposure, invasion of privacy, or voyeurism for sexual gratification. Completed, attempted, threatened, or requested sexual acts are included.

E. **Zero Tolerance Policy:** Consensual sex between juveniles is not allowed in JRF and will be addressed by facilities' disciplinary processes. All allegations of nonconsensual sex, abusive sexual contact, staff sexual misconduct and juvenile sexual misconduct shall be investigated, and if applicable, criminal charges may be filed.

II. GENERAL PROVISIONS

A. It is the policy of JRF to ensure that any form of sexual activity between youth or between youth and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited. Such conduct is subject to administrative disciplinary sanction and may result in criminal prosecution.

B. Staff sexual misconduct is any behavior or act of a sexual nature directed towards a resident by an employee, volunteer, contact employee or visitor. Romantic relationships between staff and residents are included. Sexual acts consist of:

1. Intentional touching of the genitalia, anus, groin, breast, inter thigh, or buttocks with the intent to arouse or gratify sexual desire.
2. Completed, attempted, threatened, or requested sexual acts.
3. Occurrence of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
 - a. A room safety check is not considered an invasion of privacy for the purpose of this policy.

C. Youth detained in JRF cannot give consent to engage in sexual behavior under this policy, regardless of the youth's age.

- D. Retaliation against any youth or employee who reports or assists in the investigation of alleged sexual abuse is strictly prohibited and is grounds for disciplinary action up to and including termination of employment.
- E. Staff Sexual Harassment is any repeated verbal statements or comment of a sexual nature to a resident by an employee, volunteer, contractor worker or official visitor. Behaviors may include:
 - 1. Demeaning reference to gender or derogatory comments about body or clothing.
 - 2. Repeated profane or obscene language or gestures.

III. PREA MANAGEMENT REQUIREMENTS

- A. The Department PREA Coordinator is responsible for oversight of all Prison Rape Elimination Act related activities. The JRF Director is the designated PREA Coordinator for the department, and will have sufficient time and authority to oversee compliance efforts. Duties include:
 - 1. Coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring in department facilities and programs;
 - 2. Maintain related statistics;
 - 3. Conduct audits to ensure compliance with department policy and PREA standards;
 - 4. Ensure that the JRF has a PREA Compliance Manager assigned to oversee site compliance efforts;
 - 5. Make certain that any private agencies or others who operate facilities, who have new or renewed contracts with the department, are in compliance with PREA standards.
- B. JRF Administration has identified, and will maintain an Institutional Supervisor to carry out the facility responsibilities and function as the facility PREA Compliance Manager.
 - 1. This designee will work with the department's PREA Coordinator to develop, implement and oversee facility efforts to comply with Federal standards as specified in the Prison Rape Elimination Act.
 - 2. Sufficient time will be allotted to this assignment to make every effort to protect youth against sexual abuse and harassment.

IV. PREVENTION

- A. In conjunction with the Department's Zero Tolerance mandate, JRF Administration will provide for adequate levels of direct supervision to protect youth against sexual abuse or sexual harassment. Refer to Policy Section 3.1, Staffing.
 - 1. The staffing level will comply, or exceed staffing ratios as determined by State of California's Title 15 regulations.
 - 2. The staffing plan will be strictly complied to except during limited and discrete exigent circumstance, and any deviation will be fully documented.

3. Exigent circumstance is defined as *any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of JRF.*
4. Staffing plans and staffing patterns will be evaluated as needed, but no less frequently than once each year to assess and document whether staffing adjustments are necessary.

- B. As possible, video surveillance systems will enhance, but not replace face-to-face direct supervision and monitoring by Juvenile Detention Officer Staff.
 1. Video records may be assessed and reviewed by supervisors/administration to validate compliance with policies and procedures.
 2. Any expansion of video surveillance systems and/or modification of existing facilities will take into account PREA concerns, and as possible, make design decisions to further protect residents against sexual abuse.
- C. Division Director and/or their designee will conduct and document unannounced rounds to ensure staff are in compliance with policies, procedures and expectations.
 1. Rounds will be conducted at least once during each Day Shift (6 am-2 pm), Swing Shift (2 pm-10 pm) and Graveyard Shift (10 pm-6 am).
 2. Staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless related to the legitimate operation functions of the facility.
 3. The unannounced rounds shall be documented in the control log book.
- D. Housing Units will identify, assess, and take reasonable steps to ensure that residents with special needs, (i.e. residents with disabilities and residents who are limited English proficient), are able to access all aspects of the departments' efforts to prevent, detect and respond to sexual abuse and harassment.
- E. Resident searches will be conducted by staff of the same sex, except in exigent circumstances. For more information and exceptions to this guiding principle, see Policy Section 4.4, Search of Residents, and Policy Section 5.2.6 Transgendered Residents.
- F. Residents will be allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when incidental to routine room checks.
- G. Whenever showers are occurring on the pod, a notice will be posted at the main hallway entrance notifying staff so when they enter the pod, they can

respond to the staff station and determine what gender residents are using the showers and position themselves accordingly.

V. HIRING PROBATION EMPLOYEES, CONTRACT WORKERS AND VOLUNTEERS

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- A. The Probation Department will not hire, promote, or contract with individuals who may have contact with youth if they have a history of certain sexual misconduct.
- B. After the initial application and interview process, the Probation Department will fingerprint and conduct criminal background record checks on all potential probation employees as part as the hiring process.
 1. This includes making an effort to contact all prior institutional employers for information on substantiated misconduct investigations, or resignations during pending investigations.
 2. A Review of local or state child abuse registry will be conducted as part of the standard background process (California Child Central Index CACI).
- C. The Probation Department prohibits hiring or promoting anyone who may have contact with residents who has:
 1. Engaged in sexual abuse in confinement settings;
 2. Engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse;
 3. Any incidents of sexual harassment will be closely evaluated and may disqualify candidates from employment/promotion opportunities.
 4. Been convicted of a felony offense in this or any other state/federal jurisdiction, or of any offense in any other state/federal jurisdiction which would have been a felony if committed in this state.
- D. Fingerprinting employees every five years will generate automatic notification from Department of Justice should an active employee be arrested/cited for criminal activity. This notice will allow the Department to keep record checks current and address any criminal contact.
- E. Criminal background checks, with fingerprints, will be conducted on JRF contract employees who will have contact on a recurring basis with JRF residents.
 1. Any exceptions to the felony conviction standard must be approved by the JRF Division Director. No exceptions to section C1 or C2 (above) will be made.
 2. Volunteers, guest speakers, and one-time visitors who are under direct and constant supervision by JRF Staff do not need to have criminal background checks completed, but must be escorted and under

supervision anytime they are in the secure detention facility. Staff must remain in the same room with, and within reasonable hearing distance of the volunteer/guest speaker/visitor.

VI. INTAKE SCREENING UTILIZING THE VULNERABILITY ASSESSMENT INSTRUMENT AND HOUSING ASSIGNMENT DETERMINATION

- A. Upon a resident's arrival at JRF, and periodically throughout a resident's confinement, staff shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.
- a. Staff shall ascertain information through conversations with the youth during the booking process as well as the following:
 - i. Medical and behavioral/mental health screenings;
 - ii. Classification assessment;
 - iii. Review of court records;
 - iv. Review of review of case files;
 - v. Review of facility behavioral records;
 - vi. Review of other relevant documentation from the youth's file
 - b. The *Vulnerability Assessment Instrument* takes into account the following information regarding a resident and is mandated per statute:
 - i. Prior sexual victimization or abusiveness
 - ii. Gender nonconforming appearance or manner; or identification as lesbian, gay or bisexual, transgender, queer, or intersex, and whether the youth may, therefore, be vulnerable to sexual abuse;
 - iii. Current charges and offense history;
 - iv. Age;
 - v. Level of emotional and cognitive development;
 - vi. Physical size and stature;
 - vii. Intellectual or developmental disabilities;
 - viii. Physical disabilities;
 - ix. The youth's perception of vulnerability; and
 - x. Any other specific information about the individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth.
- B. Admission Staff will use the *Vulnerability Assessment Instrument* to attempt to gauge the risk of victimization and/or sexually aggressive behavior. The overall risk score will be used to place residents with the probability for victimization or sexually aggressive behavior on *Room Alone (XXX) Status*.
- 1. XXX Status is a classification for juveniles signifying they are not to be housed in the same sleeping room with other juveniles.
 - 2. Separation reasons may include vulnerability to victimization; sexually aggressive behaviors; other specific information about individual residents that may indicate heightened needs for

supervision/safety precautions; or to ensure privacy for transgender youth to dress and perform bodily functions without residents of the opposite gender viewing them.

3. A review of the minor's file and any other available information will be considered when completing the *Vulnerability Assessment Instrument*.
4. If the staff member completing the *Vulnerability Assessment Instrument* has grounds to override the roommate status, as determined by the survey tool, the staff member shall specify the reasons in the "Override Documentation" area and obtain approval by the Shift Supervisor or Division Director to modify the XXX status.

- C. During the admission process each minor will be classified according to established Classification criteria. See Policy Section 5.3.6, Classification and Housing Assignments.
 1. The classification process and information obtained through completing the vulnerability assessment will be used to establish housing unit assignment and to increase employee's awareness of potential safety concerns.
 2. Housing assignment shall be made with the intent of separating victims and aggressors by unit and/or room.
 3. Under no circumstances shall those identified or confirmed as sexually aggressive be housed in the same room as individuals that have been identified as sexually vulnerable.
- D. Each minor admitted to JRF shall have a medical screening completed. This includes both a medical history and a screening of mental health. See the Pre-detention Medical Evaluation, page 203 of California Medical Forensic Group's Policy and Procedure Manual, Medical-Dental Care.
 1. At the initiation of medical services, Medical Practitioners are required to inform the resident of their duty to report, and the limitation of confidentiality unless precluded by Federal, State or local law.
 2. Medical and Mental Health practitioners are mandated to report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility. They must also report retaliation and/or any incidents of staff neglect that may have contributed to an incident or retaliation.
 3. Medical and Mental Health practitioners are also required to complete mandatory child abuse reporting as specified by law.
- E. Should the medical or mental health screening indicate that the juvenile has been sexually assaulted, is a potential victim, or potential victimizer, the health professional will take appropriate steps to ensure:

1. Proper documentation is completed, including Suspected *Child Abuse Report* if warranted;
2. The resident receives needed medical treatment/mental health services through CFMG;
3. If fitting, make a recommendation for any special housing needs;
4. Provide follow up care or services as suitable.

F. Room assignment shall be made to provide an environment for youth that is safe and secure. A JDO will speak with the resident, and review all known information to determine if any special housing considerations are needed.

G. A JDO will review all information, and use room assignment criteria to effect the best possible combination of residents assigned to a room. Should a resident at any time display behavior(s) that poses a threat to harm their roommate, a JDO will initiate a room change and place the resident in the appropriate housing.

VII. RESIDENT ORIENTATION AND EDUCATION

- A. During the resident's initial orientation, in addition to all other topics covered, staff are to provide age appropriate information to the intake regarding sexual misconduct. This information should be provided both verbally and in a written format in a language that is clearly understood by the juvenile.
- B. Information provided shall include, but not be limited to:
1. Department's zero tolerance stance
 2. Overview of what constitutes sexual abuse and harassment
 3. Prevention and Intervention
 4. Reporting incidents of misconduct
 5. Treatment and counseling
 6. Protection against retaliation
 7. Consequence of false allegation
- C. Staff will document verification of the resident orientation and education of PREA by completing the PREA Sexual Abuse Orientation Acknowledgement Form.
1. Staff will maintain the original signed acknowledgment form in the resident file.
 2. Key information will also be available to residents through posters, residents' handbooks or other written formats.
- D. For residents detained prior to the implementation of PREA, materials will be provided within 60 days by the JDO assigned to each resident in custody. The resident will sign the PREA Sexual Abuse Orientation Acknowledgement Form demonstrating that they have been provided the materials and confirm that they understand the materials.

- E. Staff shall provide residents' materials in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
 - 1. Steps shall include providing interpreters as necessary and appropriate.
 - 2. Resident interpreters will not be used to conduct orientations, assist in investigating misconduct allegations or communicate other *non-emergency* information to residents who are limited in English.

VIII. STAFF TRAINING AND EDUCATION

- A. JRF shall train all employees who may have contact with residents on:
 - 1. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response;
 - 3. Resident's right to be free from sexual abuse and sexual harassment;
 - 4. Resident's/employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment;
 - 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 - 6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - 7. How to detect and respond to signs of threatened and actual sexual abuse;
 - 8. How to avoid inappropriate relationships with residents;
 - 9. How to communicate effectively and professionally with residents; and
 - 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- B. After the initial PREA Training, refresher training will be provided every two years for JRF employees who have contact with youth.
- C. PREA Training shall be documented and records retained by the Department's Training Coordinator.

IX. VOLUNTEER AND CONTRACTOR TRAINING

- A. All JRF volunteers and contractors who have contact with residents will receive training on their responsibilities under the agency's sexual abuse and sexual harassment policy.
- B. All JRF contractors who have contact with residents will receive PREA training and shall be notified of JRF's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such

incidents. Documentation of training will be maintained by the Department's Training Coordinator.

C. All volunteers and one time visitors who have contact with residents will be notified about PREA and of JRF's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Documentation of training will be maintained by the Department's Training Coordinator.

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D. Should a volunteer and/or contractor be the first to receive a report that a resident has allegedly been sexual abused, they shall be directed to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Immediately notify a JDO or Supervisor.

X. REPORTING

A. JRF will provide multiple ways for residents to privately report sexual misconduct, retaliation for reporting misconduct, and staff neglect of responsibilities contributing to misconduct.

1. Residents who are victims of or have knowledge of sexual misconduct should immediately report the incident either verbally or in writing to a staff member (Juvenile Detention Officer, Probation Officer, supervisor, teacher, mental health therapist, psychologist, nurse, or any other adult in the building).
2. Residents may tell a parent/guardian, their attorney/legal representative, or other trusted adult during a visit, phone call or via written correspondence so that the responsible adult may initiate the report on behalf of the youth by contacting a department employee. Residents have reasonable and confidential access to their attorney's and parent/legal guardians. See Policy Section 5.6, Visiting Procedures.
3. Residents shall be provided at least one method of reporting abuse or harassment to a public or private entity that is not part of the agency and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
4. Residents may utilize the "locked box" grievance procedure to report sexual misconduct. This allows the resident a method to submit a report without alerting staff, as well as, permits the report to be submitted anonymously.
 - a. Grievance forms, pencils, and lock boxes are available in each of the housing units;
 - b. No time limits is imposed on submission of a grievance;
 - c. Youth are not required to attempt to resolve issue with staff;
 - d. Ensures that a grievance is not referred to a staff member who is the subject of the complaint;

- e. Designated supervisory staff will process such grievance as a high priority in accordance with established facility procedures regarding allegation of misconduct, and notify the Division Director /PREA Coordinator;
 - f. If a resident is at substantial risk of imminent sexual abuse, staff will take immediate action to protect the youth and ensure the report is forwarded to the JRF Director without delay and;
 - g. Residents may not be punished for filing a grievance unless it was filed in "bad faith." A report of sexual abuse 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 allegation.
- B. Staff should accept reports made verbally, in writing, anonymously, and from third parties:
1. Contact the Supervisor and/or Division Director
 2. Promptly document any verbal report.
- C. Staff who suspects a resident is being sexually abused or sexually harassed should contact their supervisor, or division director to submit a verbal and/or written report.
1. JRF will take all reasonable steps to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigation, from retaliation by other residents or staff.
 2. If an individual who cooperates with an investigation expresses fear of retaliation, measures will be taken to protect the individual against retaliation. Protections measures may include, but are not limited, to housing changes/transfers, removal of alleged staff or resident abusers from contact with victim(s), and emotional support services.
 3. Following a report of sexual abuse, JRF Supervisors shall monitor the conduct or treatment of residents/staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff:
 - a. Monitoring shall be conducted for at least 90 days following a report of sexual abuse, and will continue beyond 90 days if the initial monitoring indicates a continuing need. (Monitoring may terminate if allegation is determined to be unfounded. Monitoring will terminate when the resident is released from the facility).
 - b. Monitoring includes:
 - i. Periodic status checks
 - ii. Review of any resident disciplinary reports
 - iii. Housing changes

- iv. Resident program changes
- v. Negative staff performance reviews
- vi. Staff reassignments/changes in duties
- c. If the supervisor detects changes that may suggest possible retaliation by resident or staff, Administration shall promptly be notified and steps taken to remedy any such retaliation.
- 4. Retaliation against juveniles who refuse to submit to sexual activity, intimidation of a witness or intimidation against reporting a sexual complaint is prohibited and shall be referred for Administrative Investigation and/or to local law enforcement for criminal prosecution.
- 5. Employees who fail to report incidents of abusive sexual contact, staff or juvenile sexual misconduct, if found negligent for not reporting, shall be held accountable and receive internal discipline and possible criminal prosecution.

XI. OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

- A. In accord to Department Policy, staff must immediately report knowledge, suspicion, or information regarding sexual misconduct that occurs in the facility, and/or staff neglect or violation of responsibilities that may have contributed to sexual misconduct.
- B. If any nonconsensual sexual activity/contact is reported to an employee, or is observed by an employee, the employee shall:
 - 1. Immediately separate the alleged victim and the perpetrator;
 - 2. Notify the Division Director;
 - 3. Preserve and secure any crime scene until released by law enforcement;
 - 4. Notify Medical and Mental Health staff to provide services to the victim;
 - 5. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff should request the alleged victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;
 - 6. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff should ensure as much as possible, that the alleged abuser not take any actions that could destroy physical evidence (same actions described in B5);
 - 7. Collect any physical evidence not contained in the crime scene in coordination with, and at the direction of local law enforcement and;
 - 8. Document the incident on a Special Incident Report, or as directed by the PREA Compliance Manager/Division Director.
- C. Staff must comply with mandatory child abuse reporting laws. See Policy Section 5.8.4, Reports and Documentation.

- D. All investigation shall be kept confidential. Staff are not to discuss information related to sexual abuse investigations apart from mandatory reporting obligation and disclosures to supervisors or others pursuant to Departmental policy and instructions received from persons involved conducting the criminal or administrative investigation.

XII. INVESTIGATION AND EVIDENCE COLLECTION

- A. All allegations of sexual abuse or sexual harassment will be administratively and/or criminally investigated.
1. All allegation of sexual abuse or sexual harassment will be reviewed by the JRF Director.
 2. In situations that require further actions, (e.g. an internal investigation or referral to a local law enforcement agency) the matter will be addressed in a timely manner.
 3. The JRF Director, or designee, will promptly report the allegation of sexual abuse to:
 - a. The Assistant Chief Probation Officer;
 - b. The victim's parents/legal guardian;
 - c. If the juvenile is under the guardianship of the child welfare system, the agency will report the incident to the minor's welfare worker instead of the parent/legal guardian and;
 - d. If the victim is under the juvenile court jurisdiction, the juvenile's attorney/legal representative will be notified within 14 days.
- B. If the allegation does not appear to involve criminal conduct, the department will complete an objective investigation, following the department's protocol for conducting Administrative Investigations. See Probation Department Administrative Policy on Complaints Regarding Employee Misconduct. See Shasta County Probation Department Citizens' Complaints policy.
- C. Administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse.
- D. Allegations which involve criminal conduct will be forwarded to Redding Police Department or other appropriate law enforcement agency with legal authority to conduct a criminal investigation.
- E. All such law enforcement referrals will be documented.
- F. The department will cooperate fully, within our legal limits, with any law enforcement agency's criminal investigation.
- G. Investigations regarding sexual abuse/misconduct will not be terminated solely based on:
1. The source of the allegation recants the allegation
 2. The alleged victim or juvenile abuser is released from the facility

3. The alleged staff abuser resigns/departs the facility

- H. If the alleged incident did not occur at JRF, but while the resident was confined at another facility, the JRF Director (or designee) will contact the Administrator of the facility where the abuse occurred within 72 hours of discovery, and notify the appropriate investigating agency of the alleged sexual abuse incident. All such contacts will be documented.
- I. Should another agency contact JRF to notify the Department of an allegation of sexual abuse/misconduct which occurred while the youth was detained in our facility, the standard investigative procedures will be followed (as applicable) to ensure the incident is fully and thoroughly investigated.
- J. Following a resident's allegation that a **staff** has committed sexual abuse against the resident, the department shall subsequently inform the resident (unless allegation is determined to be unfounded) whenever:
1. The staff is no longer posted on the resident's Pod;
 2. The staff is no longer employed at the facility;
 3. The department learns that the staff has been indicted on a charge related to the alleged sexual abuse within the facility;
 4. The department learns that the staff has been convicted on a charge related to the alleged sexual abuse within the facility.
- K. Following a resident's allegation that he or she has been sexually abused by another **resident**, the department shall subsequently inform the alleged victim whenever:
1. The department learns that the alleged abuser been indicted on a charge related to the alleged sexual abuse within the facility; or
 2. The department learns that the alleged abuse has been convicted on a charge related to the alleged sexual abuse within the facility.
- L. The above reporting or attempted notification to resident(s) shall be documented in JALAN case notes. The department's obligation to report shall terminate if the resident is released from the department's custody.
- M. Following the completion of an Administrative or Criminal investigation involving sexual misconduct/abuse, the resident will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the department did not conduct the investigation the Division Director (or designee) will request the relevant information from the investigative agency in order to inform the resident of the outcome (substantiated, unsubstantiated or unfounded).

- N. The Probation Department will retain all written sexual abuse/sexual misconduct investigations or documents for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention).

XIII. DISCIPLINE

- A. Staff shall be subject to disciplinary actions up to and including termination for violation agency sexual abuse or sexual harassment policies.
1. The standard of evidence required in determining whether an allegation of sexual abuse or sexual harassment is substantiated is a *preponderance of the evidence*.
 2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
 3. Disciplinary actions for violation of department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the actions imposed for comparable offenses by other staff with similar histories.
 4. All violations of sexual abuse or sexual harassment policies which appear to rise to the level of criminal conduct will be reported to law enforcement agencies.
- B. Residents who engage in sexual abuse are subject to disciplinary actions pursuant to criminal proceeding or through the JRF formal disciplinary process.
1. Any disciplinary actions commensurate with the nature and circumstance of the abuse committed, the resident's disciplinary history, and the actions imposed for comparable offenses by other residents with similar histories.
 2. Resident discipline will comply with applicable policy governing disciplinary sanctions. See Policy Section 5.8.3, Discipline.

XIV. MEDICAL AND MENTAL HEALTH CARE

- A. In-Custody sexual abuse victims shall receive, without financial cost, timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners at Shasta Regional Medical Center (SRMC), Mercy Medical Center or other designated hospital. SRMC utilizes a specific "rape room" and will be the preferred hospital where residents will be taken.
1. As part of Shasta County Sexual Assault Response Team (SART), SRMC and Mercy Hospital will contact the community based victim advocate "One Safe Place" upon a resident's arrival.

2. Residents who experience sexual abuse will be allowed access to forensic medical examination, where evidentiary or medically appropriate.
3. Such examination shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) when possible.
 - a. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
 - b. Efforts to provide SAFEs or SANEs examination shall be documented.
4. Medical treatment includes information about, and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.
5. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff should take preliminary steps to protect the victim and contact the on-call medical provider.

B. Probation staff shall attempt to make available to the victim a victim advocate from a rape crisis center or other qualified community based organization (One Safe Place).

1. Reasonable communication, in as confidential a manner as possible, between resident and this organization will be permitted.
2. Local, State, or national victim advocacy or rape crisis toll-free hotlines and mailing address will be made available to residents.

C. As requested by the victim, the victim advocate shall be contacted prior to transport and permitted to accompany and support the victim through the forensic medical examination process and investigator interviews and can provide emotional support, crisis intervention, information and referrals.

D. Victims of in-custody sexual abuse will be provided follow-up services, treatment plans, and (when necessary) referrals for continued care following transfer or release as deemed appropriate by medical personnel:

1. These services, at no cost to the victim, will be provided in a manner that is consistent with the level of care the resident would receive in the community.
2. Victims of sexual abuse will not be denied treatment for failure to name the abuser, or cooperate in the investigation arising out of the incident.

XV. DATE COLLECTION AND REVIEW

A. Any Special Incident Reports that allege nonconsensual sex, abusive sexual contact or staff misconduct, shall be collected by the Division Director, or his/her designee.

- B. The department will collect accurate data, using the Survey of Sexual Violence Summary form.
- C. All data will be collected on the Sexual Misconduct Statistical Report Form and will be securely retained for at least ten years, after the date of its initial collection.
- D. The data collection will contain all the data required to complete the Survey of Sexual Violence conducted by the Department of Justice's Bureau of Juvenile Statistics.
- E. JRF Director (or designee) shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by PREA of 2003.
- F. Upon request, the department can provide such data from the previous year to the Department of Justice no later than June 30.
- G. The purpose of the annual data collection is to identify problem areas, and to take corrective action on an ongoing basis.

XVI. SEXUAL ABUSE INCIDENT REVIEW TEAM

- A. A Sexual Abuse Incident Review will be conducted at the conclusion of every sexual investigation (except those investigations determined to be unfounded).
- B. The Review Team will conduct the review within 30 days of the conclusion of the investigation.
- C. The Review Team will include:
 - 1. The Department PREA Coordinator (JRF Facility Director);
 - 2. The PREA Compliance Manager (Supervisor Collateral Duty)
 - 3. The Investigator;
 - 4. Medical and/or Mental Health Administrator as deemed appropriate;
 - 5. Other Department Administrator or line supervisor as needed based on the individual circumstance of the incident.
- D. The Review Team will consider if:
 - 1. Policy or procedure changes are warranted;
 - 2. Individual or group dynamics motivated or caused the situation to develop;
 - 3. After review of the physical layout where the abuse occurred, consider possible modifications to physical barriers which may have enable the abuse;
 - 4. Assess the adequacy of staffing levels and;

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

E. The Review Team will prepare a report for the PREA Coordinator (JRF Director) of the teams' findings, with any recommendations.

1. PREA Coordinator will retain a copy of the report
2. The PREA Coordinator will document recommendations that were implemented, and reason why others recommendations were not followed.

REPLACEMENT HISTORY:

Created: 10/1/2013

Revised: 11/25/2013; 1/16/2014, 5/11/2014; 6/1/2015, 12/20/2018

REFERENCES

- Title 28 of the Code of Federal Regulations, Part 115, Prison rape Elimination Act. (http://www.ojp.usdoj.gov/programs/pdfs/prea_ria.pdf)
- Section 209 of the Welfare and Institutions Code
- Section 210 of the Welfare and Institutions Code
- Section 885 of the Welfare and Institutions Code

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.10.2	Sexual Harassment	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide for a work environment that is free from unwelcome sexual overtures and related harassment.

PROCEDURES

I. GENERAL INFORMATION

- A. Policy governing the sexual harassment of employees in the workplace can be found in the County Personnel Rules, as well as Section 3.3.7, Sexual Harassment, in this policy manual.
- B. Policy governing the sexual abuse and harassment of residents can be found in Section 5.10.1, PREA, in this policy manual.

REPLACEMENT HISTORY:

Created: 1/20/2015
Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.11.1	Access to Medical Services	SECTIONS: 1411, 1433	1 of 7

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all staff shall ensure that proper medical care for the residents in custody, general or emergent, is arranged, administered and reported. No youth is to be denied medical attention. All residents shall have the ability to request medical, dental, and behavioral/mental health care services in a verbal or written form.

Further, established procedures regarding the dispensing of medications, both over the counter (OTC) and prescription, shall be followed by all staff.

PROCEDURES

I. GENERAL INFORMATION

- A. The Shasta County Juvenile Rehabilitation Facility currently contracts with California Forensic Medical Group (CFMG) for medical services.
 1. Contact Information
 - a. Medical Phone: 225-5829
 2. On-Duty Hours: Mon through Fri, 0700-1500.

- B. CFMG Medical Staff, comprised of registered nurses, physicians, and physician assistants, a MFT, a Psychiatrist, and Psychologist shall provide routine medical care for all residents in custody.

- C. Any medical care that cannot be performed by CFMG staff will be referred to outside providers.
 1. Non-emergent care shall be referred by CFMG staff, who will select providers and schedule appointments.
 2. CFMG staff shall advise the Supervisor on duty of scheduled appointments, who will then make transport arrangements.

- D. If the medical condition is deemed an emergency (compromised airway, breathing difficulty or uncontrollable bleeding), staff may contact 911 and request an emergency medical response prior contacting or notifying CFMG staff.

- E. In the event that a resident must be transported to a hospital for emergency care, staff may use Emergency Rooms located at either Mercy Medical Center or Shasta Regional Medical Center (SRMC), taking the

following into consideration:

1. For pregnant residents, Mercy Medical Center due to their having the only birthing center and Level 3 Neo-Natal Intensive Care Unit.
2. For residents requiring a forensic examination due to sexual assault, a Sexual Assault Response Team (SART) is only available at SRMC.
3. For residents requiring a 5150 evaluation or mental health response, Mercy Medical Center is preferred but SRMC can also provide the services.
4. For general medical clearance or services, either hospital may be used.

II. MEDICAL SERVICES REFERRAL PROCEDURE

A. Medical Consent

1. Verbal Consent of Parent/Guardian
 - a. During booking, when the parent or guardian of a resident is contacted for the purpose of notification and the residents allotted phone call, the booking officer shall obtain verbal medical consent to have CFMG staff provide routine medical care as described in the booking post orders.
2. Written Consent
 - a. The written consent to provide medical treatment is typically captured during visiting, with a copy retained in a binder at the reception station, and the original being forwarded to Medical.

B. Resident Request for Medical, Dental, and Behavioral/Mental Health Care Services

1. A resident may request medical, dental, and behavioral/mental health care services both verbally and in writing.
 - a. Staff shall assist residents that have language or literacy barriers to requesting care.
2. If a resident verbalizes that they have a medical, dental, and behavioral/mental health issue, staff may contact control to request on-duty medical staff be notified of the medical request and respond to the pod if they feel the medical need requires immediate attention.
 - a. If the medical need does not require immediate attention, staff may fill out a written request for contact on the resident's behalf, or require the resident to complete the form. The staff shall then place it in the confidential box, or arrange for a float to hand deliver it to medical.
3. All residents have the right to confidentially submit a request for medical services. Staff shall not interfere with this right, unless a safety and security concern exists that prevents the officer from providing a pencil to the resident.
 - a. In these instances, staff shall provide the pencil and form to the resident as soon as possible after the behavior that created the safety and security concern resolves.
4. All medical, dental, and behavioral/mental health care requests shall

be documented and maintained.

C. Staff Request for Youth Medical, Dental, and Behavioral/Mental Health Care Services

1. 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.
2. When a need for health care is observed, staff shall advocate for medical, dental, and behavioral/mental health services if the need appears to be urgent.

III. PASSING OUT MEDICATIONS

A. Passing Out OTC Medications

1. The only medications that may be passed by facility staff without prior medical approval is individually packaged non-aspirin packets and Antacid packets. These are located in the Medical Screening Rooms on the pods, along with a binder for staff to enter information to track the medication being given out.

B. Passing Out Prescription Medications

1. Prescription medication is passed to residents as directed by medical staff.
2. The standard times for medication pass is 0700, 1200, and 1900 hours.
 - a. If the delivery of a medication to a resident is prescribed to take place outside of these standard times, medical staff shall insure that juvenile detention officers are advised of the ordered times.
3. During times when medical staff are not on-duty, medications shall be passed by the Supervisor or OIC on-duty, or their designee.
4. Officers passing medications shall access the medical cart, which is stored in the medical screening room of the designated pod. Officers can unlock the medication cart using the key that is included on every Supervisor/OIC keyset.
5. Officers will review the Medication Administration Record (MAR) to obtain information indicating which residents are to be passed medication, the type of medication, the dosage, and whether or not it is in a blister pack, the residents own supplied medication bottle, or another type of packaging.
6. Officers shall carefully follow the instructions on the MAR sheets.

C. Medication Cart

1. The medication cart shall not be left unattended anytime that the drawers are unlocked or if medications are on the top of the cart.
2. Residents shall only be allowed to approach the medication cart if a staff member is at the cart.
 - a. Only one resident at a time may approach the cart.
 - b. The resident at the cart shall be under constant visual supervision

- by the officer manning the cart.
3. The officer manning the medication cart shall insure that all drawers are closed and that the cart is locked prior to securing it back into the medical screening room.

IV. CONTACT WITH ON-CALL MEDICAL PROVIDER

- A. Residents and staff shall have the opportunities available 24-hours per day to communicate the need for emergency medical and behavioral/mental health care services.
- B. Only the Supervisor on Duty/OIC shall contact the on-call medical provider, unless exigent circumstances dictate that responsibility be delegated to another officer.
- C. The Supervisor on Duty/OIC shall gather all the information and facts related to the incident prior to contacting the on-call medical provider.
 1. If contacting the on-call medical provider is delegated to another officer, the Supervisor on Duty/OIC is responsible for insuring that all the information is provided to that staff member.
- D. The phone call shall be logged in the Central Control Log Book, indicating the time the call was made, the provider, the officer making the phone call, and a brief narrative of the discussion and orders given.
- E. Each time the on-call medical provider is contacted, the Report of Contact with Medical On-Call Provider form (Located in the MARS Binder) shall be completely and accurately filled out by the staff initiating the phone call.
 1. A copy of this form shall be attached to any SIR or report related to the incident.
 2. The original form shall be routed to medical.
 3. A copy of this form shall be placed in the MARS binder if ongoing medication is ordered.

WEEKEND & HOLIDAY MEDICATION ADMINISTRATION RECORD as Ordered by the On Call Provider (see reverse)

List Medications in boxes below, describe medication name, strength (mg) and frequency (times a day) as ordered by On Call Provider (see reverse). Fill in the dates to be given in the boxes to the right. If more than four medications, or more than four days, use another sheet. If a medication is refused or not given, print why (i.e. refused, released, out of med, etc.) in the box and initial that box.	Date	Date	Date	Date
	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.
	AM			
	N			
	PM			
	AM			
	N			
	PM			
	AM			
	N			
	PM			
	AM			
	N			
	PM			

Allergies: _____ DOB: _____ Name: _____

REPLACEMENT HISTORY:

Created: 7/24/2014

Revised: 10/30/2014

12/7/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.11.2	Access to Mental Health Services	SECTIONS: 1411	1 of 5

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all staff shall ensure that proper mental health care and treatment for the residents in custody, general or emergent, is arranged, administered and reported. No child is to be denied mental health treatment. All residents shall have the ability to request mental health services in a verbal or written form.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy addresses mental health services in general. For situations involving suicidal behavior, refer to Section 5.12, Suicide Prevention.
- B. The Shasta County Juvenile Rehabilitation Facility currently contracts with California Forensic Medical Group (CFMG) for medical services.
 1. Contact Information
 - a. Medical Phone: 225-5829
 2. On-Duty Hours: Mon through Fri, 0700-1500, except for holidays.
- C. CFMG Medical Staff employs physicians, a MFT, and Psychologist to provide mental health treatment and care to all residents in custody.
- D. Private practices mental health providers may enter the facility to provide counseling and therapy. Families may work with their assigned probation officer, and CFMG staff to make appropriate arrangements.
- E. Any mental health care and treatment that cannot be performed by CFMG staff will be referred to outside providers.
 1. Non-emergent care shall be referred by CFMG staff, who will select providers and schedule appointments.
 2. CFMG staff shall advise the Supervisor on duty of scheduled appointments, who will then make transport arrangements.
- F. If the mental health condition is deemed emergent, staff may be directed by CFMG staff to transport the resident to the emergency room at SRMC to receive a psychological evaluation.

II. MENTAL HEALTH SCREENINGS, EVALUATION or TREATMENT

- A. The need for mental health services may be triggered at several points through a resident's stay in the JRF.
 - 1. During the booking process, there are questions on the Medical Pre-Screening form that indicate if a mental health evaluation is necessary.
 - 2. Parents/Guardians may drop off mental health medications that prompt medical staff to review the resident's condition.
 - 3. During the Physical Assessment that medical staff conducts on residents who are projected to remain in custody longer than 96 hours.
 - 4. Requests for services that are located on the Pod may be completed by residents, or by staff on their behalf.
 - 5. Residents may verbally ask for services, or display behaviors that prompt officers to seek an evaluation by medical staff.
 - 6. In extreme cases, a resident's behavior may cause an SIR to be generated that indicates to medical staff the need for a mental health evaluation or treatment.

III. CONTACT WITH ON-CALL MEDICAL PROVIDER

- A. If a resident is booked with medication, or a parent/guardian drops off medication, staff shall contact medical or the on-call medical provider if they are off duty to approve or deny the medication.
- B. Only the Supervisor on Duty/OIC shall contact the on-call medical provider, unless exigent circumstances dictate that responsibility be delegated to another officer.
- C. The Supervisor on Duty/OIC shall gather all the information and facts related to the incident, if applicable, prior to contacting the on-call medical provider.
 - 1. If contacting the on-call medical provider is delegated to another officer, the Supervisor on Duty/OIC is responsible for insuring that all the information is provided to that staff member.
- D. The phone call shall be logged in the Central Control Log Book, indicating the time the call was made, the provider, the officer making the phone call, and a brief narrative of the discussion and orders given.
- E. Each time the on-call medical provider is contacted, the Report of Contact with Medical On-Call Provider form (Located in the MARS Binder) shall be completely and accurately filled out by the staff initiating the phone call.
 - 1. A copy of this form shall be attached to any SIR or report related to the incident.
 - 2. The original form shall be routed to medical.
 - 3. A copy of this form shall be placed in the MARS binder if ongoing medication is ordered.

WEEKEND & HOLIDAY MEDICATION ADMINISTRATION RECORD as Ordered by the On Call Provider (see reverse)

List Medications in boxes below, describe medication name, strength (mg) and frequency (times a day) as ordered by On Call Provider (see reverse). Fill in the dates to be given in the boxes to the right. If more than four medications, or more than four days, use another sheet. If a medication is refused or not given, print why (i.e. refused, released, out of med, etc.) in the box and initial that box.	Date	Date	Date	Date
	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.	/ / Sign in the boxes below when a med is administered.
	AM			
	N			
	PM			
	AM			
	N			
	PM			
	AM			
	N			
	PM			
	AM			
	N			
	PM			

Allergies: _____ DOB: _____ Name: _____

REPLACEMENT HISTORY:

Created: 1/22/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL				
SECTION:	SUBJECT:	CORRESPONDING TITLE 15	Policy No.	PAGE:
5.11.4	Access to Legal Services	SECTIONS: 1377		1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to protect the right of each resident to have access to the courts and legal services. These rights include: Reasonable and appropriate access to their attorneys, the attorneys authorized representatives, probation officers, and the Juvenile Court Judge via telephone, mail correspondence, and visits.

GENERAL INFORMATION

I. DEFINITIONS

- A. Reasonable and appropriate access is defined as access that occurs at a time that does not detract from the safety and security of the facility and does not infringe or interfere with the operation of the facility.
1. Examples of times that detract from the safety and security of the facility may include, but are not limited to:
 - a. The resident is exhibiting behavior that is escalated, threatening towards staff or others, or otherwise indicates that they may pose a physical danger if allowed out of their room to a less secure area of the facility to facilitate attorney contact.
 2. Examples of times that would infringe or interfere with the operation of the facility may include, but are not limited to:
 - a. When staff are supervising a necessary group activity, such as showers, meal service, or school and cannot immediately allow a resident to make a phone call to their attorney without compromising their supervision of the group at that time.
 3. Any youth 15 years of age or younger must consult with legal counsel in person, by telephone, or by video conference prior to a custodial interrogation and before waiving any rights. This does not apply to the admissibility of statements of a youth 15 years of age or younger if the officer who questions the youth reasonably believes the information he/she sought was necessary to protect life or property from imminent threat, and the officer's questions were limited to those questions that were reasonably necessary to obtain that information. Additionally, a probation officer need not comply in the normal performance of his or her duties.

II. GENERAL GUIDELINES

- A. Residents shall be provided with unlimited, postage-free legal correspondence and cost-free telephone access as is appropriate.

- B. Residents may fill out a Request for Contact form on the Pod as an alternate means of contacting their attorney.
 - 1. The Supervisor on Duty/OIC who retrieves the Request for Contact shall take steps to notify the attorney, either via email, telephonic message, or by requesting assistance from the assigned probation officer.

ATTORNEY PHONE CALLS

- A. Booking Phone Call
 - 1. Pursuant to Section 627 of the California Welfare and Institutions Code, a resident shall be advised of his right to make a completed phone call to his attorney, at public expense if the calls are completed to telephone numbers within the local calling area.
 - 2. These calls must be made in the presence of the booking officer.
- B. Additional Phone Access to Attorney or other Legal Service Providers
 - 1. The resident telephones, located on the Pods, is available at approved times for the residents to use to contact their attorneys.
 - 2. Attorney numbers are programmed into the phones in such a manner that the phone calls will be made free of charge.
 - 3. If a resident reports to a officer that their number to contact their attorney is not working, that officer shall report the circumstances to the Supervisor on Duty/OIC as soon as possible.
 - a. The Supervisor on Duty/OIC shall take steps to assist the resident in completing a phone call.

III. CORRESPONDENCE WITH ATTORNEYS AND LEGAL SERVICE PROVIDERS

- A. Residents shall have unlimited opportunity to correspond with their attorney, legal service providers, probation officer, or the Courts as appropriate.
- B. All attorney letters shall be mailed by the facility at public expense.
- C. This can freely occur during any program time offered in the dayroom.
- D. Residents may request to write letters outside of programming time so long as it is within the definition of reasonable and appropriate access as stated above.
- E. Letters to attorneys, legal service providers, probation officers or the Court are confidential. The resident shall be allowed to seal the letter in an envelope and address it, with the assistance of the officer providing supervision if necessary.
 - 1. Facility staff shall take steps to insure that the letter is addressed properly.
 - 2. If the officer has reason to believe that the letter is being addressed to

someone other than an attorney, legal service provider, probation officer or the Court, that officer shall notify the Supervisor on Duty/OIC and provide them with their concerns.

- F. Policy guiding staff in the procedures to follow when legal correspondence is received is located in Section 5.4.10, Resident Mail.

ATTORNEY VISITS

- A. Attorneys shall only be allowed to visit their clients in Visiting.
- B. Attorneys are authorized to visit their clients any day, between the hours of 0600 and 2200, except during the following times:
1. 1100 – 1200 hours.
 2. 1330 – 1430 hours.
 3. 1645 – 1745 hours.
- C. All residents who are classified as Administrative Separation II and Maximum Security Risk shall visit in the NC2-406 “no contact II” visiting room.
1. A dedicated staff shall maintain direct visual supervision of the resident at all times the resident is in the no-contact II visiting room.

***To facilitate court transports, those residents who have court at 0830 hours shall have their attorney visits completed by 0820 hours. Those residents who have court at 1330 hours shall have their attorney visits completed by 1320 hours.*

PROCEDURES

I. SUPERVISING ATTORNEY VISITS

- A. Attorney visits are confidential. An officer does not need to be present supervising the visit. If there is a classification issue necessitating a security presence to provide for the safety of those present for the attorney visit, then the NC2-406 visiting room shall be used.
- B. Use of Non-Contact Visiting
1. If the resident’s classification is Administrative Separation 2 or Maximum Security Risk, they are required to utilize the visiting room NC2-406, which has a safety screen in place between the resident and attorney. The attorney shall be notified at the time of the visit.

REPLACEMENT HISTORY:

Created: 12/1/2014
Revised: 2/20/2018

REFERENCES

7.2 COURT TRANSPORTS

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
5.12	Suicide Prevention	SECTIONS: 1328, 1329	1 of 10

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide for the emotional care and stability of its residents. Staff shall be trained to assess the potential for emotional instability or harmful behavior of a resident as well as providing or arranging for adequate care. Staff shall receive training through their initial 88 hours of facility orientation/training, completing Juvenile Corrections Officer Core Course, and any additional training as assigned.

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In concert with the JRF Contracted Medical Provider, the Suicide Prevention Plan shall include the following elements: identification, training, assessment, monitoring, housing, referral, trauma-informed approaches, communication, intervention, notification, documentation, reporting and review.

PROCEDURES

I. GENERAL INFORMATION

- A. Suicide is the second leading cause of death among youth. It occurs out of intense feelings of isolation, humiliation, parental deprivation, depression, current or past traumatic experiences, and lack of self worth. These factors are likely to be prevalent among minors held in a juvenile detention facility. Early identification of suicide risk minors and immediate intervention strategies could save lives. This policy is intended to balance the need for protective interventions while preventing the segregation of such youth.
- B. experiences, and lack of self worth. These factors are likely to be prevalent among minors held in a juvenile detention facility. Early identification of suicide risk minors and immediate intervention strategies could save lives. This policy is intended to balance the need for protective interventions while preventing the segregation of such youth.
- C. Definitions
 - 1. Suicide Risk
 - a. Residents who are not actively suicidal but have expressed suicidal thoughts and/or have a prior history of self-destructive behavior.
 - i. This classification is indicated by (...) on the Face Sheet.
 - ii. Residents who have been classified as Suicide Risk shall be classified as such during each and every subsequent booking unless removed from this status by the director or medical/mental health staff.
 - iii. These residents may be assigned standard issue clothing.
 - iv. These residents may be housed with a roommate unless additional classifications prohibit or at the discretion of staff.
 - v. Residents may not be denied the opportunity to participate in facility programs, services and activities which are available to

- other non-suicidal classification youth, unless deemed necessary for the safety of the resident or security of the facility.
- vi. Any resident deprived of a service, activity, or program based on the risk of suicide shall be documented and approved by the Division Director or designee.

2. Suicide Watch

- a. Residents who are actively suicidal either by threatening and/or engaging in the act of suicide or other self-destructive behavior, and/or through very recent suicide attempt.
 - i. This status requires the approval of the medical/mental health provider.
 - ii. A resident shall not be released from this status unless authorized by the medical/mental health provider.
 - iii. Once placed on this status, a resident shall be dressed in safety clothing (safety gown), unless directed otherwise by the medical/mental health provider.
 - iv. Residents on this status shall not be provided with standard issue bedding.
 - a) Approved bedding shall consist of a safety blanket.
 - v. Residents on this status shall be supervised one on one by an assigned detention officer.
 - vi. Residents on this status shall be housed in the safety room pursuant to Chapter 5.3.3 of this policy manual, or in the transition room as deemed appropriate by medical or the mental health provider.
 - a) If the Safety Room is already occupied or not available, the resident shall be supervised one-on-one in another holding cell in Booking.
 - b) At no time shall a resident on Suicide Watch be placed in the Visiting Sally Port for the purpose of supervision. This location is deemed to be inappropriate for a resident in crisis.
 - vii. Staff shall document their interventions, checks, and resident behavior as directed in the Monitoring and Reporting sections outlined below.

II. IDENTIFICATION

- A. Important signs that a resident may be suicidal include, but are not limited to:
 1. Threatening to hurt or kill themselves.
 2. Talking or writing about death, dying, or suicide (including in schoolwork, creative writing, and artwork).
 3. Expressing hopelessness, no reason for living, or having no sense of purpose in life.
 4. Withdrawing from friends, family or society.
 5. Having a dramatic change in mood (may even be a shift from being sad and depressed to happy, with a sense of resolve; often with no

- clear indication of how or why the shift in mood occurred).
6. Sleeping all the time or being unable to sleep.
 7. Recent death of a family member or friend.
 8. Facing extremely serious charges (either carrying lengthy prison sentence, an offense that attracts media attention, or that alienates family or loved ones).
- B. Screening to determine potential for suicidal behavior shall be done during the booking process, and at any time a staff member observes indicators or believes that a resident is displaying signs that they are depressed, suicidal or self harming.
- C. Screening during the booking process.
1. Prior to accepting a resident from the arresting officer for booking into the facility, the booking officer shall complete a Medical Pre-Screening form.
 - a. There are three questions on the Medical Pre-Screening that are meant to help the officer determine if a resident is suicidal or self harming. These are:
 - i. Does behavior suggest danger to self...?
 - ii. Have you ever thought of/attempted suicide?
 - iii. Do you feel suicidal now?
 - b. If a resident's answers to these questions are Yes, or if any other indicators are present that indicate suicidal or self harming behavior, then the officer shall:
 - i. If medical staff are on duty, summon them to booking to assess the resident and either clear them or reject the booking.
 - ii. If medical staff are not on duty:
 - a) Complete the Suicide Screening Form as outlined in the Assessment section below, and contact the on-call medical provider.
 - b) Staff shall follow the instructions of the on-call medical provider. If there are concerns, staff may contact the Supervisor on Duty/OIC or Director for further instructions.
 2. The booking officer gathers information from a variety of sources to assist in assessing suicide risk. This includes, but is not limited to the arresting officer, family members, medical and mental health personnel and facility staff.
 - a. Staff shall be trained on the process for screening youth for risk of suicide.
- D. Screening outside of the booking process.
1. Should staff become aware of indicators that a resident may be suicidal or self harming, the officer shall:
 - a. Ensure that staff provide one on one supervision while pursuing an assessment.
 - b. Notify the Supervisor on Duty/OIC.

- c. If medical staff are on duty, notify them and request an assessment and further instructions.
- d. If medical staff are not on duty:
 - i. Complete the Suicide Screening Form as outlined in the Assessment section below and contact the on-call medical provider.
 - ii. Staff shall follow the instructions of the on-call medical provider. If there are concerns, staff may contact the Supervisor on Duty/OIC or Director for further instructions.

III. STAFF TRAINING

- A. Facility staff receive initial training in Suicide Prevention during the 88 hour facility orientation (upon hire) Juvenile Correctional Officer CORE course, and additional training as assigned. Annual training that includes suicide prevention is provided by the Contract Medical Provider. Topics will include unique characteristics of detention, pre-disposing factors, trauma, high-risk suicide periods and signs and symptoms exhibited by the resident.

IV. ASSESSMENT

A. Medical Pre-Screening Form

- 1. The Medical Pre-Screening Form is a general health assessment that is conducted by an officer prior to accepting custody of a resident from the arresting officer. This form includes questions designed to identify and assess suicide risk.
- 2. The Medical Pre-Screening Form includes communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors, or attempts.
- 3. In addition to the referral process, medical staff shall conduct standard assessments on all new residents detained in the facility pursuant to JRF Contract Medical Provider guidelines.

B. Suicide Screening Form (See attached)

- 1. The Suicide Screening Form is designed to gather information from the resident that will help the officer, and medical/mental health staff to make a determination on the disposition of a resident who is believed to be suicidal or self harming.
- 2. The Suicide Screening Form should be used whenever circumstances lead an officer to believe that a resident may be suicidal or exhibiting signs that suggest the resident might participate in self-harming behavior, and medical/mental health staff are not on duty or available to respond.
- 3. Upon the completion of the Suicide Screening Form, staff shall communicate the documented responses to the on-call medical staff, obtain further instructions, and carry out those instructions.

V. INTERVENTION and MONITORING

A. Intervention

When signs of suicidal thoughts or ideation are recognized, it is extremely important that staff take steps to interact with the resident to provide reassurance and help, and to assess their risk. The following are some basic suggestions on interacting with residents in crisis:

1. Tell the resident that you are concerned and want to help.
2. Express empathy for the resident and what they are going through.
3. Encourage the resident to do most of the talking if they are able to.
4. Clearly state thoughts of suicide are common and that help is available.
5. Tell the resident that thoughts of suicide don't have to be acted on.
6. Listen to the resident and talk about some of the specific problems they are experiencing. Discuss healthy ways to deal with problems, which may seem impossible to cope with, but do not attempt to solve the problems yourself.
7. Do not use guilt or threats to prevent suicide.
8. Ensure that medical is notified, even if their immediate response is not necessary. All youth identified to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.

B. One on one supervision

1. Residents placed on Suicide Watch by medical staff shall be placed in a Safety Gown and supervised one on one by a core trained JDO.
2. Whenever a resident is placed on Suicide Watch with one on one supervision, the Supervisor on Duty/OIC shall ensure that an additional staff member is on duty than is required for the minimum staffing standards for the shift.
 - a. The Supervisor on Duty/OIC may order a staff member to remain on duty from the prior shift and/or call in an additional staff member or a probation officer who is already approved to work in the facility.
3. Staff providing one on one supervision shall make efforts to engage in appropriate counseling and interaction with the resident. Unless the resident is resting comfortably and desires to be left alone, officers should:
 - a. Attempt to calm and de-escalate the resident.
 - b. Speak in a comforting and calming voice.
 - c. Listen to the resident if they share or participate in conversation.
 - d. Attempt to provide supportive communication and gestures.
 - e. Attempt to emphasize positive thoughts and outcomes for the resident.

C. 15 Minute Room Checks

Residents placed on Suicide Risk by facility staff are subject to the same random or varied 15-minute room safety check as all other residents when outside of group supervision.

VI. HOUSING

- A. Residents placed on Suicide Risk may be housed in general population. Depending on the risk presented, the population on the pod, and the classifications assigned to the resident, staff may room them with a roommate.
- B. Residents placed on Suicide Watch shall be housed in the Safety Room or the Transition Room as deemed appropriate by mental health/medical staff with one-on-one supervision by a CORE trained JDO.
- C. Residents on "Step Up" shall be monitored in accordance with the specific instructions of medical/mental health providers.

VII. REFERRAL

- A. Residents exhibiting suicidal thoughts or ideation shall be referred by the witnessing officer for medical and/or mental health treatment as soon as practical.
 - 1. If medical/mental health staff are on duty, the referral shall be made immediately.
 - 2. If medical/mental health staff are off duty or unavailable, staff shall contact the on-call provider after completing the Suicide Screening Form. Staff shall follow up this telephone contact with a request for contact form to medical, or via a forwarded copy of a SIR.
 - 3. Referrals to treatment should include trauma-informed approaches.

VIII. COMMUNICATION and NOTIFICATION

- A. Pursuant to JRF Contract Medical Provider guidelines, pre-release planning will include advising parents or guardians of any concerns about suicidal ideation at the time of release, and will also include information for mental health follow-up in the community.
- B. Attempted suicides shall be reported to medical staff during the initial response. Additional reporting shall occur to the Facility Director, Assistant Chief Probation Officer, and Chief Probation Officer.
- C. Parents/Guardians shall be notified of any attempted suicide as soon as possible pending the needs of the youth and safety and security of the facility.
 - 1. The Supervisor/OIC shall notify the Division Director oncoming shift supervisor and/or OIC following parent/guardian notification completion.
 - a. Notification will also be documented in writing.
 - 2. The Oncoming Supervisor/OIC must inquire whether such notification to parent/guardian occurred. If notification was not made, the oncoming Supervisor/OIC will ensure notification is made and appropriately documented.

IX. SUICIDE REPORTING, DEATH IN CUSTODY

A. The facility director, or his/her designee, is required to submit the following reports:

1. It is a requirement of Section 12525 of the California Government Code that when a person dies while in the custody of a law enforcement agency or a local or state correctional facility, that the agency/facility shall report in writing to the California Attorney General within 10 days after the death all the facts in their possession concerning the death.
 - a. This report shall be made utilizing the State of California Death In Custody Reporting Form, BCIA 713, and mailed to:
Department of Justice
Criminal Justice Statistics Center
PO Box 903427
Sacramento, CA 94203-4270
Facsimile: (916) 227-0427 or 227-3561
Telephone: (916) 227-3545
2. A copy of the report shall also be submitted to the Board of State and Community Corrections (BSCC) within 10 days following the death.
3. The Department of Justice, Office of Justice Programs, Bureau of Justice Statistics requires the reporting of any person who dies in the presence of state or local law enforcement.
 - a. This report shall be made utilizing Form CJ-11A, Arrest-Related Death Report. This report can be located, along with information and instructions related to the program at the following website:
http://www.bjs.gov/content/pub/pdf/ard_reporting_information.pdf

X. REVIEW AND DEBRIEFING

STAFF:

- A. Both attempted suicides and completed suicides will be reviewed by the Juvenile Rehabilitation Facility Director and the Medical Program Manager for the JRF Contract Medical Provider.
- B. In addition, formal debriefings are held with staff, facility supervisors, and others involved at the discretion of the facility director or a Supervisor/OIC.
- C. Departmental Peer Support and/or additional counseling services will be provided for all staff.

YOUTH:

A. Affected youth will be given the opportunity to debrief after both attempted and completed suicides.

XI. SUICIDE RISK IDENTIFICATION AND REFERRAL FOR SERVICES

- A. A resident shall be classified as a Suicide Risk based on the following:
 1. If a resident was classified as a Suicide Risk during a previous commitment to our facility, that classification shall follow them during

- each and every subsequent booking.
2. A resident who admits a history of suicidal thoughts, ideation or attempts during the medical pre-screening phase of the booking process shall be classified as a Suicide Risk, subject to removal by medical/mental health staff after conducting a formal assessment.
 3. All residents who are classified upon booking as a Suicide Risk shall be evaluated by medical and mental health staff, pursuant to the JRF Contract Medical Provider guidelines, during the course of the intake medical assessments.

XII. PLACING A RESIDENT ON SUICIDE WATCH

- A. Only medical/mental health staff can place a resident on Suicide Watch.
- B. Facility staff who, acting in response to a resident's admissions or behaviors, believes that said resident is actively suicidal shall ensure that the resident is supervised one-on-one, while initiating a medical/mental health response if the JRF Contract Medical Provider staff are on duty in the facility.
 1. If no medical/mental health staff are on duty, facility staff shall complete the Suicide Screening Form if able, and contact the on-call medical provider. The on-call medical provider shall then determine if the resident shall be placed on Suicide Watch, and give further instructions.

Resident Name: _____

Date: _____

Screeener: _____

1. Are you thinking of hurting yourself (committing suicide)?

 2. How long have you been thinking about suicide (frequency, intensity, duration)?

 3. Do you have a plan? Get specific information if there is a plan.

 4. Do you have the means to carry out the plan (accessibility of a weapon, pills, drugs, etc.)?

 5. Have you attempted suicide in the past?

 6. Has someone in your family committed suicide?

 7. Is there anything or anyone to stop you (religious beliefs, children left behind, pets, etc.)?
-

On-Call Medical Provider Contacted: _____ Date and Time: _____

Orders Given: _____

REPLACEMENT HISTORY:

Created: 12/12/2013

Revised: 4/5/2014; 6/17/2016, 07/14/2018, 11/20/2018

REFERENCES

- Youth Mental Health First Aid USA, Mental Health Association of Maryland, Inc., 2012.
- Suicide: Detection and Prevention In Juvenile Institutions, training by Custom Training 0920-026484.

Chapter 6 Use of Force

- 6.1 Use of Force
- 6.2 Physical Restraints
- 6.3 Chemical Agents

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
6.1	Use of Force	SECTIONS: 1357	1 of 7

POLICY STATEMENT

It is recognized that the use of force by Shasta County Juvenile Rehabilitation Facility Staff is a serious responsibility that requires continuous evaluation and monitoring. The purpose of this policy is to ensure the reasonable use and escalation of force is applied in all cases to maintain institutional control, protect county property, and protect staff and residents from harm.

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 institution. Such force should only be used when necessary, and only to the degree necessary to subdue a resident or 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. Force shall never be applied as punishment, discipline, treatment, or retaliation.

GENERAL INFORMATION

Reasonable and necessary force refers to the amount and type of force that an objective, similarly trained, experienced and competent youth supervision staff, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youth, staff, others, and the facility as defined in Penal Code Section 1302.

I. DEFINITION OF TERMS

- A. Reasonable Force: The exertion of strength, weight, or power to overcome resistance and/or prevent a youth who comes within the provisions of the California Code of Regulations, Title 15, Section 1357, from hurting themselves or others. It is not a use of force when a person allows him/herself to be searched, escorted or handcuffed for the purpose of transportation.
- B. Excessive Force: Force used in excess of reasonable force.

II. FORCE OPTIONS

- A. Command Presence and Dialog: This technique refers to a range of behavior on the part of the officer or officers. 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. Officers should

also communicate with the residents during this phase, attempting to gain their compliance and de-escalate the situation using reasoning, rapport and insight.

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

- B. Verbal Commands: An officer 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 residents that they intend to use soft hands as a means of guiding them prior to doing so.
- D. Chemical Agents: Oleoresin Capsicum (O.C.) Spray may be used to defend against a subject who has become threatening or aggressive toward an officer or others within the facility. O.C. Spray must be used in compliance with established facility policy. Refer to Chapter 6.3 of this policy and procedures manual.
- E. 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.
- F. Mechanical Restraints: Handcuffs, shackles and other devices that are approved and provided for use by officers in the facility. Refer to Chapter 6.2 of this policy and procedures manual.
- G. Deadly Force: The force likely to cause serious bodily injury or death. Deadly force may be used in the defense of the officer's own life or the life of another when all other reasonable means have failed or are impractical.

III. TRAINING

Juvenile Detention Officers shall participate in department provided defensive tactics training. Officers shall utilize only those methods for managing assaultive behavior that are approved by the department. The use of any other force options or techniques is prohibited.

Training consists of 32 hours of initial training. An additional 4 hours of refresher training in force options that may require the use of perishable skills will occur on a quarterly basis. This training includes:

- A. Use of force options and education.

- i. This shall include Constitutional Limitations of Use of Force
- B. Appropriate use of force techniques/methods.
- C. Use of physical restraints.
- D. Known medical conditions that would contraindicate certain types of force.
- E. Signs or symptoms that should result in immediate referral to medical or mental health.

IV. DUTY TO INTERVENE

Any employee who observes another employee violate this policy shall immediately take affirmative action to stop any inappropriate use of force, and report the incident immediately to the Supervisor on Duty, Division Director or the Assistant Chief Probation Officer.

V. GRIEVANCES

Use of force incidents are subject to Resident Grievance Procedures as outlined in Chapter 5.9 of this policies and procedures manual.

PROCEDURES

I. CONSIDERATIONS BEFORE AND DURING THE USE OF FORCE

- A. Use of physical force is prohibited, except to effectively control a minor 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. Officers are required to evaluate each incident to determine what level of force is appropriate to effectively control and de-escalate any given situation. Officers are 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 resident behavior. The degree of force must de-escalate proportionally to the level of resistance that an officer encounters.
- D. Pain compliance techniques may be effective in controlling a passive or actively resisting individual.
 - 1. Officers may only apply those pain compliance techniques for which the officer has received departmental approved training and only when the officer reasonably believes the use of such a technique appears necessary to further a legitimate law enforcement purpose.
 - 2. The application of any pain compliance technique shall be discontinued once the officer determines that compliance has been achieved.

3. Officers utilizing any pain compliance technique should consider:
 - a. Whether the resident can comply with the direction or orders of the officer.
 - b. Whether the resident has been given sufficient opportunity to comply.
 - c. The potential for injury to the resident(s), officer(s) or others if the technique is not used.
 - d. The potential of serious injury to the resident being controlled.
 - e. The degree to which the application of the technique may be controlled given the level of resistance.
 - f. The nature and circumstances present that necessitate the pain compliance technique.
 - g. The level of resistance of the individual(s) involved.
 - h. The need for prompt resolution of the situation.

E. Officers shall use their best efforts to prevent injury when using force on a resident.

F. Any move or technique that can restrict the flow of oxygen to the brain, such as chokeholds or carotid restraints, is strictly prohibited.

G. A resident known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body. A pregnant resident in labor, during delivery, or in recovery from delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the resident, the staff, or the public.

II. MEDICAL FOLLOW UP

Medical staff will be requested to evaluate all minors that are subject to the use of physical force. If medical staff is not on duty, the supervisor on duty or OIC will notify the on-call medical provider and advise them of the use of force incident. The on-call medical provider will determine if the youth would benefit from a mental health evaluation. If deemed appropriate, the mental health on-call provider will be notified. If mental health is not deemed necessary by medical, the mental health worker will be notified of the use of force incident on the next working day via the Special Incident Report.

If staff believes that the minor may benefit from a mental health evaluation then the on-site mental health worker will be contacted. If no on-site provider is available, the medical staff will be notified and arrange for an evaluation at the next possible opportunity.

III. 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 OIC shall be notified as soon as practical.

- B. A Special Incident Report (SIR) shall be completed by the primary officer employing the force or overseeing the incident prior to the end of their shift.
1. The SIR must contain the following information:
 - a. The nature of the incident.
 - b. Factors present that determined how the officer responded to the incident.
 - i. Exigent circumstances that necessitated force or made less restrictive measures inappropriate.
 - ii. Mitigating factors that allowed for less restrictive measures to be employed.
 - iii. Known resident history.
 - iv. Officers state of mind.
 - 1) Belief that the resident intended to use force or violence if not for selected intervention.
 - 2) Belief that surroundings (proximity to other residents, furniture or location within the facility) contributed to the presenting threat and required the selected intervention.
 - v. Alternatives to force employed and their effectiveness.
 - vi. Verbal commands given to the resident and/or other de-escalation techniques used and their effectiveness.
 - vii. Description of the type of force employed.
 - viii. Reasoning for the selection of that force.
 - ix. Description of the de-escalation of force.
 - x. A statement of whether or not injuries were sustained by all parties involved.
 - 1) Include pictures of minor, if deemed appropriate.
 - 2) State what on-site treatment, if any, was administered.
 - 3) State if medical staff responded or was contacted if after hours.
 - 4) State what orders, if any, were given by medical staff.
 - xi. Description of the after care for the resident.
 - 1) Counseling employed by staff and resident's receptiveness to it.
 - 2) Resident's state of mind following the incident.
 - 3) Statements made by resident indicating the cause of the incident, admissions, and resolution of the factors that caused the incident if any.
 - xii. Document compliance with policy and procedures.
 - 1) Required notifications to management, medical staff, mental health, and parents or legal guardians.
 - 2) Policies governing restraints or OC use.
 - xiii. Recommendations for discipline or other actions.
- C. The supervisor on duty or OIC shall review any incident in which an officer deploys a form of force upon a minor on their watch. The reasonableness

of force must be judged from the perspective of a reasonable officer on the scene at the time of the incident. Any interpretation of reasonableness must allow for the fact that officers are often forced to make split-second decisions during circumstances that are tense, uncertain and evolving about the amount of force that reasonably appears necessary in a particular situation. 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 resident and responding officers.
 - a. Was there any injury as a result of the incident?
 - b. Was medical protocol followed regarding proper notifications and carrying out the physicians orders?
 - c. Is there a need for officers to receive treatment or is other documentation (risk management paperwork for on the job injury) required?
 4. Review the recommended discipline or consequences to ensure they are in line with current procedures and in the best interests of rehabilitation.
- D. The supervisor or involved staff may initiate an incident debriefing to review what occurred and promote training, coaching, and ways to mitigate the effects of trauma on both the staff and residents involved in a use of force incident. The debriefing of an incident will be documented on the SIR.
- E. A copy of all SIR's involving use of force shall be forwarded by the facility director to the department Defensive Tactics instructors for initial review.
- F. A Use of Force Administrative Review meeting will be scheduled on a monthly basis for the purpose of tracking and reviewing each use of force by any personnel to ensure compliance with this policy and to address any training issues, as well as ways to mitigate the effects of trauma that may have been experienced by staff or residents involved in use of force incidents.

IV. 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 or OIC will immediately notify the Juvenile Hall Director.
- B. The Juvenile Hall Director, division supervisors, and Defensive Tactics Supervisor, have a duty to assess each incident where excessive force or a violation of the use of force policy is suspected, and take action where

appropriate. Refer to Chapter 3.3 of this policy and procedures manual.

- C. Should it be deemed that an officer 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.

REPLACEMENT HISTORY:

Created: 11/21/2014

Revised: 12/30/2016

Revised: 03/28/2018, 04/18/2018, 12/19/18, 05/08/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
6.2	Mechanical Restraints	SECTIONS: 1357, 1358, 1358.5	1 of 8

POLICY STATEMENT

It is recognized that the use of restraints on residents is considered a use of force, and is a serious responsibility that requires continuous evaluation and monitoring. The purpose of this policy is to provide officers with requirements and guidelines on the reasonable use of physical and/or mechanical restraints.

Physical and/or Mechanical restraints should only be used when necessary and only to the degree necessary to regain control of an individual offender or restore order to a disruptive group.

Physical/Mechanical restraints may be used only for those residents who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. Restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the resident's behavior.

This policy is not intended to apply to the use of restraints for movement or transportation purposes. Those uses are covered in Sections 4.3.3 Resident Movement and Chapter 7 of this policy and procedures manual.

GENERAL INFORMATION

I. DEFINITIONS

- A. Mechanical Restraints: Devices which immobilize a resident's extremities and/or prevent the resident from being ambulatory.
 - 1. Approved Restraints
 - a. Handcuffs
 - b. Shackles
 - c. Belly Chains
 - d. The WRAP

II. TRAINING

- A. The Shasta County Probation Department shall provide Juvenile Detention Officers and sworn probation staff with training in the use of restraints.
- B. Staff shall only use those restraints that they have been trained and deemed proficient in by department approved instructors.

- C. Staff shall apply, supervise, and remove restraints using approved methods and techniques provided during department approved training.
- D. Staff who fail to demonstrate proficiency in the use of restraints approved for the JRF shall not be allowed to provide direct supervision to residents.
 - 1. Staff who fail to demonstrate proficiency will participate in additional training and may need to be temporarily reassigned to areas or of the department that do not involve direct supervision of residents or to other shifts.

III. USE OF RESTRAINTS

- A. Physical / Mechanical Restraints shall be used only for those residents who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.
 - 1. Physical / Mechanical Restraints should only be utilized when it appears less restrictive alternatives would be ineffective in controlling a resident's behavior.
- B. Residents shall be placed in restraints only with the approval of the Supervisor on duty/OIC or Division Director.
 - 1. If it is necessary to place a resident in handcuffs temporarily, for the safety of the resident and others without first receiving approval, the officer shall notify the Supervisor on duty/OIC or Division Director as soon as possible.
 - 2. When this occurs, the officer shall document in a detailed incident report the following:
 - a. The circumstances that necessitated the immediate application of restraints without first obtaining required approval.
 - b. The time the restraints were applied.
 - c. The time the required approval was received.
 - d. Any circumstances that extended the time between when the restraints were applied and the required approval was received.
- C. Officers shall document the circumstances leading to the application of restraints in a detailed incident report.
- D. Staff shall provide continuous, direct visual supervision over residents who are restrained to ensure that the restraints are properly employed, and to ensure the safety and well-being of the resident. This requires staff to physically remain in the room with the restrained resident. At no time shall a restrained resident be left alone.
- E. In the case of a prolonged restraint, staff shall utilize the WRAP system as described below, and supervise the restraint in the Safety Room located in Booking if directed to do so by the Supervisor on duty/OIC.

- F. Staff shall constantly evaluate the need for continued retention in restraints.
- G. Staff shall follow all timelines and make record of their interactions in accordance with the use of the Restraint/Safety Room Check form as described in the procedures below. Staff shall constantly assess the level of resistance exhibited by a restrained resident, and remove them:
 - 1. As soon as the resident's behavior demonstrates that they are under control and no longer a threat to themselves or others.
 - 2. Immediately if deemed medically necessary based on the observations of staff or directions from medical or mental health providers.
- H. Officers and employees observing the improper use of Mechanical Restraints, or violations of this policy are required to immediately attempt to correct the situation and report the occurrence to the Supervisor on duty, OIC, or Division Director.

IV. IMPROPER USE OF MECHANICAL RESTRAINTS

- A. Physical or Mechanical Restraints shall never be used as a form of discipline or punishment, and shall not be used as a substitute for treatment.
- B. Physical Restraints shall never be placed about the neck, or in any way that obstructs the airflow of a resident, nor will mechanical restraint equipment be applied in any way so as to inflict physical pain or restrict blood circulation or breathing.
- C. Mechanical Restraints shall never be used to secure a resident to any part of a transporting vehicle (with the exception of safety seat belts).
- D. The practice of affixing hands and feet together behind the back (hog-tying) is prohibited.
- E. The use of restraint devices that attach a resident to a wall, floor or other fixture, including a restraint chair, is prohibited.
- F. A resident who is known to be pregnant or in recovery from delivery shall not be restrained except as provided by Section 3407 of the California Penal Code.
 - 1. Section 3407 of the California Penal Code states:
 - i. An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.
 - ii. A pregnant resident shall be transported in the least restrictive way possible, consistent with the legitimate security needs of each resident.
 - iii. A pregnant resident 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 inmate, the staff, or the public.

- iv. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary, unless deemed necessary for the safety and security of the youth, the staff, and/or the public.
- v. This section shall not be interpreted to require restraints in a case where restraints are not required pursuant to a statute, regulation, or correctional facility policy.
- vi. Upon confirmation of a resident's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates, including, but not limited to, the provisions of this chapter, the relevant regulations, and the correctional facility policies.
- vii. For purposes of this section, "inmate" means an adult or juvenile who is incarcerated in a state or local correctional facility.

PROCEDURES

V. CONSIDERATIONS REGARDING THE USE OF RESTRAINTS

- A. Staff shall evaluate each incident to determine what restraint is appropriate to effectively control and de-escalate the resident's disorderly behavior.
 1. When making this determination, staff should consider and document all circumstances surrounding the incident, including but not limited to:
 - a. The conduct of the resident.
 - b. The resident's age, size, strength, skill level, mental capacity, and the influence of any controlled substances or alcohol.
 - c. The resident's known medical health or mental health that would be contraindicate certain restraint devices or techniques.
 - d. The availability of other resources to assist the staff in controlling or de-escalating the behavior.
 - e. The training and experience of the staff member.
 - f. The potential for injury to residents or staff.
 - g. The options for acceptable restraint devices.
 - h. The availability of cardiopulmonary resuscitation equipment.
 2. Medical Conditions that weigh against the use of certain restraints may include:
 - a. The resident's physical size.
 - i. Large persons are at risk for positional asphyxiation when handcuffed behind the back and lying on the floor or physically restrained to the ground by officers.
 - b. Asthma or difficulty breathing.
 - c. Fractures or broken bones.

d. Pregnancy.

VI. WRAP RESTRAINT SYSTEM

A. General Information

1. The WRAP Restraint System is used for controlling and immobilizing residents who require prolonged restraint.

B. Training

1. Only qualified officers who have successfully completed the department approved WRAP Restraint System training can use the device.
2. Officers who have not completed the training or demonstrated proficiency in the use of the WRAP Restraint System shall not participate in applying the WRAP or be charged with providing direct supervision to a WRAP restrained resident.

C. Application of WRAP Restraint System

1. The use of the WRAP Restraint System must be authorized by the Supervisor on duty/OIC or Director prior to being placed on a resident.
2. Staff shall inspect the WRAP Restraint System prior to its use for signs of wear, damage and to ensure that it is clean.
3. Staff shall clear the area of other residents, if possible, prior to the application of the WRAP Restraint System.
4. When applying the WRAP Restraint System, there must be enough officers present to control the resident being restrained.
 - a. At no time will less than two staff apply the WRAP Restraint System.

D. Transportation of resident restrained in the WRAP

1. Residents will be carried or allowed to "shuffle" to their destination in a manner consistent with the training.
2. If staff are carrying the restrained resident, enough officers must be used to avoid injury to both the resident and the officers.
3. If transporting a resident restrained in the WRAP by vehicle, the following precautions shall be followed:
 - a. A minimum of 2 officers shall conduct the transport.
 - b. One officer shall sit in the back of the caged vehicle to ensure that the straps remain tight and the resident experiences no medical issues.
 - c. Officers shall ensure that the restrained resident is placed in the vehicle seat belt during the transport.

E. Special Precautions

1. The WRAP is only to be used by trained officers.
2. The shoulder harness should never be tightened to the point that it interferes with the resident's ability to breathe.

3. The leg bands and shoulder harness must be checked frequently for tightness and re-tightened or loosened as necessary until the WRAP is removed.
 4. If the restrained resident complains of or shows signs of breathing distress (shortness of breath, sudden calmness, a change in facial color, etc.), medical attention should be provided immediately.
 5. A resident restrained in the WRAP shall never be left alone.
 6. Residents should be placed in an upright sitting position or on their side as soon as possible after the WRAP restraint has been applied.
 - a. The upright sitting position is preferred when a resident is exhibiting self harming behavior such as striking their head against the floor.
- F. Restrained resident's shall be removed from the WRAP:
1. As soon as the resident's behavior demonstrates that they are under control and no longer a threat to themselves or others.
 2. Immediately if deemed medically necessary based on the observations of staff or directions from medical or mental health providers.
- G. Care and Maintenance of the WRAP Restraint System
1. The officer assigned to return the WRAP Restraint System to the armory shall do the following:
 - a. Inspect the WRAP and its components for signs of wear or damage.
 - i. If wear or damage is discovered, the officer shall take the WRAP Restraint System out of service and immediately notify the Supervisor on duty/OIC.
 - ii. The Supervisor on duty/OIC shall notify the facility director, who will advise what steps to take to repair or replace the WRAP and/or its components.
 - b. Ensure that the WRAP and its components are clean.
 - i. If the WRAP or a component is soiled and cannot be cleaned, the officer shall follow the same protocol for signs of wear or damage.
 - c. Ensure that the WRAP and its components are placed back into the storage bag in a manner consistent with training.
 - d. Store the cleaned and inspected WRAP Restraint System in its designated spot in the Armory.

VII. SUPERVISION OF RESTRAINT

- A. At no time shall a restrained resident be secured in a holding cell or left alone. Staff shall provide continuous, direct supervision of restrained residents to ensure the restraints are properly employed, and to ensure the safety and well-being of the resident.
- i. While in restraint devices, all residents shall be housed alone or

in a specified housing area for restrained youth which makes provision to protect the resident from abuse.

B. Timelines

1. Medical Timelines

- a. Health Service (CFMG) staff shall be notified within one (1) hour of the resident being placed in restraints. If Health Service staff are not on duty, the on-call medical provider shall be contacted via telephone.
 - i. If the on-call provider cannot be reached within five (5) minutes, staff shall contact the back-up on-call provider.
- b. Health Service staff shall come to the facility and provide a medical assessment within two (2) hours of the resident being placed in restraints.
 - i. If Health Service staff cannot respond within two hours, the resident shall be transported to the Emergency Room.
- c. Following the medical assessment, Health Service staff shall determine the appropriateness of continued restraint every three (3) hours.
- d. As soon as possible, but within four (4) hours of placement in restraints, the resident shall be evaluated on site by a licensed mental health professional to assess whether the resident needs immediate and/or long-term mental health treatment. This assessment will be arranged by Health Services staff and will occur unless staff are directed to transport the resident to the hospital emergency room for further evaluation.

2. Staff Observations and Required Actions

- a. Staff shall document resident's behavior and staff interventions at least every 15 minutes.
- b. Staff shall check and document mechanical restraints for fit and adjust, as needed, at least every 15 minutes.
- c. Staff shall offer the resident hydration every 30 minutes.
- d. Staff shall offer the resident the use of a lavatory every hour.
- e. Staff shall exercise the resident's extremities for 10 minutes every two (2) hours.
- f. Staff shall observe the resident for signs or symptoms which should result in immediate medical/mental health referral.

3. Supervisor/OIC Review

- a. The Supervisor on duty/OIC shall review for continued retention in restraints a minimum of once every hour.

VIII. REPORTING

- A. All restraints shall be reported in a manner consistent with Section 5.8.4, Reports and Documentation.

REPLACEMENT HISTORY:

Created: 5/6/14

Revised: 8/11/14, 04/18/2018, 11/19/2018

REFERENCES

- Section 1358, Use of Physical Restraints, Juvenile Title 15 Regulations
- Section 6030 of the California Penal Code
- Section 222 of the California Welfare and Institutions Code
- Section 3407 of the California Penal Code
- Juvenile Rehabilitation Facility Policy and Procedures, Section 5.8.4, Reports and Documentation; Section 4.3.3 Resident Movement; and Chapter 7 Transportation.
- Restraint/Safety Room Check Sheet

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
6.3	Chemical Agents	SECTIONS: 1357	1 of 7

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that detention officers may use Oleoresin Capsicum Spray (OC Spray) to subdue, obtain control of, or restore order over residents of the institution under appropriate circumstances, as permitted by this policy.

GENERAL INFORMATION

I. TRAINING

- A. Only those staff who are authorized to carry OC Spray may do so.
- B. The Shasta County Probation Department shall provide officers assigned to the Juvenile Rehabilitation Facility with proper training and guidance regarding the permissible use of OC Spray on residents in the facility.
- C. Staff shall satisfactorily complete the department eight hour, STC approved Chemical Agents course and 32 hour Defensive Tactics course prior to being authorized to carry and use OC Spray.
 This course follows the regulations set forth by the California Department of Justice and California Penal Code. It includes instruction in known medical conditions that would contraindicate the use of OC Spray, types of OC Spray approved for use in the facility, methods of application, signs and symptoms that should result in immediate referral to medical or mental health staff, and requirements for the decontamination of OC Spray.
- D. Should a staff member believe that he/she requires additional training in the use of OC Spray, they shall immediately notify their Supervisor.
- E. Issued OC Spray shall only be carried in a department approved holster.

II. CONDITIONS FOR USE

- A. The use of OC Spray is considered an intermediate use of force, in that OC Spray is capable of inflicting significant pain and presents a significant intrusion upon an individual's liberty. As such, OC Spray shall be used to apprehend, control, restrain or subdue individuals only when there is imminent or actual violent, aggressive or combative behavior, and where such behavior presents an immediate threat to staff, other residents or persons in the facility.

- B. OC Spray shall never be used as a form of punishment, discipline, retaliation, or treatment.

III. CONSIDERATIONS BEFORE AND DURING USE OF OC SPRAY

- A. Staff shall evaluate each incident to determine what force is appropriate to effectively control and de-escalate the presenting situation.
- B. When determining if OC Spray should be used, staff should consider all circumstances surrounding the incident, including but not limited to:
 - 1. The conduct of the resident.
 - 2. The resident's age, size, strength, skill level, mental capacity, or the effect of drugs/alcohol that may be present in their system.
 - 3. The resident's medical health or mental health status. I.e., Asthma, clinically obese, documented allergies, pregnancy, diagnosed mental illness.
 - a. Asthma: Though pepper spray may cause irritation in the nose and upper airway, there is little to no evidence that it causes or exacerbates an asthma attack. However, staff should avoid, if possible, deploying OC Spray on someone who is audibly wheezing.
 - b. Pregnancy: The safety of using pepper spray on a pregnant woman has not been determined clinically. Due to the possibility that such use may cause problems, it should be avoided if possible.
 - 4. The availability of backup staff, or staff/persons who have an existing rapport and may be able to de-escalate the resident.
 - 5. The training and experience of the staff member.
 - 6. Potential injury to residents or staff.
 - 7. Other exigent circumstances.
- C. Staff shall continuously measure a resident's resistance and behavior to determine which level of force should be modified to appropriately gain control throughout an incident, and act accordingly.
- D. Staff shall use their best efforts to prevent injury when using OC Spray on a resident. If possible, staff should not use OC Spray in a manner that would result injury to residents or other staff members.
- E. Chemical agents may only be used when there is an imminent threat to youth's safety or the safety of others, and only when de-escalation efforts have been unsuccessful or are not reasonably possible.

PROCEDURES

IV. STORAGE, ISSUE and DISPOSAL of OC SPRAY CANISTERS

- A. Types of OC Spray Canisters in use in the facility.
 - 1. MK 4 size cans are available for issue to staff.
 - 2. OC Stream or Gel Units are issued to line staff.

3. OC Foam, Gel, or stream Units are issued to supervisors.
 4. MK9 Fogger Units are available to trained staff to respond to specific incidents as authorized by the Supervisor on Duty/OIC.
 - a. Examples of incidents that may necessitate the use of the MK9 Fogger may include: Numerous residents engaged in riotous behavior or a planned cell extraction.
- B. Storage and Maintenance
1. OC Spray Canisters shall not be left unattended.
 2. Officers are encouraged to store their OC Spray in their lockers when not on duty.
 3. In the event an officer takes their OC Spray out of the facility at the end of their shift, they shall take care not to store it in such a manner that the canister is exposed to excessive heat or cold, which could cause damage or failure of the canister. They shall also take measures to prevent unauthorized access to the canister by others.
 4. Staff should inspect their OC Spray Canister on a regular basis to ensure it is clean and that there is no obvious damage.
- C. Procedures for issue of OC Spray Canisters.
1. Staff shall only use OC Spray and related equipment that has been supplied to them by the Shasta County Probation Department.
 2. All staff who are authorized to carry OC Spray shall be issued their own canister for use while on duty.
 3. All staff who are authorized to carry OC Spray shall carry it while on duty.
 4. Staff shall be issued their OC Spray canister upon satisfactory completion of the department Chemical Agents and Defensive Tactics course.
 - a. Staff will either be issued their OC Spray at the end of the course, or be authorized to obtain their OC Spray from the Supervisor in charge of equipment.
- D. Procedures for disposal of OC Spray Canisters
1. Staff shall request replacement OC Spray Canisters when the expiration date on their issued canister approaches, or when their OC Canister is depleted. Arrangements will then be made to issue a replacement.
 2. OC Spray Canisters shall be disposed of in accordance with approved department practice, the manufacturer and as specified by law.

E. Lost OC Spray Canisters

1. Staff shall report lost OC Spray Canisters to their supervisor as soon as practical.
2. Officers are required to submit a report detailing the facts and circumstances involved. They are to include the brand and serial number of their issued canister (this can be found in the equipment log for each officer).

V. USE OF OC SPRAY

- A. A verbal warning shall be made to the resident that OC Spray will be deployed if their negative behavior continues, unless circumstances are such that it is either unsafe or not prudent to do so. Staff shall document that the warning was given, or the reasons why it was believed unsafe or not prudent in the SIR documenting the incident.
- B. If possible, staff shall issue a radio call for back-up, stating their location, prior to deploying OC Spray.
- C. Staff should order any residents in the vicinity of an incident to "take cover," prior to deploying OC Spray, if possible.
1. If the resident who is uncooperative is in their room and a roommate is present, staff should remove the roommate, if possible, prior to deploying OC Spray.
- D. When staff deploy OC Spray, they should use a short one to two second burst, aiming directly at the facial area of the uncooperative resident. If the resident's face is covered, staff should aim for any exposed area of the skin.
- E. If deploying OC Spray in a resident's room, staff should close the door and allow the OC Spray to take effect. This minimizes cross-contamination of staff as well as prevents injuries to the resident and staff.
1. If there is time, and circumstances warrant, staff may request the Mk9 Fogger from the Supervisor on Duty, to utilize if it is safe to do so.
- F. Staff shall remove the resident from their room, or other confined space where OC Spray is deployed, as soon as it is safe to do so. This will prevent unnecessary cross contamination to staff and help de-escalate the resident towards the decontamination process.

VI. DECONTAMINATION PROCESS

- A. Staff shall not begin the decontamination process until the contaminated resident, based on their behavior and actions, no longer presents a threat and is compliant with staff.
1. The resident may behave in a manner consistent with the discomfort caused by the effects of the OC Spray, however staff should see the

resident complying with staff directives, the absence of threats towards staff or others, the resident's focus is on decontamination and not retaliation or aggression towards others, and the resident asking to be decontaminated.

2. This should not prevent staff from moving a resident who is contaminated with OC Spray and continuing to be combative out of the immediate area where spray was deployed, in order to supervise and counsel the resident without exposing officers to unnecessary contamination, if it is safe to do so.
- B. Decontamination should take place in an area of the facility segregated from other residents, preferably in booking.
- C. Decontamination shall consist of:
1. Allowing the resident access to copious amounts of cool, running water.
 2. Instructing the resident not to wipe their face or rub their skin as this can increase irritation.
 3. Allowing the resident to shower and providing them with fresh, clean clothing and undergarments.
 4. Monitoring the resident while they allow cool air to blow on their affected areas utilizing a fan, or allowing them fresh, cool air in the outdoor recreation yard.
- D. No one should permit a resident to apply creams or salves to areas of their skin affected by OC Spray, as doing so can trap OC particulates on the skin and prolong discomfort.
- E. Staff shall allow a resident decontaminating from the effects of OC Spray to remove their contact lenses, if applicable. Contaminated contact lenses will be provided to medical to be cleaned and rendered safe. If medical staff is on duty, they should assist the resident with this process.

While decontaminating, residents who have been exposed to chemical agents shall not be left unattended until that resident is fully decontaminated or is no longer suffering the effects of the chemical agent. Residents shall be observed for at least one hour from the time of exposure, by staff to ensure that they are not suffering from any adverse, ill physical effects from the OC Spray.

1. Staff shall look for signs of respiratory distress, swelling of the eyes, rash or other allergic reactions.
- F. Any bedding or clothing that is exposed to OC Spray shall be exchanged and laundered pursuant to policy Section 5.4.7 Clothing and Bedding Exchange, and 5.4.8 Laundry Operations.
- G. Any rooms contaminated with OC Spray shall be thoroughly cleaned prior to allowing residents to occupy them.

1. Staff may provide proper protective items (gloves, mask, safety glasses, etc.) to residents, and supervise them while they clean the rooms.
2. If staff utilize residents to clean, they will provide them with a shower and fresh clothing and undergarments as soon as possible upon completion of the cleaning.

VII. MEDICAL RESPONSE

- A. Residents who are sprayed with OC Spray shall be referred to medical personnel as soon as possible.
 1. If medical staff are not on duty or available, the on-call medical provider shall be contacted within one hour of the application of OC Spray by the Supervisor on Duty/OIC, pursuant to policy Section 5.11.1, Medical Services.
 2. If the resident displays respiratory distress and/or unusual symptoms, medical staff shall be contacted immediately.
 3. Staff shall follow directives provided by medical providers, and advise them as soon as possible of any change in circumstances or if staff are unable to follow their directives.

VIII. REPORTING, TIMELINES and REVIEW

- A. All incidents involving use of force shall be documented by staff in a SIR, pursuant to policy Section 5.8.4, Reports and Documentation.
- B. The use of Chemical Agents shall be documented by staff in a SIR. Documentation shall include reasons for deployment of O.C. spray, efforts to de-escalate prior to use, youth and staff involved, date, time, and location of use, decontamination procedures, identification of any injuries sustained as a result of use and notification of medical, mental health staff, and parent / legal guardian.
 1. The Supervisor on Duty/OIC shall ensure the use of OC spray is documented in writing and that medical, mental health staff, and parent/legal guardian have been notified.
 2. The notification of the parent/legal guardian will occur as soon as possible but no later than by the end of the supervisor/OIC's shift. Notification will be documented in writing by the supervisor/OIC.
- C. All timelines, including but not limited to the following, shall be included in the SIR:
 1. When the incident began.
 2. The time backup was summoned.
 3. The time OC Spray was deployed.
 4. The time the resident became cooperative.
 5. The time restraints were applied/removed (if applicable).
 6. The time decontamination began.
 7. The time decontamination was completed.
 8. The time the Supervisor on Duty/OIC was notified.

9. The time the Facility Director was notified.
10. The time medical was notified.
11. The time mental health was notified (when applicable).
12. The time parent and/or legal guardian notified.
13. The time one hour observation began.
14. The time observation ended.
15. The time the resident was returned to their room on their assigned pod.

- B. All incidents involving OC Spray shall be reviewed by the facility director and the department defensive tactics instructors.
1. A determination shall be made whether a violation of policy has occurred.
 2. Efforts to identify training needs or issues shall be made.
 3. An evaluation will determine if injuries to staff or residents have been appropriately referred for care.
 4. If a substantial violation of policy or other significant event has occurred, the Facility Director shall communicate this to the Assistant Chief Probation Officer.

REPLACEMENT HISTORY:

Created: 11/21/2014

Revised: 10/29/2015; 3/13/2017, 04/18/2018, 11/3/2018, 11/07/19

REFERENCES

- Section 1358, Use of Physical Restraints, Juvenile Title 15 Regulations
- Juvenile Rehabilitation Facility Policy and Procedures, Section 5.8.4, Reports and Documentation; Section 5.4.7 Clothing and Bedding Exchange, Section 5.4.8 Laundry Operations, and Section 5.11.1 Medical Services.

Chapter 7 Transportation

- 7.1 Use of Department Vehicles
- 7.2 Court Transports
- 7.3 Off-Site Medical
- 7.4 Other Institutions within California
- 7.5 Outside California

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.1	Use of Department Vehicles	SECTIONS:	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff shall have access to department vehicles when conducting official business that are safe and in good working order, and that staff operate the vehicles in a safe and lawful manner.

I. GENERAL INFORMATION

- A. Department vehicles shall only be used for official business.
 - 1. Official business may include incidental personal travel within the route of County business if approved by the department head.
 - a. Incidental personal travel shall never be conducted when transporting a resident for any reason, or a person who is detained or in custody.
- B. County vehicles, rental vehicles, and privately owned vehicles being operated for County business shall be operated in accordance with the California Vehicle Code.
- C. Staff must possess a valid, California Driver's License on their person, and meet the criteria outlined in Section 33.6 of the County Personnel Rules in order to operate a County Vehicle.

PROCEDURES

I. PRE-TRANSPORT VEHICLE INSPECTION

- A. Prior to all Court Transports, the transport officer shall:
 - 1. Ensure that the vehicle has enough fuel to safely complete the transport.
 - 2. Inspect the vehicle inside and out as follows:
 - a. Inspect all four tires and wheels to insure proper inflation.
 - b. Check the outside of the vehicle for any damage.
 - c. Check for any fluids that might be leaking under the vehicle.
 - d. Check the windshield and windows for damage.
 - e. Inspect the backseat of the vehicle to ensure that the cage is secure and intact, and that there are no foreign materials or loose/broken parts present.
 - f. Check the driver's compartment and remove any foreign materials not needed for the transport.
 - g. Inspect the radio and ensure it is in good working order.

- h. Inspect and ensure that all seat belts are in good repair and in working order.
- i. Ensure all lights are in working order.
- j. Ensure the county accident packet is in the vehicle.

II. **VEHICLE REFUELING**

A. In Shasta County

- 1. All County vehicles shall be fueled at one of the Redding/Fisher Oil cardlock locations located in Shasta County (See map below). The use of the Department Chevron or Shell credit cards is to be reserved for out of area transports.
- 2. A Redding/Fisher Oil card is issued to each vehicle, located in the pocket on the sun visor. This is a two card system, which requires the employee to also have a fuel cards that are located in the transportation key cabinet in the JRF and checked out by the officer with the vehicle keys.
- 3. Fueling up at Redding/Fisher oil requires the officer to swipe both cards, enter the cost center number (26200), the PIN number (1029) and the vehicle mileage.

- B. When using the Chevron or Shell cards always keep the receipts and write the vehicle # and the mileage on the receipt. These receipts must be turned in to the (LPC) assigned to the Probation Departments Fiscal Department along with meal reimbursement form.

III. **ACCIDENT PROCEDURES**

A. If it is an EMERGENCY, Call 911. If it is not an Emergency call:

- 1. Within Redding, (non-emergency number) 530-225-4564
- 2. Shascom (non-emergency number) 530-245-6540
- 3. California Highway Patrol (non-emergency number) 530-242-3210.

B. If you are involved in an accident, AT THE SCENE:

- 1. Remove the Yellow envelope from the glove box. Each will contain:
 - a. 1 Incident Report Sheet
 - b. 1 copy of the vehicle registration
 - c. 3 Witness cards
 - d. 1 driver Information Exchange form
- 2. Police- Contact the local law office, identify yourself; give them detail of the accident and obtain from them any reports that need to be completed.
- 3. Exchange information with the other party(s) involved.
 - a. Do not admit responsibility/liability for the accident.
 - b. Only sign a police accident report or citation if necessary.
- 4. Get the names and addresses of all witnesses to the accident using the witness cards. Turn them into your supervisor along with the incident report.
- 5. Do not discuss the accident with anyone except:

- a. The investigating officer
 - b. Shasta County Risk Management
 - c. Shasta County Fleet Management
 - d. Your immediate Supervisor or Department Head
6. Reporting the accident to County Officials
- a. Complete the Incident Report sheet. The sheet will ask for the following.
 - b. The other vehicle(s) involved in the accident.
 - c. Drivers or Property involved
 - d. Witnesses
 - e. Name, phone number, address, driver's license number, vehicle license, insurance policy company and contact number from all parties.
 - f. Description of accident, nature of damage, (include weather and road conditions, if applicable).
 - g. Any other pertinent information regarding the accident.

C. What to do with the vehicle post-accident

- 1. If the vehicle is drivable:
 - a. Bring the vehicle to Fleet Management for a mechanical inspection, after law enforcement has completed a report and releases you from the accident scene.
- 2. If the vehicle is inoperable or unsafe to drive:
 - a. In Shasta County:
 - i. Call Fleet Management at 225-5173 and ask for instructions.
 - ii. If the accident does not occur during regular business hours (7am – 5pm), call Keith's Towing at 243-1874, and have the vehicle towed to Fleet Management, at the corner of Court and Placer Streets in Downtown Redding.
 - 1) Ensure that the invoice for the towing charges is routed to Fleet Management.
 - b. Out of Shasta County
 - i. Contact NAC Fleet Rescue at 1-800-328-7272.
 - 1) Give NAC Account No.: 8500069-000

IV. ACCIDENT REPORTING

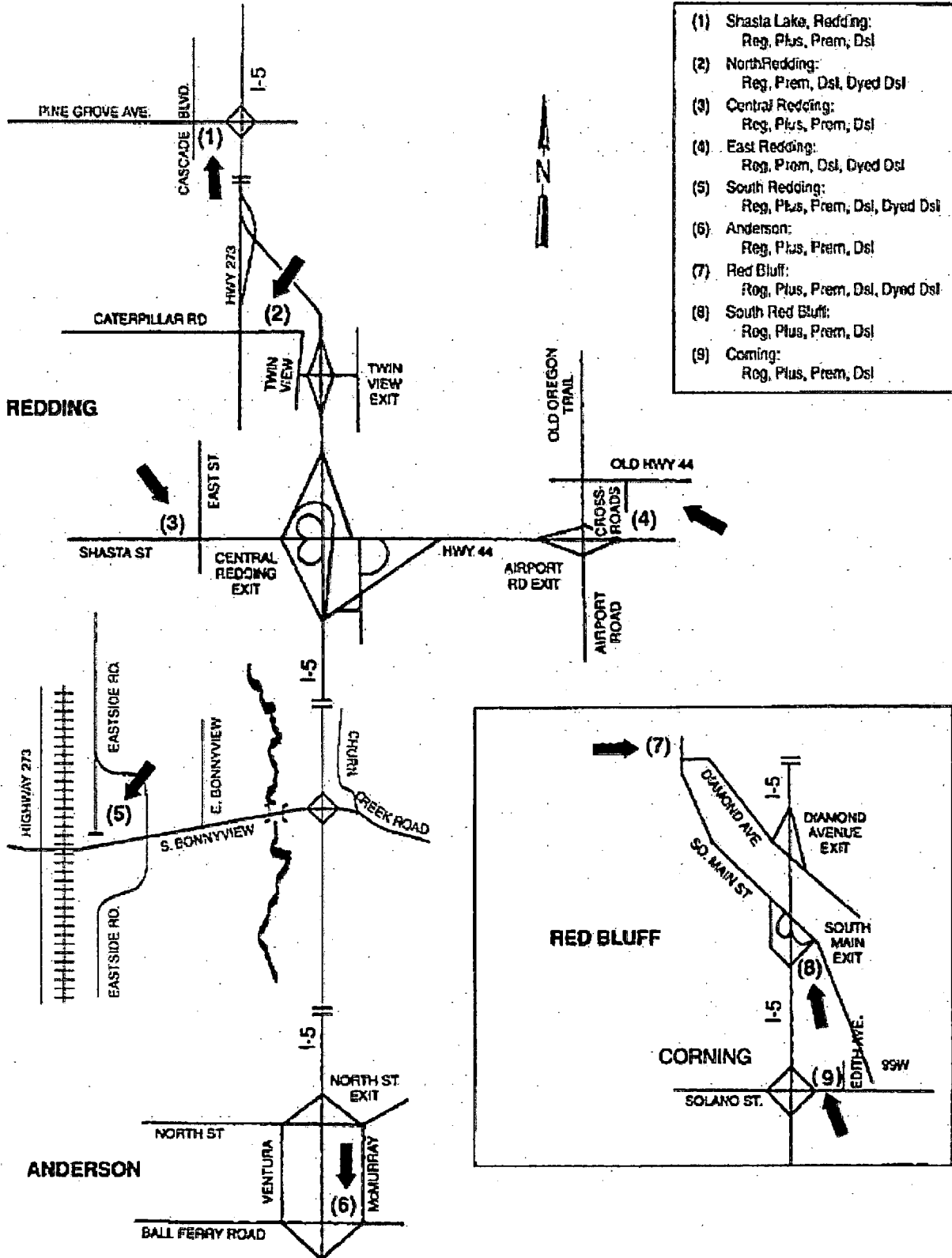
- A. Complete the entire Incident Report form (found in the yellow envelope located in the glove compartment of each vehicle) by the end of the workday or within 48 hours of the accident.
- B. Any accident involving members of the public or injury accidents must be reported immediately to the appropriate law enforcement agency, as well as to the Shasta County Risk Manager. Complete the entire Incident Report form (found in the yellow envelope located in the glove compartment of each vehicle) by the end of the workday or within 48 hours of the accident. Report all accidents to:
 - 1. Shasta County Risk Management... 530-225-5143

2. Injury accidents are reported by phone to Risk Management Workers' Compensation Division.
3. Risk Management Workers Compensation Division... 530-225-5141.

C. Failure to report an accident may result in Disciplinary Action

1. Failure to report an accident in a County vehicle, whether or not any damage to the vehicle is incurred, may result in disciplinary action.

V. REDDING/FISHER OIL LOCATIONS



REPLACEMENT HISTORY:

Created: 10/10/2013

Revised: 1/16/2014

REFERENCES

- Chapter 33, Shasta County Personnel Rules, Vehicle Operations Policy
- Shasta County Fleet Management Operator Handbook.
 - http://intranet/SupportServices/Libraries/Fleet_Management_Docs/Vehicle_Operator_Handbook_51711.pdf

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.2	Court Transports	SECTIONS:	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure the safe and secure transportation of residents to their court hearings.

PROCEDURES

I. GENERAL INFORMATION

- A. Transport officers shall obey the policies outlined in Section 7.1, Use of Department Vehicles.
- B. All Court Transports shall be conducted in a department caged vehicle.
- C. All transfer of residents to vehicles for Court Transports shall occur through Booking and the Vehicle Sallyport.
- D. Staff are prohibited from making unauthorized stops during Court Transports.

II. MINIMUM NUMBER OF OFFICERS REQUIRED FOR COURT TRANSPORT

- A. At least one CORE trained Juvenile Detention Officer (JDO) must be present when conducting the transport of a resident.
- B. Factors to consider when assigning more than one JDO to a Court Transport:
 1. The total number of residents to be transported.
 2. The classification of the residents.
 3. The criminal history of the resident.
 4. The offenses for which the resident is currently being adjudicated.
 5. Whether the transport is to Juvenile Court or to Adult Departments both which are located in downtown Redding.
 6. The resident(s)' history of violence, escape, or other behaviors deemed a threat to the safety of the transport.
 7. The gender of the resident(s)
 8. Any potential threat to the safety of the transport, either by family or affiliation.
- C. Should there be a need for a second officer, attempts will be made to contact Juvenile Probation to request their assistance.

III. REQUIRED UNIFORM AND EQUIPMENT

A. Staff shall dress as required by the Dress Code Policy, a copy of which is included in Section 3.1.3 of this manual, titled "Equipment." Further, officers shall have the following items and equipment on their person and in good working order:

1. Valid California Drivers License.
2. Duty belt with standard issued equipment.
 - a. Or issued OC Spray, handcuffs and badge
 - i. The JDO transport badges (3 of them) are located in the armory.
3. Transport Radio
 - a. This radio is unique in that it has ShasCom and Marshal frequencies programmed into it.
 - b. This radio is located in the armory.
 - c. Staff are responsible for ensuring that the radio is silenced in the courtroom.
4. Department issued or personal cell phone.
 - a. Staff may use the department issued transport cell phone or their personal cell phone if they choose.
 - b. Should staff prefer to use their personal cell phone, Shasta County will not reimburse the staff member for any use of that phone.
 - c. Staff are responsible for ensuring any cell phone on their person is silenced when in the courtroom, pursuant to Shasta County Marshal's Office procedures.

3

IV. USE OF RESTRAINTS ON RESIDENTS DURING COURT TRANSPORTS

- A. The use of mechanical restraints on a juvenile during transportation outside of the facility will only be used when the probation department in consultation with the transporting agency determines the restraints are necessary to prevent physical harm to the juvenile or another person, or due to a substantial risk of flight/escape. (Section 210.6 of the California Welfare and Institutions Code).
- B. The Juvenile Rehabilitation Facility (JRF) Management Team will review and assess each youth on at minimum a weekly basis regarding the necessity for mechanical restraints during transportation outside of the facility. Mechanical restraints, include, but not limited to, handcuffs, chains, irons, straitjackets or cloth or leather restraints, or other similar items.
- C. If a determination is made that mechanical restraints, other than handcuffs, are necessary, the least restrictive form of restraint shall be used consistent with the legitimate safety and security needs of each juvenile.
- D. If mechanical restraints, other than handcuffs, are used, the use and reasons for the use shall be documented in JRF Juvenile case file.
- E. Pregnant residents shall not be shackled, placed in belly chains or

handcuffed behind their backs under any circumstances. Such restraint is prohibited by Section 6030(f) and Section 3407 of the California Penal Code.

- a. Pregnant residents may be handcuffed in front so long as they are not in labor, in delivery, or in recovery following child birth. If these circumstances exist, the resident shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the resident, the staff or the public. The Probation Department and transporting agency will make the determination if mechanical restraints are necessary for the youth's or other's safety or security. If deemed necessary, documentation will be provided of their use, including the reasons for the use of mechanical restraints.

V. TRANSPORT TO JUVENILE COURT

- A. Whenever court transports are conducted by Juvenile Probation Officers, they will refer to their policy governing the transportation of detained youth.
- B. Whenever JDOs are responsible for transports, the following procedures shall be followed:
- C. Restraints are to be removed prior to the resident entering the Juvenile Courtroom, except in cases where the resident must remain in restraints for safety and security reasons.
 1. In such cases, the Juvenile Court Judge must determine if, on a case by case basis, the individual resident's behavior in custody or in court establishes a manifest need to use mechanical restraints to prevent physical harm to the resident or another person or due to a substantial risk of flight. (Section 210.6 of the California Welfare and Institutions Code, *Tiffany A. v Superior Court* (2007)).
 - i. The Court Officer shall approach the Marshal, District Attorney, and Defense Attorney, and state the reasons it is recommended that the resident remain in restraints.
 - ii. The Marshal and/or attorneys will then brief the Judge.
 - iii. The Judge will go on record and may ask the Court Officer questions on the record. The Judge will hear arguments from council, then make a ruling. The Court Officer shall remove the restraints if so ordered by the Judge.

VI. TRANSPORT TO ADULT COURT

- A. SCJRF staff shall remain with the resident(s) at all times, unless the resident is secured in a holding area that is separated from adult inmates.
- B. Transport to Department 1 or 2
 1. Staff shall drive to the Shasta County Jail Vehicle Sallyport and

- request entry.
2. Once inside, staff shall notify Shasta County Marshal Dispatch, at 245-6282, that they are present in the jail vehicle sally with residents who have court in either Department 1 or Department 2.
 3. Marshal staff will come downstairs into the vehicle Sallyport to escort SCJRF staff and resident(s) to the designated courtroom.
 4. SCJRF staff shall follow directions from the Marshal staff on where the resident and staff are to remain for the hearing.
- C. Transport to all other departments in the main courthouse.
1. Prior to leaving the SCJRF, staff shall contact Shasta County Marshal Dispatch at 245-6282 and provide them with an ETA and request a Marshal be present for escort into the main courthouse.
 2. SCJRF staff shall park the transport vehicle in the designated parking area on the street, near the driveway to the Main Courthouse Vehicle Sallyport.
 3. SCJRF shall notify Marshal Dispatch and advise they are present and ready for escort into the courthouse.
 - a. SCJRF staff shall not remove any resident(s) from the transport vehicle until Marshal staff have opened the Vehicle Sallyport door and are present.
 4. Shasta County Marshal staff shall direct SCJRF staff and resident movement throughout the courthouse, including which entrance to use. Probation staff are to follow the instructions of Marshal personnel and act professionally at all times.
 5. Whenever possible, SCJRF staff will work with Shasta County Marshal staff to arrange to use the secure, non-public access points when transporting residents into and out of the adult court facility.
 - a. SCJRF staff escorting residents to hearings in the adult court shall work with Shasta County Marshal staff to insure that the movement of residents through public access points (entrance/exit, corridors, etc) shall be scheduled in such a manner that there is no opportunity for contact with adults or members of the general public.
 6. In every instance that the Marshal staff cannot accommodate requests to enter, exit or be escorted through secure, non-public access points, the SCJRF staff shall notify the director via email the circumstances of that transport.
 - a. This notice shall include the name(s) of the Marshal staff assisting, the name(s) of the residents, the type of hearing (adult or juvenile), and whether or not the resident came into contact with adult defendants or members of the public during the entry, exit or escort.
- D. Adult Court Holding Facilities
1. SCJRF staff shall take steps to insure the separation of residents from adults.

- a. Section 1161 of the Minimum Standards for Local Detention Facilities (Adult), Article 10, mandates that minors be separated from adults in court holding facilities, in accordance with Section 208 of the California Welfare and Institutions Code.
2. Residents appearing in a Juvenile Court Hearing
 - a. Restraints are to be removed prior to the resident entering the Juvenile Courtroom, except in cases where the resident must remain in restraints for safety and security reasons.
 - i. In such cases, the Juvenile Court Judge must make a ruling that the restraints are necessary. (See Section V. E. 1, above).
 - a) The Court Officer shall approach the Marshal, District Attorney, and Defense Attorney, and state the reasons it is recommended that the resident remain in restraints.
 - b) The Marshal and/or attorneys will then brief the Judge.
 - c) The Judge will go on record and may ask the Court Officer questions on the record. The Judge will hear arguments from council, then make a ruling. The Court Officer shall remove the restraints if so ordered by the Judge.
3. Residents being tried as adults.
 - a. Residents being tried as adults shall remain in mechanical restraints for most hearings.
 - i. The exception being a jury trial, which would necessitate the resident being removed from restraints in the holding cell prior to entering the courtroom.

REPLACEMENT HISTORY:

Created: 10/10/2013

Revised: 1/16/2014; 11/15/2014; 3/1/2017; 1/30/2018; 1/18/2019; 5/31/2019

REFERENCES

- SCJRF Policy and Procedures Manual, Section 7.1, Use of Department Vehicles
- SCJRF Policy and Procedures Manual, Section 3.1.3, Equipment
- Section 6030(f) of the California Penal Code
- Section 3407 of the California Penal Code
- Minimum Standards for Local Detention Facilities, Title 15, Article 10, Minors in Court Holding Facilities
- Section 208 of the California Welfare and Institutions Code
- Section 210.6 of the California Welfare and Institutions Code (AB 878)
- Tiffany A. v Superior Court (2007)

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.2	Court Transports	SECTIONS:	1 of 6

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure the safe and secure transportation of residents to their court hearings.

PROCEDURES

I. GENERAL INFORMATION

- A. Transport officers shall obey the policies outlined in Section 7.1, Use of Department Vehicles.
- B. All Court Transports shall be conducted in a department caged vehicle.
- C. All transfer of residents to vehicles for Court Transports shall occur through Booking and the Vehicle Sallyport.
- D. Staff are prohibited from making unauthorized stops during Court Transports.

II. MINIMUM NUMBER OF OFFICERS REQUIRED FOR COURT TRANSPORT

- A. At least one CORE trained Juvenile Detention Officer (JDO) must be present when conducting the transport of a resident.
- B. Factors to consider when assigning more than one JDO to a Court Transport:
 - 1. The total number of residents to be transported.
 - 2. The classification of the residents.
 - 3. The criminal history of the resident.
 - 4. The offenses for which the resident is currently being adjudicated.
 - 5. Whether the transport is to Juvenile Court located on the Juvenile Probation Campus, or to Adult Departments located in downtown Redding.
 - 6. The resident(s) history of violence, escape, or other behaviors deemed a threat to the safety of the transport.
 - 7. The gender of the resident(s)
 - 8. Any potential threat to the safety of the transport, either by family or affiliation.

III. REQUIRED UNIFORM AND EQUIPMENT

- A. Staff shall dress as required by the Dress Code Policy, a copy of which is included in Section 3.1.3 of this manual, titled "Equipment." Further, officers shall have the following items and equipment on their person and in good working order:
1. Valid California Drivers License.
 2. Duty belt with standard issued equipment.
 - a. Or issued OC Spray, handcuffs and badge
 - i. The JDO transport badges (3 of them) are located in the armory.
 3. Transport Radio
 - a. This radio is unique in that it has ShasCom and Marshal frequencies programmed into it.
 - b. This radio is located in the armory.
 - c. Staff are responsible for ensuring that the radio is silenced in the courtroom.
 4. Department issued or personal cell phone.
 - a. Staff may use the department issued transport cell phone or their personal cell phone if they choose.
 - b. Should staff prefer to use their personal cell phone, Shasta County will not reimburse the staff member for any use of that phone.
 - c. Staff are responsible for ensuring any cell phone on their person is silenced when in the courtroom, pursuant to Shasta County Marshal's Office procedures.

IV. USE OF RESTRAINTS ON RESIDENTS DURING COURT TRANSPORTS

- A. All residents, except those outlined below, shall be transported in belly chains with handcuffs and leg restraints (shackles).
- B. Exceptions include:
1. Pregnant residents shall not be shackled, placed in belly chains or handcuffed behind their backs under any circumstances. Such restraint is prohibited by Section 6030(f) and Section 3407 of the California Penal Code.
 - a. Pregnant residents may be handcuffed in front so long as they are not in labor, in delivery, or in recovery following child birth. If these circumstances exist, the resident shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the resident, the staff or the public.

V. TRANSPORT TO JUVENILE COURT

- A. Whenever court transports are conducted by Juvenile Probation Officers, they will refer to their policy governing the transportation of detained youth.
- B. Whenever JDO's are responsible for transports, the following procedures shall be followed:

- C. Prior to the transfer of residents to the Juvenile Court Holding Cells, the officer assigned to court shall walk over and secure the area.
1. Search the holding cells to ensure there is no contraband present, lighting is working and benches are secure and in good repair.
 2. Walk the route between the holding cell and the Juvenile Division Vehicle Sallyport entry door to ensure:
 - a. That the clerical and reception doorways are secured, and that support staff know that the transfer of residents is about to occur.
 - b. That there is no debris or dangerous items present along the route that could pose a security threat.
 3. When the court holding cells and transfer route is deemed secure, the court officer shall notify Control via radio.
- D. Physical transfer of residents.
1. Residents will be transported to the Juvenile Division Vehicle Sallyport via caged car from the SCJRF.
 2. Transport officer(s) shall ensure that the Juvenile Division Vehicle Sallyport gate is fully closed prior to removing a resident from the vehicle.
 3. Transport staff shall notify the court officer that they are present in the Juvenile Division Vehicle Sallyport and confirm that the Sallyport gate is fully closed.
 - a. The court officer shall open the entry door to allow the transport staff to escort the residents into the facility.
 4. Staff shall escort the resident(s) through the entry door to the holding cells.
 5. Once the residents are secure in the holding cells, the court transport officers shall either standby or return to the SCJRF to continue with additional escorts or resume other duties.
- E. Restraints are to be removed prior to the resident entering the Juvenile Courtroom, except in cases where the resident must remain in restraints for safety and security reasons.
1. In such cases, the Juvenile Court Judge must make a ruling that the restraints are necessary based on the non-conforming conduct of the individual resident, on a case by case basis. (Tiffany A. v Superior Court (2007)).
 - i. The Court Officer shall approach the Marshal, District Attorney, and Defense Attorney, and state the reasons it is recommended that the resident remain in restraints.
 - ii. The Marshal and/or attorneys will then brief the Judge.
 - iii. The Judge will go on record and may ask the Court Officer questions on the record. The Judge will hear arguments from council, then make a ruling. The Court Officer shall remove the restraints if so ordered by the Judge.

VI. TRANSPORT TO ADULT COURT

A. Transport staff shall carry a field services radio that has the capability of communicating with Marshal's Dispatch.

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A.B. SCJRF staff shall remain with the resident(s) at all times, unless the resident is secured in a holding area that is separated from adult inmates.

B.C. Transport to Department 1 or 2

1. Staff shall notify Marshal's Dispatch when leaving the JRF enroute to the Court, specifying whether its Department 1 or 2.

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1.2. Staff shall drive to the Shasta County Jail Vehicle Sallyport and request entry.

2.3. Once inside, staff shall notify Shasta County Marshal Dispatch, at 245-6282, that they are present in the jail vehicle sally with residents who have court in either Department 1 or Department 2.

3.4. Marshal staff will come downstairs into the vehicle Sallyport to escort SCJRF staff and resident(s) to the designated courtroom.

5. SCJRF staff shall follow directions from the Marshal staff on where the resident and staff are to remain for the hearing.

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6. Following court, JRF staff shall notify Marshal's Dispatch upon leaving the courthouse that they are 10-85 to the JRF. Staff shall notify Marshal's Dispatch when they are 10-98 at the JRF.

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C.D. Transport to all other departments in the main courthouse.

1. Prior to leaving the SCJRF, staff shall contact Shasta County Marshal Dispatch at 245-6282 and provide them with an ETA and request a Marshal be present for escort into the main courthouse. JRF staff shall notify Marshal's Dispatch when leaving the JRF enroute to the Main Courthouse.

2. SCJRF staff shall park the transport vehicle in the designated parking area on the street, near the driveway to the Main Courthouse Vehicle Sallyport, notify Marshal's Dispatch when they are 10-98 and back into the driveway and into the sallyport.

3. SCJRF shall notify Marshal Dispatch and advise they are present and ready for escort into the courthouse.

a. SCJRF staff shall not remove any resident(s) from the transport vehicle until Marshal staff have opened the Vehicle Sallyport door and are present.

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3. Following court, JRF staff shall notify Marshal's Dispatch upon leaving the courthouse that they are 10-85 to the JRF. Staff shall notify Marshal's Dispatch when they are 10-98 at the JRF.

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4. Shasta County Marshal staff shall direct SCJRF staff and resident movement throughout the courthouse, including which entrance to use. Probation staff are to follow the instructions of Marshal personnel and act professionally at all times.

5. Whenever possible, SCJRF staff will work with Shasta County Marshal

staff to arrange to use the secure, non-public access points when transporting residents into and out of the adult court facility.

- a. SCJRF staff escorting residents to hearings in the adult court shall work with Shasta County Marshal staff to insure that the movement of residents through public access points (entrance/exit, corridors, etc) shall be scheduled in such a manner that there is no opportunity for contact with adults or members of the general public.
6. In every instance that the Marshal staff cannot accommodate requests to enter, exit or be escorted through secure, non-public access points, the SCJRF staff shall notify the director via email the circumstances of that transport.
 - a. This notice shall include the name(s) of the Marshal staff assisting, the name(s) of the residents, the type of hearing (adult or juvenile), and whether or not the resident came into contact with adult defendants or members of the public during the entry, exit or escort.

D.E. Adult Court Holding Facilities

1. SCJRF staff shall take steps to insure the separation of residents from adults.
 - a. Section 1161 of the Minimum Standards for Local Detention Facilities (Adult), Article 10, mandates that minors be separated from adults in court holding facilities, in accordance with Section 208 of the California Welfare and Institutions Code.
2. Residents appearing in a Juvenile Court Hearing
 - a. Restraints are to be removed prior to the resident entering the Juvenile Courtroom, except in cases where the resident must remain in restraints for safety and security reasons.
 - i. In such cases, the Juvenile Court Judge must make a ruling that the restraints are necessary.
 - a) The Court Officer shall approach the Marshal, District Attorney, and Defense Attorney, and state the reasons it is recommended that the resident remain in restraints.
 - b) The Marshal and/or attorneys will then brief the Judge.
 - c) The Judge will go on record and may ask the Court Officer questions on the record. The Judge will hear arguments from council, then make a ruling. The Court Officer shall remove the restraints if so ordered by the Judge.
3. Residents being tried as adults.
 - a. Residents being tried as adults shall remain in mechanical restraints for most hearings.
 - i. The exception being a jury trial, which would necessitate the resident being removed from restraints in the holding cell prior to entering the courtroom.

REPLACEMENT HISTORY:

Effective Date 10/10/2013

7.2 Court Transports

Created: 10/10/2013

Revised: 1/16/2014; 11/15/2014; 3/1/2017; 3/20/2017

REFERENCES

- SCJRF Policy and Procedures Manual, Section 7.1, Use of Department Vehicles
- SCJRF Policy and Procedures Manual, Section 3.1.3, Equipment
- Section 6030(f) of the California Penal Code
- Section 3407 of the California Penal Code
- Minimum Standards for Local Detention Facilities, Title 15, Article 10, Minors in Court Holding Facilities
- Section 208 of the California Welfare and Institutions Code
- Tiffany A. v Superior Court (2007)

Effective Date 10/10/2013

7.2 Court Transports

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.3	Transportation-Off-Site Medical	SECTIONS: 1357, 1358,	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to policy and procedures governing the transportation of residents to effectively transfer them between institutions in the State of California.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy addresses medical and dental appointments, as well as emergencies requiring transportation to a hospital.
- B. Officers shall adhere to the guidelines contained in Section 7.1, Use of Department Vehicles in this policy manual, whenever they are transporting a resident in a county vehicle.
- C. All transports of residents to planned medical appointments shall be conducted in department caged vehicles.
- D. The Supervisor on Duty/OIC shall ensure that enough staff are present to safely complete the transport.
 1. The number of staff necessary can be affected by the classification of the resident, any real or perceived threat to the safety and security of the resident and officer(s), the resident's history of escape (successful and attempted), and the resident's current demeanor.
- E. Notification of parents.
 1. The Supervisor on Duty/OIC shall discuss with CFMG staff if parents need to be notified due to the seriousness of the medical issue at hand. This shall occur if CFMG is on site, or by consulting the on-call medical provider.
 2. Following discussion with the CFMG staff and/or parent/guardian notification, the Supervisor on Duty/OIC shall notify the Division Director of the incident and whether the medical staff advised that parent/guardian notification was necessary. The notification of parent/guardian shall be documented in a case note in the resident's computerized case file.
 3. If it was determined that parent/guardian notification would not be made at the hospital, notification shall be made upon the resident's

return to the facility.

4. The Supervisor on Duty/OIC shall notify the Division Director upon the resident's return to the facility and shall notify the Division Director that parent/guardian notification has been made and properly documented in the resident's computerized case file.
5. The Supervisor on Duty/OIC shall notify the oncoming Supervisor/OIC of the incident. Further, the oncoming Supervisor/OIC shall verify that all required notifications occurred and are documented in the resident's computerized case file.

II. TRANSPORTS TO PLANNED APPOINTMENTS

- A. Officers conducting the transport are responsible to ensure they have in their possession any paperwork that medical has prepared for the treatment provider.
- B. Officers conducting the transport are responsible to ensure they have the address and phone number of the treatment provider, as well as the directions to get to their office.
- C.
 1. The use of mechanical restraints on a juvenile during transportation outside of the facility will only be used when the probation department in consultation with the transporting agency determines the restraints are necessary to prevent physical harm to the juvenile or another person, or due to a substantial risk of flight/escape. (Section 210.6 of the California Welfare and Institutions Code).
 2. The Juvenile Rehabilitation Facility (JRF) Management Team will review and assess each youth on at minimum a weekly basis regarding the necessity for mechanical restraints during transportation outside of the facility. Mechanical restraints, include, but not limited to, handcuffs, chains, irons, straitjackets or cloth or leather restraints, or other similar items.
 3. If a determination is made that mechanical restraints, other than handcuffs, are necessary, the least restrictive form of restraint shall be used consistent with the legitimate safety and security needs of each juvenile.
 4. If mechanical restraints, other than handcuffs, are used, the use and reasons for the use shall be documented in JRF Juvenile case file.
 5. Pregnant females taken to any appointment, including medical appointments or a hospital visit (for any reason) shall be transported in the least restrictive way possible that is consistent with the legitimate security needs of the resident and the community. Pregnant residents shall not be shackled, placed in belly chains or handcuffed behind their backs under any circumstances. Such restraint is

prohibited by Section 6030(f) and Section 3407 of the California Penal Code.

a. Pregnant residents may be handcuffed in front so long as they are not in labor, in delivery, or in recovery following child birth. If these circumstances exist, the resident shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the resident, the staff or the public. The Probation Department and transporting agency will make the determination if mechanical restraints are necessary for the youth's or other's safety or security. If deemed necessary, documentation will be provided of their use, including the reasons for the use of mechanical restraints.

- D. Transporting staff are responsible for bringing treatment orders and other paperwork back to the facility from the treatment provider.
- i. This paperwork shall be delivered to medical upon return to the facility.

III. EMERGENCY TRANSPORTS TO THE HOSPITAL ER

- A. If a resident is transported by ambulance, at least one JRF officer (Transport Officer) shall follow the ambulance in a caged car, and provide supervision over the resident at the hospital.
- B. The transport officer shall bring with them a set of belly chains with handcuffs and shackles.
- C. The transport officer shall contact Central Control to confirm arrival at the Hospital.
- D. The transport officer shall remain with the resident until relieved by another JRF Officer, or authorized to leave by a Supervisor/OIC, the facility director, the ACPO or CPO.
- E. The resident is to have no visitors, other than their parent, guardian or as approved by the probation department.
- F. The transport officer shall contact Central Control if:
- i. The resident is admitted to the hospital as an in-patient.
- ii. There is an unusual event.
- G. When discharged, residents shall be placed in belly chains with handcuffs, and shackles for transport back to the facility, unless that resident meets one of the exceptions outlined in Section 6.2, Physical Restraints, or Section 5.2.5 Pregnant Residents.
- i. If there is a medical reason to limit or omit restraints, the transport officer shall notify the Supervisor on Duty/OIC.

- H. Transporting staff are responsible for bringing treatment orders and other paperwork back to the facility from the treatment provider.
 - i. This paperwork shall be delivered to medical upon return to the facility.

REPLACEMENT HISTORY:

Created: 1/22/2015

Revised: 2/21/2018, 11/20/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.4	Transportation-Other Institutions w/in CA	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to policy and procedures governing the transportation of residents to effectively transfer them between institutions in the State of California.

PROCEDURES

I. GENERAL INFORMATION

- A. Officers shall adhere to the guidelines contained in Section 7.1, Use of Department Vehicles in this policy manual.
- B. All transports of residents between facilities located within the State of California, and conducted by JRF staff, shall be conducted in department caged vehicles.
- C. The transporting officer shall not make any unauthorized stops during the transport.
 1. Examples of unauthorized stops include fast food restaurants and smoke breaks.
- D. Bathroom breaks or emergency stops should only occur at juvenile detention facilities or Highway Patrol offices located along the transport route, or the nearest hospital in the case of a medical emergency.
- E. The transporting officer is responsible to:
 1. Insure that they have proper directions to the sending/receiving facility, with printed maps and directions as a backup in case GPS or other automated devices fail.
 2. Insure that they have contact numbers and addresses.
 3. Insure that they have any necessary court or medical paperwork prior to leaving with the resident.
 4. Insure that the resident's property goes with the resident, if applicable.
 5. Insure that they have a fuel card, and have the necessary information to use it such as pin numbers, names of approved fuel stations, etc.
 6. Insure that they have meals that are provided by the kitchen.
 7. Location of juvenile detention facilities or Highway Patrol offices along the route where bathroom breaks or emergency stops can be safely facilitated.

- F. 1. The use of mechanical restraints on a juvenile during transportation outside of the facility will only be used when the probation department in consultation with the transporting agency determines the restraints are necessary to prevent physical harm to the juvenile or another person, or due to a substantial risk of flight/escape. (Section 210.6 of the California Welfare and Institutions Code).
2. The Juvenile Rehabilitation Facility (JRF) Management Team will review and assess each youth on at minimum a weekly basis regarding the necessity for mechanical restraints during transportation outside of the facility. Mechanical restraints, include, but not limited to, handcuffs, chains, irons, straitjackets or cloth or leather restraints, or other similar items.
3. If a determination is made that mechanical restraints, other than handcuffs, are necessary, the least restrictive form of restraint shall be used consistent with the legitimate safety and security needs of each juvenile.
4. If mechanical restraints, other than handcuffs, are used, the use and reasons for the use shall be documented in JRF Juvenile case file.

G. Exceptions include:

1. Pregnant residents shall not be shackled, placed in belly chains or handcuffed behind their backs under any circumstances. Such restraint is prohibited by Section 6030(f) and Section 3407 of the California Penal Code.
- a. Pregnant residents may be handcuffed in front so long as they are not in labor, in delivery, or in recovery following child birth. If these circumstances exist, the resident shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the resident, the staff or the public. The Probation Department and transporting agency will make the determination if mechanical restraints are necessary for the youth's or other's safety or security. If deemed necessary, documentation will be provided of their use, including the reasons for the use of mechanical restraints.

REPLACEMENT HISTORY:

Created: 1/21/2015

Revised: 6/13/2016, 02/21/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
7.5	Transportation – Outside CA	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to policy and procedures governing the transportation of residents out of the state.

PROCEDURES

I. GENERAL INFORMATION

- A. Officers shall adhere to the guidelines contained in Section 7.1, Use of Department Vehicles in this policy manual.
- B. If the transport includes an overnight stay, officers shall:
 1. If the resident also requires an overnight stay, verify that arrangements are made with the juvenile facility located in the area to house the resident.
 2. Insure that their own overnight arrangements are made.
 - a. If the county is providing hotel arrangements, the officer shall comply with policies governing travel and travel advances
- C. The transporting officer shall not make any unauthorized stops during the transport.
 1. Examples of unauthorized stops include fast food restaurants and smoke breaks.
- D. Bathroom breaks or emergency stops should only occur at juvenile detention facilities located along the transport route, or the nearest hospital in the case of a medical emergency.
- E. The transporting officer is responsible to:
 1. Insure that they have proper directions to the destination, with printed maps and directions as a backup in case GPS or other automated devices fail.
 2. Insure that they have contact numbers and addresses.
 3. Insure that they have any necessary court or medical paperwork prior to leaving with the resident.
 4. Insure that the resident's property goes with the resident, if applicable.
 5. Insure that they have checked out a fuel card, and have the necessary information to use it such as pin numbers, names of approved fuel stations, etc.

6. Insure that they have meals that are provided by the kitchen.
 7. Know the location of juvenile detention facilities or CHP offices along the route, where bathroom breaks or emergency stops can be safely facilitated.
- F. The use of mechanical restraints on a juvenile during transportation outside of the facility will only be used when the probation department in consultation with the transporting agency determines the restraints are necessary to prevent physical harm to the juvenile or another person, or due to a substantial risk of flight/escape. (Section 210.6 of the California Welfare and Institutions Code).
- G. The Juvenile Rehabilitation Facility (JRF) Management Team will review and assess each youth on at minimum a weekly basis regarding the necessity for mechanical restraints during transportation outside of the facility. Mechanical restraints, include, but not limited to, handcuffs, chains, irons, straitjackets or cloth or leather restraints, or other similar items.
- H. If a determination is made that mechanical restraints, other than handcuffs, are necessary, the least restrictive form of restraint shall be used consistent with the legitimate safety and security needs of each juvenile.
- I. If mechanical restraints, other than handcuffs, are used, the use and reasons for the use shall be documented in JRF Juvenile case file.
- J. Exceptions include:
1. Pregnant residents shall not be shackled, placed in belly chains or handcuffed behind their backs under any circumstances. Such restraint is prohibited by Section 6030(f) and Section 3407 of the California Penal Code.
 - a. Pregnant residents may be handcuffed in front so long as they are not in labor, in delivery, or in recovery following child birth. If these circumstances exist, the resident shall not be restrained by the wrists, ankles, or both unless deemed necessary for the safety and security of the resident, the staff or the public. The Probation Department and transporting agency will make the determination if mechanical restraints are necessary for the youth's or other's safety or security. If deemed necessary, documentation will be provided of their use, including the reasons for the use of mechanical restraints.
- K. Residents being transported to other detention facilities out of state shall be placed in mechanical restraints.

II. AIRPORT TRANSPORTATION PROCEDURES

- A. When a resident is to be transported via airplane, the transport officer shall call the airport police if applicable, or the airport security provider.
 - 1. Advise them of the transport.
 - 2. Ask about their security requirements.
- B. Transport officers shall follow the instructions of airport policy/security personnel.
- C. If mechanical restraints are worn for the ride to the airport, they shall be removed prior to entering the security portion of the terminal.
 - 1. For smaller airports, such as Redding International Airport, this may mean they need to be removed prior to entering the terminal.
- D. Transport officers shall take steps to not draw attention to their status as peace officers or to the transport itself.
 - 1. Officers shall wear their gear in such a manner that it is accessible but inconspicuous.
- E. Transport officers shall visually verify that the resident has entered the aircraft and, to the best of their ability, maintain watch over the aircraft until it departs, to insure that the resident remains onboard.
- F. Only Deputy Probation Officers shall accompany residents on flights.

REPLACEMENT HISTORY:

Created: 1/22/2015

Revised: 2/21/2018

REFERENCES

Chapter 8 Staff Training

- 8.1 Department Training Policy**
- 8.2 New Hire Orientation**
- 8.3 JDO CORE**
- 8.4 Ongoing Training**

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
8.1	Department Training Policy	SECTIONS:	<i>1 of 4</i>

POLICY STATEMENT

The following is the Shasta County Probation Department training policy that governs all of its officers and employees.

POLICY:

It is the policy of this department to administer a training program that will provide for professional growth and continued development of its personnel. By doing so, the Department will ensure its personnel possess the knowledge and skills necessary to provide a professional level of service that meets the needs of the community.

The Department seeks to provide ongoing training and encourages all personnel to participate in advanced training and formal education on a continual basis. Training is provided within the confines of funding, requirements of a given assignment, staffing levels, and legal mandates. Whenever possible, the Department will use courses certified by the Standards and Training for Corrections (STC) and/or the California Commission on Peace Officer Standards and Training (POST).

While attending training, employees are governed by all policies of Shasta County and the Shasta County Probation Department.

STC ANNUAL HOURS AND STC CORE HOURS

The Training Manager will provide an adequate selection of courses for annual STC training hours. The Training Coordinator will monitor the hours, but the ultimate responsibility lies with the supervisor and Division Director.

Every new staff and certain newly promoted staff must complete CORE training within one-year period. The Training Coordinator will be responsible for locating and making arrangements for the CORE training.

TRAINING PLAN

A training plan will be developed and maintained by the Training Coordinator. It is the responsibility of the Training Coordinator to maintain, review, and update the training plan on an annual basis. The Plan will address the following areas:

- Legislative Changes
- State Mandated Training
- Critical Issues Training

The Department has developed a list of training courses for a Deputy Probation Officer and Juvenile Detention Officer. These courses are listed by first year of hire and career development/succession planning.

NON-STC STAFF

Non-STC staff are encouraged to participate in training. It is the responsibility of the supervisor to evaluate their staff and recommend appropriate training as needed and available. If an STC certified class has openings and no other STC staff are available, non-STC staff may attend the training upon their request and approval by their supervisor or the Training Officer.

TRAINING GUIDELINES:

Attendance/Timeliness

Employees will attend all hours of instruction. Employees will be on time for the start of the class and return on time following lunch and breaks.

Work Hours

Employees will flex their workday schedule whenever possible to enable travel commuting time to occur during the normal workday schedule. The employee's immediate supervisor must approve all flex and overtime.

Classroom/General Behavior

It is the responsibility of each staff member to recognize that training is their job for the day and they have individual responsibilities to derive positive benefits from training.

Each staff member is expected to:

- Show courtesy to the instructor and other participants.
- Report disruptive or inappropriate behavior to the trainer and supervisor or Division Director.
- Attend and complete all training for which they are enrolled.
- Have only those training materials pertinent to the session before them.
- Conduct themselves in an appropriate manner.
- Respect others' ideas, opinions, and questions.
- Follow directions of the trainer and/or proctor in each class.
- Wear attire to training in accordance with the Department's Dress Code.

Employee behavior in the community is a direct reflection of the Shasta County Probation Department. This should be kept in mind when assigned training requires temporary residence in another community. Inappropriate or illegal behavior may result in disciplinary action.

Failure to attend training

Failure to attend a scheduled training without prior notification and approval of the Division Director or, in his/her absence, the Supervising Probation Officer, will result in disciplinary action. In the case of an emergency situation, notification to the Division Director or, in his/her absence, the Supervising Probation Officer, should be made as soon as possible. It will be the Division Director's or, in his/her absence, the Supervising Probation Officer's responsibility to notify the Training Coordinator of the change.

PROCEDURE:

Training Requests

Requests for approval to attend training seminars, workshops, conferences, etc., should be submitted to the employee's immediate supervisor, who will forward it to the Division Director. If the training falls outside of the department training plan the Division Director will review the training request at the Administrative Staff Meeting. Requests will be granted or denied on the basis of department needs, relevancy of the training, practicality, and cost. Approved training requests will be submitted to the Training Coordinator. Denied training requests will be returned to the employee.

Notice of Required Training

In most cases, employees will be informed by the Training Coordinator of the date, time, location and nature of the training at least two weeks prior to the training.

Travel Request/Advances

Employees must advise the Training Coordinator two weeks prior to training if a travel advance is required. The Training Coordinator will complete all travel requests for STC training. Travel request forms must be signed by the employee, initialed by the Division Director, and forwarded to the Training Coordinator two weeks prior to training.

The travel request will estimate the total cost of lodging, meals, tuition, and travel costs if travel is by other than a county vehicle. The employee is entitled to 80% of the total estimated cost of meals as a travel advance. Lodging will be advanced at 100% of actual cost, with a confirmation number. Travel advances are issued in the same manner as the employee's paycheck. If payment is by warrant, the employee must personally sign for the warrant at the Auditor's Office. The warrant is normally available three working days prior to the date of travel and identification is required.

Under most circumstances employees will be expected to share accommodations. Exceptions must have administrative approval.

Transportation

Whenever possible, a vehicle from the employee's division should be used. If this is not possible, arrangements shall be made through the Training Coordinator.

Gasoline Credit Card

1. An oil company credit card should be obtained when using a Shasta County Probation Department vehicle to attend training outside of the county. Staff will check out a credit card from designated staff within their division. This card must be returned the first business day following their return. If the employee is traveling alone, he/she will be responsible for signing out a card. When more than one staff member is attending the same course, the Training Coordinator will designate one of the employees as the person responsible for obtaining the vehicle and the credit card.
2. Make sure vehicles are filled with gas upon return.
3. When a credit card is used for gasoline, parts, or repairs, the vehicle number and mileage at the time of service must be written on the front of the credit card receipt. Submit the receipts to the Accounting Technician.
4. If the employee puts gas in a County vehicle using personal funds, the receipt must be attached to a Claim/Authorization for Release of Funds form and submitted to the Accounting Technician. (The Claim/Authorization for Release of Funds form can be found on the Probation Intranet site under FORMS.)

Expense Receipts

Receipts must be retained for the following costs: non-prepaid tuition, lodging, airfare, parking, bridge tolls, and training materials that were not included in the cost of tuition. Meals are reimbursable as allowed in the Shasta County Personnel Rules. Procedure Following Training

1. Vehicle keys and credit cards must be returned.
2. Within three days, a completed Travel Expense Report must be completed indicating all expenditures less any advances. The form is available on the Probation Intranet. Original receipts should be attached to the report and submitted to the Accounting Technician.
3. If the travel advance exceeds actual expenses, a check for the amount not used must be made payable to Shasta County and submitted with the Travel Expense Report form. If the employee is eligible for an expense reimbursement, a check from the Auditor's Office to the employee will be mailed to the employee or directly deposited to the account on record approximately two weeks after the claim is submitted.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
8.2	New Hire Orientation	SECTIONS: 1322	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide training and orientation in accordance with state and federal laws and guidelines, to promote a high standard of job performance and to support staff in their professional development.

Page | 1

PROCEDURES

I. GENERAL INFORMATION

- A. The Supervisor in charge of new hire orientation is tasked with setting the orientation schedule and managing the training critiques of all newly hired full-time and extra help Juvenile Detention Officers.
- B. Pursuant to Title 15, Section 1322, prior to assuming any responsibilities each child supervision staff member shall be properly oriented to his/her duties, including:
 1. Child supervision duties.
 2. Scope of decision he/she shall make.
 3. The identity of his/her supervisor.
 4. The identity of persons who are responsible to him/her.
 5. Persons to contact for decisions that are beyond his or her responsibility.
 6. Ethical responsibilities.

II. JUVENILE DETENTION OFFICER ORIENTATION

- A. New Juvenile Detention Officers receive 88 hours of facility specific orientation with an additional 6 months of observation., Prior to assuming any responsibility for the supervision of youth, JDO's shall receive a minimum of 40 hours of orientation which includes:
 1. Individual and group supervision techniques.
 2. Regulations and policies relating to discipline and basic rights of youth pursuant to law and the provisions of Title 15.
 3. Basic health, sanitation, and safety measures.
 4. Suicide prevention and response to suicide attempts.
 5. Policies regarding use of force, de-escalation techniques, chemical agents, mechanical and physical restraints.
 6. Review of policies and procedures referencing trauma and trauma-informed approaches.
 7. Procedures to follow in the event of emergencies.

8. Routine security measures, including JRF perimeter and grounds.
9. Crisis intervention and mental health referrals to mental health services.
10. Documentation.
11. Fire and Life Safety.

- B. Prior to assuming sole supervision of youth, each JDO shall successfully complete the requirements of the Juvenile Corrections Officer Core Course.
- C. Prior to exercising peace officer powers, all JDOs shall successfully complete training pursuant to Penal Code Section 830 et seq.
- D. The 88 hours of orientation will be scheduled through the Facility Training Program Supervisor. New hires will be assigned to a Facility Training Officer (FTO).
- E. Training Daily Observation Report
 1. Training officers shall rate the trainee performance utilizing the Training Daily Observation Report.
 2. An additional 10 Daily Observation Reports over a 6 month observation period shall be completed by veteran staff who work with new hires following the orientation program.
 3. Training Daily Observation Reports help to document training topics that are reviewed or practiced, and summarize the on the job training that the new hire is receiving.

III. DEPUTY PROBATION OFFICER ORIENTATION

- A. For Deputy Probation Officers who have already successfully completed the Juvenile Corrections Officer CORE Course, and worked previously in our facility, an abbreviated orientation has been created in an effort to provide the necessary orientation to refresh officers in the operations, policies and procedures of the facility.
- B. Deputy Probation Officers shall be oriented to the facility as follows:
 1. If a Deputy Probation Officer has completed DPO CORE, they shall complete a modified 40-hour orientation program to the facility prior to assuming responsibility for the supervision of residents.
 2. If a Deputy Probation Officer has not completed either DPO CORE or JDO CORE, they shall complete the full 80-hour orientation program.

REPLACEMENT HISTORY:

Created: 1/23/2015

Revised: 10/3/2016, 12/16/18, 05/11/2019

REFERENCES

JRF Training Program Manual
Penal Code Section 6035
Penal Code Section 830 et seq.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
8.3	Juvenile Corrections Officer CORE Course	SECTIONS: 1322	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to require staff to complete the requirements of the Juvenile Corrections Officer CORE Course, pursuant to Section 6035 of the California Penal Code, prior to assuming primary responsibility for the supervision of residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Every effort shall be made to enroll new, full-time Juvenile Detention Officers into the Juvenile Corrections Officer CORE Course prior to the end of their first year of employment.

- B. All Juvenile Detention Officers are required to successfully complete the following courses. Failure to do so may result in termination from employment:
 1. Juvenile Corrections Officer CORE Course.
 2. Weaponless Defense 16 Hour Department Basic Course.
 3. 832 PC
 4. Chemical Agents Department Basic Course.
 5. PREA

- C. All reasonable efforts will be made to provide remediation training as needed.

REPLACEMENT HISTORY:

Created: 1/23/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
8.4	Ongoing Training	SECTIONS:	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide training and orientation in accordance with state and federal laws and guidelines, to promote a high standard of job performance and to support staff in their professional development.

PROCEDURES

I. GENERAL INFORMATION

A. Title 15, governing the Standards and Training of Local Corrections and Probation Officers, Section 184 (a) requires our Juvenile Detention Officers to complete 24 hours of annual training during any year that he/she is not participating in a core course.

1. For Supervising Juvenile Detention Officers, 40 hours of annual training is required.
2. For Supervising Probation Officers, 40 hours of annual training are required.

B. Ongoing required training may include:

1. First aid/CPR.
2. Weaponless defense and restraints.
3. Chemical agents.
4. Suicide prevention.
5. Medical updates.
6. Coursework related to Evidence Based Practices.
7. Motivational Interviewing.
8. PREA.
9. Fire and Life Safety.
10. Emergency Procedures.

REPLACEMENT HISTORY:

Created: 1/23/2015

Revised:

REFERENCES

Chapter 9 Emergency Procedures

- 9.1 Emergency Preparedness**
 - 9.1.1 Training and Review of Emergency Procedures**
 - 9.1.2 Armory Operations**
 - 9.1.3 Emergency Equipment – Inspection and Testing**

- 9.2 Emergency Procedures**
 - 9.2.1 Power Failure**
 - 9.2.2 Medical Emergency**
 - 9.2.3 Bomb Threats**
 - 9.2.4 Escape**
 - 9.2.5 Disturbance - Riot**
 - 9.2.6 Hostage**
 - 9.2.7 Fire Safety Plan and Emergency Procedures**
 - 9.2.8 Natural Disasters**
 - 9.2.9 Evacuation of Facility**
 - 9.2.10 Active Shooter**
 - 9.2.11 Civil Disturbances**
 - 9.2.12 Death In Custody**

- 9.3 Fire Suppression Pre-Plan**

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.1.1	Training and Review of Emergency Procedures	SECTIONS: 1327	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all facility staff shall be properly trained in Emergency Procedures, and those procedures shall be reviewed on an annual basis.

PROCEDURES

I. GENERAL INFORMATION

- A. All staff shall receive an orientation to policies and procedures governing emergency procedures for the institution. This will occur:
1. As new policy is written, it will be sent to each employee individually via Prevention Link Assignment.
 2. For new staff, it will be part of their mandatory orientation.
 3. For all staff, it will be reviewed annually.
- B. Staff shall conduct evacuation and/or shelter in place drills on a monthly basis, incorporating a review of policies and post orders related to select emergencies that could result in an evacuation or shelter in place, such as fire, natural disasters, active shooter, terrorist attack, escape, the taking of hostages, and bomb threats.
- C. Policy and post orders governing emergency procedures shall be reviewed by the facility director annually.

REPLACEMENT HISTORY:

Created: 1/26/2015

Revised: 12/21/2018, 05/11/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.1.2	Armory Operations	SECTIONS: 1327	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to insure that chemical agents, related security devices and weapons are safely stored in the facility, and that they are inventoried, maintained and tracked as they are issued to staff.

PROCEDURES

I. GENERAL INFORMATION

A. The Armory, located in Booking, is the central location for chemical agents and related security devices and weapons that are used in the facility.

The following items are stored there:

1. Transportation equipment and restraints.
2. Cell extraction equipment.
3. Door breach equipment.
4. Urine Specimen fridge.
5. Vehicle keys.
6. OC Spray for issue to staff.
7. OC Fogger

B. The Supervisor in charge of the Armory is responsible for:

1. Inventorying items stored in the Armory.
 - a. Notifying the facility director when new items need to be ordered.
2. Tracking chemical agents, security devices and weapons that are issued to staff.
 - a. All issued items shall be documented, with serial numbers if applicable, in the employee equipment tracking sheets located in the Supervisors Office.
3. Making sure WRAPP restraints that are stored in the Armory for situational use in the facility are maintained and ready for use.
4. Making sure transportation and restraint equipment that are stored in the Armory for situational use in the facility is sanitized and maintained ready for use.

- NOTE: These procedures are being developed as of 1/29/2015.

REPLACEMENT HISTORY:

Created: 1/27/2015

Revised:

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.1.3	Emergency Equipment – Inspection and Testing	SECTIONS: 1327	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all emergency equipment shall be cleaned, maintained, inspected and tested on a regular basis to insure that it is ready for use when needed.

PROCEDURES

I. GENERAL INFORMATION

- A. Each month, the assigned supervisor shall conduct a complete a monthly Fire and Life Safety Inspection of the entire facility.
 - 1. The inspection records shall be retained for two years.
 - 2. The inspection shall include, but is not limited to:
 - a. Inspecting all fire extinguishers located throughout the facility, insuring that their levels are within operating standards as indicated on their attached gauges, and that their nozzles are free from dirt and debris.
 - b. Inspection of all doors to make sure they are working via touchscreen control and when keys are manually used.
 - c. Inspection of all intercom systems to make sure they are functioning and that communication can be heard clearly in both directions.
 - d. Inspection of emergency equipment stored in the armory.
 - e. Inspection of all lighting, including emergency lighting, to insure that it is operating.
 - f. Looking for unsafe items, items in need of repair, vandalized items, or any other situations that could pose a physical danger to others.

REPLACEMENT HISTORY:

Created: 1/26/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.1.4	Emergency Release of Residents	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to facilitate a method of identifying residents who are most suitable for release in the event of an emergency or crisis, as well as a procedure for collecting the information necessary for judicial review and authorization of emergency releases.

PROCEDURES

I. GENERAL INFORMATION

A. During an emergency or crisis, the primary responsibility of JRF staff is to insure the safety of all persons within the facility. It is the intent of this policy that measures to select and approve emergency releases are only taken when it is both safe and prudent to do so.

II. EMERGENCY RELEASE PROCESS

- A. The process of the emergency release of residents shall include the following:
1. The Supervisor on Duty/OIC shall notify the facility director and obtain approval to initiate the emergency release process.
 - a. In the event that the facility director is not available, the Supervisor on Duty/OIC shall contact the Assistant Chief Probation Officer or Chief Probation Officer in that order.
 - b. In the event that the facility director, ACPO, or CPO cannot be reached in a reasonable time period, the Supervisor on Duty/OIC shall contact the following in order:
 - i. Juvenile Division Director
 - ii. Adult Division Director
 - iii. Community Corrections Center Director
 2. The following residents shall be released from detention immediately in this order:
 - a. Residents who have discretion to release, and the amount of time they have served fits within the terms of that discretion.
 - i. Examples of this include residents who are ordered to serve split time (Ricardo M. time) like "90 days, with discretion to release after 30 days". If the resident has served 31 or more days, they can be released immediately.
 - b. Residents who have discretion to furlough on all of the petitions for which they are in custody.
 - c. "A" status residents who are only booked on the charge of 777 WI.

- d. "A" status residents who are only booked on non-violent misdemeanor charges, or a combination of non-violent misdemeanor charges and a 777 WI.
 - e. Residents who are detained on Courtesy Holds for other institutions or jurisdictions only if a suitable placement is available.
 - i. Examples of a suitable placement includes a return to a previously failed placement, or the release to parents and/or guardians as approved by the case carrying agency.
3. The final group to be released shall be residents whose cases and circumstances have been reviewed by a judge and approved for release.

III. PROCESS OF JUDICIAL REVIEW

A. The process of Judicial Review involves the Supervisor on Duty/OIC researching residents who are deemed eligible for the emergency release process.

- 1. The following cases are not eligible for the emergency release process, and shall remain in custody during necessary evacuations:
 - a. Residents whose booked or sustained charges are included in Section 707(b) of the Welfare and Institutions Code.
 - b. Residents whose prior charges, social history, criminal history, and/or history of compliance while on supervised probation indicate:
 - i. They demonstrate behaviors indicative of a predatory sex offender, including but not limited to: Grooming potential victims, refusal or failure to participate in court ordered sex offender treatment, and/or a history of violations of a sexual nature.
 - ii. That they pose a serious physical threat to themselves or others if they do not remain in custody.
 - a) This can be demonstrated by a history of drug or alcohol abuse that requires hospitalization, a history of assaultive behavior resulting in injury or the need for professional medical treatment for the victims, or a history of absconding beyond simply running away (hitchhiking across state lines).
 - c. Residents who are pending placement and have no parent or guardian who is willing or able to provide an acceptable residence or exercise care and control over them.

B. Pre-Screening of cases for submission for Judicial Review.

- 1. The Supervisor on Duty/OIC shall screen each case that was not immediately released pursuant to Section II, A, 2 above, and is not deemed ineligible for release as described above.
- 2. The following shall be included in the pre-screening:
 - a. Verification of the charge they are currently in custody on.
 - b. Indicators of the plan or forthcoming disposition on the case.
 - i. This can be gleaned from a review of the detention

memorandum or any probation reports that can be located in JALAN, a review of the court docket, found in JALAN on the "Court" side,

- c. Indicators that parents/guardians have a acceptable home and are willing/able to exercise care and control over the resident.
 - d. Criminal History.
 - e. History of compliance with probation supervision.
3. The Supervisor on Duty/OIC shall form and opinion based on the pre-screening on whether or not to recommend continued detention or release to the on-call judge for each case that is screened.

C. Contacting the On-Call Judge

1. The Supervisor on Duty/OIC shall contact ShasCom after hours and ask them to contact the on-call judge.
2. When the on-call judge is on the phone, the Supervisor on Duty/OIC shall:
 - a. Explain the purpose of the phone call.
 - b. Provide the judge with the information collected for each case, as well as our recommendation.
 - c. Document the judge's orders for each case, reading them back to insure the order is understood.

IV. RELEASE PROCEDURE

- A. The Supervisor on Duty/OIC shall work with available staff and resources to release the selected residents safely and efficiently, adhering to established procedures as best as they can given the available resources.

REPLACEMENT HISTORY:

Created: 4/18/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.1	Power Failure	SECTIONS:	1 of 5

POLICY STATEMENT

The Shasta County Juvenile Rehabilitation Facility is engineered with a backup generator to provide power to key systems within the facility in the event of a power outage. It is our policy that the following procedures shall guide staff in the event of a power failure, including procedures should the backup generator fail or in the event of a prolonged power failure.

PROCEDURES

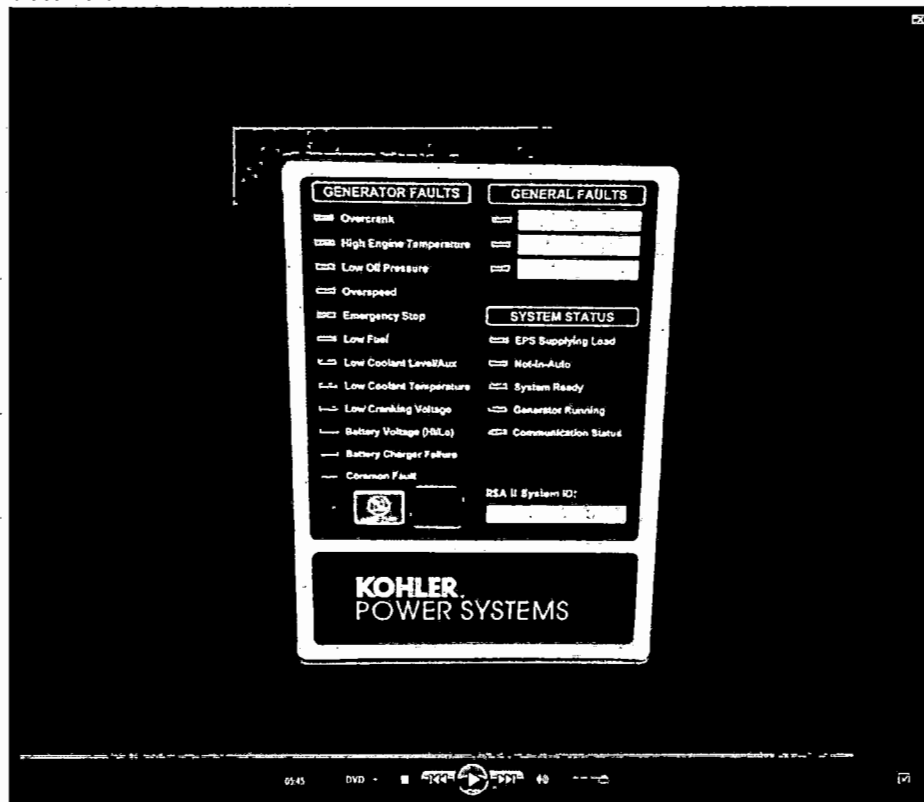
I. GENERAL INFORMATION

- A. The backup generator is located on the west side of the facility behind a secured gate, near the electrical and mechanical rooms.
- B. In the event of a power shortage or failure, the backup generator will activate automatically and supply power in a matter of seconds to the following systems:
 1. Exit and emergency lighting
 2. Select fluorescent lights located throughout the facility
 3. All alarm and security systems
 4. Intercom and door operations
 5. Vehicle sally port gates
 6. Main vehicle gates
 7. Sump pumps
 8. Kitchen refrigeration and selected equipment
 9. Medical area refrigeration
 10. Critical computer terminals
 11. Electrical outlets linked to emergency power (outlets marked "EP", "#")
 12. Air compressors for ventilation
 13. Key Management System
 14. HVAC in central control and computer rooms
- C. In the event of a power failure, the systems supplied by the backup generator are all equipped with uninterrupted power via battery systems that will provide continuous power until the backup generator activates.
 1. The Key management system has a separate battery backup that is designed to supply it power for 8 to 24 hours if necessary.
- D. When on backup power, there will be low lighting on the pods, corridors and support services areas.

II. BACKUP GENERATOR SYSTEMS AND USE

A. Central Control Generator Status Panel

1. This image depicts the Generator Status Panel located in central control.



2. When there is a "Generator Fault", an alarm will sound that can be silenced by pressing the blue button.
 3. If there is a Generator Fault, the Central Control Officer shall:
 - a. Document the fault indicated by the lights.
 - b. Silence the alarm.
 - c. Contact Facility Maintenance.
- B. Monthly Test
1. County facility maintenance shall inspect the backup generator monthly.
 2. The backup generator automatically conducts a test start of the system monthly.
- C. Refueling
1. Generator refueling arrangements should, if possible, be arranged through facility maintenance via their business and after hours telephone contact numbers.
 2. In the event facilities cannot be reached, Northern Lights Energy can be contacted directly and requested to respond to refuel the generator.

III. FACILITY OPERATIONS IN THE EVENT OF A POWER FAILURE

A. Successful, automatic activation of backup generator

1. The control officer shall document the time of the power outage in the

- logbook, and indicate that the backup generator is operating and providing power to the facility.
2. The Supervisor on Duty/OIC may, at their discretion, place the facility in lockdown, pursuant to Section 4.6, Facility Lockdowns.
 3. If there is no lockdown:
 - a. Residents on the recreation yards shall return to their pods where they can resume normal indoor programming at the discretion of the pod staff.
 - b. The East Rec Yard shall be closed.
 - c. The North Rec Yard may only be used during daylight hours, and with supervisor permission.
 - d. Limit of 10 residents out programming at a time.
 - e. Showers will be closed if the lighting to the showers is inoperative.
 - f. Off pod movement of residents shall be restricted at the discretion of the Supervisor on Duty/OIC.
 4. The Supervisor on Duty/OIC shall respond to Central Control to evaluate the situation.
 5. All staff in the facility shall verify that their issued flashlight is functioning properly.
 - a. Staff may utilize spare flashlights located on the pods, control and booking.
 - b. Floats may bring additional flashlights and/or batteries to the pods as needed.
 6. Visiting during a power failure.
 - a. If visiting is scheduled to start, it shall be canceled.
 - b. If visiting is underway, the Supervisor on Duty/OIC may, at their discretion, allow visiting to continue if there is sufficient natural lighting to provide safe supervision.
 7. Fuel Management
 - a. The backup generator is supplied with diesel fuel from an attached 400 gallon tank.
 - i. The system is designed to burn 25 gallons per hour of use. It is estimated that the generator should provide 16 continuous hours of operation on a full tank.
 - b. At the 4-hour mark of generator operation, the Control Officer shall notify the Supervisor on Duty/OIC.
 - i. The Supervisor on Duty/OIC shall respond to the generator and check the fuel level to verify that the generator is using fuel at the expected rate of 25 gallons per hour. (If the tank was full at the beginning, it should show approximately $\frac{3}{4}$ full).
 - c. The system is designed to show a low fuel alarm when fuel capacity drops below 60% (somewhere around the 7th hour of continuous operation).
 - d. At the 8-hour mark of generator operation, the Control Officer shall contact facilities and request that a fuel truck respond to refuel the generator.
 - i. If the 8-hour mark is outside of normal business hours, the on-

call facilities staff shall be contacted and the fuel truck requested.

- ii. If facilities cannot be reached, the Control Officer shall contact Northern Lights Energy directly and request they respond to refuel the generator.
 - iii. All contact numbers are displayed above the Generator Status Panel in central Control.
8. Kitchen staff shall evaluate the status of their planned meals, and adjust accordingly.
- a. Kitchen staff shall notify Central Control if there will be a change in the time of meal service.

B. Backup generator failure

1. In the event that the backup generator is not supplying power, the Supervisor on Duty/OIC shall place the facility in Full Lockdown status, pursuant to Section 4.6, Facility Lockdowns.
2. Emergency keysets are available for use by staff in the event of a generator failure. They are located:
 - a. In the Key Management System
 - b. In the locked box in control near the staff restroom.
3. The Central Control Officer shall contact ShasCom and notify them that the facility is in Lockdown due to power failure, and advise them that the contact number for the JRF will be the backup phone on the kitchenette in control.
4. Central Control shall be equipped with a handheld radio to communicate with staff in the facility.
5. Bookings
 - a. No new bookings shall be accepted without the facility director's approval.
 - b. If a booking is authorized, or residents are returning from Court, the main gate shall be opened manually, and the transport shall park nearest the staff entrance.
 - c. Residents shall be escorted into pre-booking via the pedestrian gate to the vehicle sally port.
 - d. In the case of a booking, the forms shall be filled out by hand.
6. Central Control shall contact juvenile probation and advise that the facility is on Lockdown and that no Court transports shall leave the facility, unless ordered by the court.
7. The Supervisor on Duty/OIC shall respond to Central Control to evaluate the situation.
8. All staff in the facility shall verify that their issued flashlight is functioning properly.
 - a. Staff may utilize spare flashlights located on the pods, control and booking.
 - b. Floats may bring additional flashlights and/or batteries to the pods as needed.
9. Visiting during a power failure

- a. If visiting is scheduled to start, it shall be canceled.
 - b. If visiting is underway, it shall be terminated.
10. Room Checks shall be logged in the Pod Log Books.
11. Kitchen operations shall be modified and all meals will be brown bag.

REPLACEMENT HISTORY:

Created: 1/23/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.2	Medical Emergency	SECTIONS:	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to insure a swift and proper response to medical emergencies that occur within the facility.

PROCEDURES

I. GENERAL INFORMATION

- A. Medical emergencies can occur to residents, staff or other visitors to the facility.
- B. During a medical emergency, the primary concern for officers managing the incident is the preservation of life.
 - 1. If the injured person is a resident, officers should remain observant for safety and security issues, or signs that a medical emergency is a ruse to affect and escape.
- C. Medical emergencies may include, but are not limited to:
 - 1. Serious injury that occur within the facility.
 - 2. The sudden onset of illness that does not appear to be triggered by an injury or incident.
 - 3. A pregnant resident going into early labor or other pregnancy related emergency.
 - 4. Loss of consciousness.

II. PROCEDURES FOR MEDICAL EMERGENCY

- A. Officers encountering a medical emergency should immediately notify Central Control via radio, and request medical staff, the Supervisor on Duty/OIC, and other officers to respond, if necessary.
 - 1. The Supervisor on Duty/OIC is responsible for insuring that the Facility Director, or Assistant Chief Probation Officer in their absence, is notified as soon as practical.
- B. Officers must continue to supervise the entire group while addressing the medical emergency until additional staff arrives.
- C. Once additional staff are present, an officer should be designated to manage the medical emergency, while support staff manage any additional residents who may be present.
 - 1. If the medical emergency occurs in the day room or a classroom, other residents shall be removed and placed in their assigned cells to facility

- the medical response.
2. The pod or facility may be placed on lockdown, pursuant to Section 4.6, at the discretion of the Supervisor on Duty/OIC.
- D. If medical staff is on duty, they shall assume the primary role of providing medical treatment and care to the individual.
1. Staff shall follow their instructions, assisting with movement of the individual, notifying Central Control to summon first responders, and documenting timelines as may be required.
- E. If medical staff are not on duty:
1. Staff shall alert Central Control to summon first responders, if deemed necessary.
 2. If the individual appears stable, the Supervisor on Duty/OIC shall obtain the necessary information to contact the on-call medical provider and obtain his instructions pursuant to Section 5.11.1.
 3. If a first responder is summoned, Central Control shall dispatch a staff member to guide the ambulance into the facility and escort them to the emergency.
 4. If a resident is transported by ambulance, refer to Section 7.3, Transportation – Off-site Medical regarding staff following the ambulance.
- F. All medical emergencies shall be documented in an SIR.

REPLACEMENT HISTORY:

Created: 1/23/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.3	Bomb Threat	SECTIONS:	1 of 8

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to enable staff to respond effectively and safely to bomb threats or suspect devices through training and established guidelines as set forth in this policy.

PROCEDURES

I. GENERAL INFORMATION

- A. Given that bomb threats are acts that can be committed from far away (via telephone, email, social media, etc.), destructive devices placed in unsecured, common areas in and around the facility (lobby bathrooms, the lobby itself, near entrances or in the public parking area), staff could be faced with the threat of a destructive device on the facility grounds at any time.
- B. The motives for bomb threats or planting real or fake destructive devices vary. Motives may include: humor, manipulation, aggression, or retaliation.
- C. This policy is meant to provide guidance to staff on how to evaluate a bomb threat, make appropriate decisions on how to proceed, and what to do if a suspected device is located on facility grounds.

II. EVALUATION OF A BOMB THREAT

- A. The staff who receive the bomb threat shall remain calm, and use the Threatening Call Form to gather as much information as possible.
 - 1. This form was created using federal resources, and can help guide staff to determine what response should be taken.
 - 2. This form is located near each telephone that has the ability to receive phone calls from outside the facility.
 - 3. If the bomb threat was not received via telephone, but through other electronic means, the staff member shall print or attempt to preserve the information.
- B. If the threat was not received by the Control Officer, the person receiving the threat shall immediately report it to the Control Officer.
- C. The Supervisor on Duty/OIC shall immediately be summoned and briefed on the bomb threat.

- D. Redding Police Department shall be contacted via 911 and advised of the situation.
- E. The Supervisor on Duty/OIC is responsible for notifying the facility director, or Assistant Chief Probation Officer in their absence, as soon as practical.
- F. The Supervisor on Duty/OIC shall insure that the Juvenile Probation staff are alerted to the bomb threat during business hours.
- G. Based on the information received, the Supervisor on Duty/OIC may, at their discretion, order a Lockdown of the facility or portion thereof, as outlined in Section 4.6.
- H. Based on the information received, the Supervisor on Duty/OIC may, at their discretion, order radio silence, to minimize electronic transmissions which could trigger an explosive device.
- I. Based on the information received, the Supervisor on Duty/OIC may initiate a search based on information received from the suspect:
 - 1. The Supervisor on Duty/OIC will determine who is to search which area?
 - a. Teaching staff may search the classrooms.
 - b. Kitchen staff may search the kitchen and loading dock area.
 - c. Officers may search the lobby, public restrooms, parking lot, and adjacent areas.
 - 2. Prior to the search, the Supervisor on Duty/OIC shall insure that the following instructions are given to those participating:
 - a. Any suspicious package or device shall not be touched or tampered with.
 - b. The presence of such packages or devices shall immediately be communicated to the Supervisor on Duty/OIC.
- J. The Supervisor on Duty/OIC shall work with responding officers to complete an assessment of the threat and evaluate the need for additional evacuations within the facility.

III. SUSPECTED DEVICE LOCATED ON FACILITY GROUNDS

- A. Should a staff member come across a suspicious package or device on the facility grounds they shall:
 - 1. Not touch or tamper with it.
 - 2. Notify Central Control.
 - 3. Take steps to secure the threatened area and keep people away.
- B. The Central Control Officer shall:
 - 1. Insure that the Supervisor on Duty/OIC is notified.
 - 2. Notify the Redding Police Department to advise of the location of the

suspected device.

- C. The Supervisor on Duty/OIC shall:
1. Initiate a Facility Lockdown, pursuant to Section 4.6.
 2. Order radio silence throughout the facility.
 3. Evacuate portions of the facility as deemed necessary and prudent given the location of the suspected device.
 4. Insure that the facility director, or Assistant Chief Probation Officer in their absence, is notified.
 5. Insure that Juvenile Probation is notified during business hours.

IV. EXPLOSION

- A. In the event of an explosion, staff shall adhere to the policy's and post orders governing the following:
1. 9.2.7 Fire
 2. 9.2.8 Natural Disasters
 3. 9.2.9 Evacuation
- B. If they are not already on scene, Central Control shall notify the Redding Police Department.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY THREATNING CALL FORM

This form is to be filled out in the event of any threatening call. It is to be filled out as thoroughly as possible during the call and immediately afterward.

1. Date/Time call received: _____

2. Phone # call was received at: _____

3. The above number is: **Listed** **Unlisted**

4. The call was **Local** **Long Distance** **Cellular**

5. Caller ID provided callers #: **Yes ()** - **No**

6. Call began (time): _____ **Call ended (time):**

7. Did the caller state a "code word"?: **Yes:** _____ **No**

Check off ANY CRITICAL WORDS the caller may have used. This may indicate if the threat is real

- | | | | |
|------------------|-------------------|--------------------|-------------------|
| Det cord | Explosives | Plastic | Initiation |
| C.E.4 | | | |
| Detonate | Switch | Detonator | Explosion |
| 808 | | | |
| Fuse | Booby Trap | Safety Fuse | Timer |
| Shrapnel | | | |
| Initiate | P.E.4 | Trigger | Semtex |
| Trip Wire | | | |
| T.N.T | Nitro | Trip | Dynamite |

Plastic Explosive Power Source Chemical Fuse
Was the caller reading from a Script? Yes No

If yes write the callers words as exactly as possible:

8. Who are you? :

9. What was the caller's gender Male Female

10. Estimated age of caller? : _____

Background noise(s) Check ONE or MORE:

House Noises	PA System	Aircraft
Traffic		
Kitchen	Kids Crying	Voices
Static		
Office Machinery	Factory Machinery	Animal Noises
Music		
Bar Sounds	Trains	Motors
Clear		

Other – Please Describe:

The Caller's Accent was:

English(Canadian)	French	German
Italian		
English(British)	Spanish	Polish
Pakistani		
English(American)	Jamaican	Russian
Chinese		
English(Australian)	Japanese	Greek
Scandinavian		
English(South African)	Arabic	

Other – Please Describe:

Threatening call form continued

The caller SEEMED to be:

Calm	Emotional	Irrational
Crying		
Intoxicated	Excited	Drugged
Cool		
Immature	Frightened	Angry

Other – Please Describe:

The Caller's MANNER of SPEECH was:

Out of Breath	Slurred	Polite
Slow		
Frightened	Clearing Throat	Incoherent
Rude		
Cracking Voice	Fast	Taped
Stuttering		
Deep Breathing	Lisping	Obscene
Normal		
Whispering	Disguised	Defective
Ragged		
Well Spoken/ Educated	Digital	

Other – Please Describe:

Was the caller's voice familiar: **Yes** **No**

This form was completed by:

Name: _____

Position/Title: _____

Date / Time form completed: _____

REPLACEMENT HISTORY:

Created: 1/26/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.4	Escape	SECTIONS: 1327	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to establish policies and procedures to prevent escape and guide officers in responding quickly and decisively when an attempted or successful escape occurs.

PROCEDURES

I. ESCAPE PREVENTION

- A. Staff shall adhere to the following policies as a means of preventing and deterring escape:
 - 1. Section 4.2.1 Perimeter Checks
 - 2. Section 4.2.3 Security for Outdoor Activities.
 - 3. Section 5.1.2 Verification of Population

- B. Any resident who attempts to escape, or has a history of escape, shall be classified as a Security Risk.

- C. During an attempted escape, officers shall:
 - 1. Request backup.
 - 2. Use that force deemed necessary to prevent an escape, pursuant to Chapter 6 of this policy manual.
 - 3. Secure the remaining residents in the group (if any).
 - a. The residents shall be returned to the Pod if outside, and then secured in their rooms.
 - 4. Document the incident in an SIR.

- D. JDO's are authorized to pursue an escaping resident to the fence line of the facility. They will terminate their pursuit if the resident makes it to the public parking lot.

II. PROCEDURES FOLLOWING AN ESCAPE

- A. In the event of an escape, the Supervisor on Duty/OIC shall place the facility on Lockdown pursuant to Section 4.6.

- B. A full count of the residents shall be conducted to verify the facility population.

- C. The Supervisor on Duty/OIC shall:
 - 1. Notify the facility director or Assistant Chief Probation Officer in their absence, as soon as possible.

2. Speak with those staff who observed the escape.
3. Initiate a search of the grounds in and around the path of escape.
4. Insure that a complete perimeter check of the facility is conducted.
5. Insure that the escaped resident's room is thoroughly searched.
6. Insure that if the escaped resident had a roommate, that resident is interviewed for evidence of escape planning.
7. Insure that the escaped residents accordion file is searched
 - a. All correspondence that is not deemed confidential pursuant to Section 5.4.10, Resident Mail, shall be read for evidence of escape planning.
8. Listen to any recorded telephone conversations as deemed necessary
9. Review any video surveillance recordings.

D. Escape notification.

1. The following shall be notified and provided BOLO's on escaped residents:
 - a. Juvenile Intake and Supervision Units.
 - b. ShasCom.
 - c. Resident's parent or legal guardian.

E. BOLO's shall consist of:

1. A modified field sheet, detailing:
 - a. Name and physical description of the resident.
 - b. Resident's picture.
 - c. Resident's home address
 - d. Time and date of escape.
 - e. Last known direction of travel.
 - f. Mode of travel. (Running, car, etc.)
 - g. Possible destinations (If known).
 - h. Information on any other escapees or accomplices.
 - i. Gang affiliation.
 - j. History of violence or use of weapons.

REPLACEMENT HISTORY:

Created: 1/26/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.5	Disturbance - Riot	SECTIONS: 1327	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to protect staff, residents, visitors and the public from disturbances initiated by residents confined to the facility. The following policy and procedure shall assist officers in detecting the signs of an impending disturbance, and provide direction in controlling a disturbance and regaining control.

PROCEDURES

I. GENERAL INFORMATION

- A. For the purpose of this policy, a riot is a group of residents who are out of control and acting in a violent or destructive manner.
1. Residents who are secured in their rooms may be behaving in such a manner as to incite unrest on the pod, however for a Riot situation to exist, the group must generally be in a common area of the facility and defying staff attempts to gain control over them.
- B. Patterns or signs that of an impending riot or facility unrest may include:
1. A sharp increase in facility rule violations.
 2. An event or incident that has recently occurred, that has triggered a significant protest of reaction of residents that was not resolved.
 3. Challenges to staff authority.
 4. Changes in recreation or eating patterns that appear choreographed by a group of residents.
 5. Credible talk amongst residents that appear to be effectively inciting others to refuse directions of staff or behavior in a violent or destructive manner.
- C. If the patterns or signs above are recognized early, staff can communicate their concerns to the Supervisor on Duty/OIC and focus on de-escalating the behavior and identifying the residents who appear to have a lead role in the behavior and removing them from the population to another location within the facility, such as Booking.

II. IN THE EVENT OF A RIOT

- A. Officers shall immediately communicate the following to Central Control:
1. The location of the riot.
 2. The number of residents involved.
 3. Type of weapons involved, if any.
 4. Identity of the involved residents.

5. Identity of involved hostages, if any.
 - a. Refer to Section 9.2.6 Hostage.

- B. Central control shall:
 1. Immediate disable the touchscreen on the involved pod, if applicable.
 2. Place the facility on Lockdown pursuant to Section 4.6.
 3. Insure that the Supervisor on Duty/OIC is notified of the situation and shall take command of the incident.
 - a. If the Supervisor on Duty/OIC is an involved staff at the location of the riot, then:
 - i. The facility director or other facility supervisors in the building shall be notified and assume command over the incident.
 - ii. If the facility director or other supervisor is not present, the most senior officer not already involved in the quelling of the riot shall assume command until relieved.
 4. Insure that the Assistant Chief Probation Officer or CPO in their absence is notified.

- C. Involved staff shall attempt to lockdown uninvolved residents.

- D. Involved staff may lock themselves in a room with uninvolved residents to:
 1. Provide for their safety and the safety of uninvolved residents.
 2. Prevent the taking of staff as hostages by rioting residents.
 3. Prevent keys from being obtained by rioting residents that could then be used to access rooms holding uninvolved residents.
 4. Maintain radio contact with Central Control to provide information on location of rioting residents, plans, weapons they may possess, and other useful information.

- E. The officer in command of the incident shall:
 1. Call in additional staff as needed.
 2. Evaluate the incident and determine if staff will attempt to quell the riot or if Redding Police Officers should be called in. The evaluation should take into account:
 - a. The number of staff available.
 - i. If the incident occurs during normal business hours, deputy probation officers from the Juvenile Division may be called in to assist.
 - b. The number of residents participating in the riot.
 - c. Whether or not the residents are armed with weapons. (RPD shall be called to respond).
 - d. If hostages have been taken (RPD shall be called to respond).
 - e. If the residents are committing violent acts upon other residents or staff. (RPD shall be called to respond).

- F. If it is determined that JRF staff shall take action to quell the riot:
 1. The officer in command of the incident shall insure that:

- a. A plan is in place to make entry onto the Pod or effected area.
 - b. There is a sufficient number of officers present to quell the riot.
 - c. That officers are equipped with necessary equipment.
2. Officers shall attempt to eliminate or defuse the riotous incident with a show of force, escalating as deemed necessary, based on facility policy, as well as their training and experience.
- G. If RPD responds, the officer in command shall follow directives from the lead police officer, and assist that officer as requested.

III. ACTIONS TO TAKE FOLLOWING A RIOT

- A. Any decontamination or medical care shall be provided to involved residents as may be necessary, pursuant to Section 6.3 Chemical Agents and Section 5.11, Access to Medical Services.
- B. All involved residents shall be strip searched as soon as practical.
- C. Room assignments shall be modified to separate involved residents and prevent additional riotous behavior.
- D. All involved staff shall write a SIR detailing their observations and actions during the incident. This shall be done prior to the end of their shifts.
- E. The riot area shall be thoroughly searched and inspected by staff to insure that there is no dangerous weapons or contraband present, and that the area is decontaminated of any OC residue.

REPLACEMENT HISTORY:

Created: 1/27/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.6	Hostage	SECTIONS: 1327	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that staff, residents or visitors shall not be recognized as hostages for bargaining purposes. The Shasta County Probation Department is, however, committed to doing all that is reasonable to end any hostage situation without injury to those involved.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy is intended to discourage attempts to take hostages.
- B. Under no circumstances shall a hostage taker be allowed to leave the facility grounds with a hostage.
- C. Staff, volunteers and visitors shall be notified of the "No Hostage" policy via:
 1. Signs located in the lobby and visiting.
 2. Employee orientation.
 3. Visitor and volunteer written orientation materials.
- D. Prevention of hostage situations is a top priority. Staff shall be ever vigilant of their surroundings and the situations they confront during the normal course of their duties.
- E. In the event of a hostage situation, the Supervisor on Duty/OIC shall take command of the incident, unless they are the hostage.
 1. In such cases, the facility director, another supervisor if present, or the next highest tenured officer on duty shall assume command of the incident.
- F. The facility director shall be notified of the incident. In their absence, the officer in command of the incident shall proceed up the chain of command, contacting either the Assistant Chief Probation Officer or Chief Probation Officer.
- G. The facility shall be placed on Lockdown, pursuant to Section 4.6.
- H. A response from the Redding Police Department shall be requested as soon as possible after confirming the existence of a hostage situation in the facility.

- I. Once Redding Police Personnel arrive, they shall be requested to take over command of the incident.
 1. The previous officer in command of the incident, prior to the arrival of RPD, shall maintain control over the parts of the facility not involved in the hostage incident.
 2. The previous officer in command, or their designee, shall be assigned to work closely with RPD personnel to resolve the hostage crisis.

REPLACEMENT HISTORY:

Created: 4/16/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.7	Fire Safety Plan and Emergency Procedures	SECTIONS: 1323, 1325, 1327	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain a comprehensive fire safety plan that will assist staff in responding to a fire emergency in any part of the facility, and maximize the safety to staff, residents and visitors.

PROCEDURES

I. GENERAL INFORMATION

- A. The Fire Safety Plan shall include:
1. Staff training.
 2. Fire and Life Safety Inspections.
 3. A detailed evacuation plan.
 4. Regular fire drills.
 5. A plan for the transportation and emergency housing of residents in the event of a fire.

II. STAFF TRAINING

- A. All staff shall receive Fire and Life Safety Training either through CORE training or other certified providers.
- B. All staff shall receive first aid and CPR training every two years.
- C. All staff shall be oriented to the fire extinguishers available for use within the facility.
- D. All staff shall be oriented to the location and use of the Fire Alarm Indicator Panels that are located in Central Control, and the Control Stations in Booking and on each Pod.
- E. All staff shall be oriented to the evacuation procedures as outlined in Policy Section 9.2.9.
- F. Whenever there is a resident in the facility, there shall be at least one wide awake person on duty at all times who meets the training standards established by the Board for general fire and life safety which relates specifically to the facility.

III. FIRE AND LIFE SAFETY INSPECTIONS

- A. The following inspections shall be done:
1. State Fire Marshal (or Chief of the City Fire Department) is required to inspect the facility bi-annually, and submit a report to the Chief Probation Officer, the County Administrator, and the Board of State and Community Corrections within 30 days of the inspection.
 2. Monthly Fire and Life Safety Inspection shall be conducted by the assigned supervisor. The Inspection record shall be retained for two years.

IV. FIRE EMERGENCY PROCEDURES

- A. During a fire emergency, the primary responsibility for all staff is the preservation of life, and the safety of all residents and staff.
- B. In the event of a fire alarm:
1. Central Control shall notify the Supervisor on Duty/OIC, and staff of the alarm. Officers shall then be dispatched to the location to confirm the presence of a fire or other emergency.
 - a. If no signs of a fire are present, staff shall notify control that the situation is Code 4.
 2. If there is smoke or other signs of a fire present, staff shall immediately notify Central Control.
 3. Central Control shall call 911 and report the information and request a response.
 4. Any residents in the immediate area of the smoke or fire shall be evacuated to their Pod if it is deemed safe, or to the designated staging areas on either the North or East Rec Yard.
 5. The Supervisor on Duty/OIC may initiate an evacuation procedure, pursuant to Policy Section 9.2.9, taking into account the location of the fire or smoke, and the severity of the emergency when choosing the evacuation plan.
 6. Staff may attempt to extinguish the fire with the available fire suppression equipment, if it is deemed safe to do so.
 7. Central Control shall open necessary vehicle gates and dispatch a staff member to guide fire department personnel into the facility.
 8. The Supervisor on Duty/OIC shall work with fire department personnel to facilitate any evacuation that may be necessary, or provide for the safety of residents if it is safe for them to remain in a unthreatened part of the facility.
 9. The Supervisor on Duty/OIC shall take steps to notify the facility director, or the Assistant Chief Probation Officer or Chief Probation officer in their absence, as soon as it is possible.

V. EVACUATION PLAN

- A. For evacuation in the event of a fire, refer to Policy Section 9.2.9, Evacuation of the Facility and Section 9.1.4 Emergency Release of Residents.

- B. Evacuation routes are posted in every part of the facility. Emergency exits are clearly marked with lighted signs.

VI. FIRE DRILLS

- A. A facility supervisor shall be designated by the facility director to oversee the scheduling of fire drills.
- B. Fire drills shall be conducted on both day and swing shift a minimum of every three months, utilizing the relevant Post Orders.
 - 1. The designated supervisor shall schedule the fire drills within the mandated time period, and provide the schedule to all supervisors.
 - 2. At the scheduled time, the shift supervisor shall coordinate with control to insure that alarm companies and ShasCom are notified of the drill.
 - 3. The shift supervisor shall initiate the drill as outlined in the post orders.
 - 4. The shift supervisor shall log the drill in the Fire Drill Log Book located in control, upon the completion of the drill.
- C. Graveyard staff shall hold a mock fire drill a minimum of every three months, which includes:
 - 1. The shift supervisor reviewing policy and the evacuation plan.
 - 2. Discussing realistic scenarios that involve fire emergencies.
 - 3. Staff walking the shift supervisor through the steps of a response to a fire and evacuation.
 - 4. The shift supervisor shall then log the drill in the Fire Drill Log Book located in control, upon the completion of the drill.

REPLACEMENT HISTORY:

Created: 1/28/2015

Revised: 4/28/2016; 1/6/2017

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.8	Natural Disasters	SECTIONS: 1327	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain a comprehensive plan to respond to natural disasters, which will empower officers to respond effectively and safely to incidents while insuring the safety of all residents, staff and visitors.

PROCEDURES

I. GENERAL INFORMATION

- A. The frequency and types of natural disasters varies by location. Locally, natural disasters may include, but are not limited to: flooding, earthquake and tornados.
- B. The responses may vary depending on the type and severity of the natural disaster. Therefore, this policy will attempt to address several safety issues that may be present.
- C. In the event of a natural disaster, the primary responsibility of facility staff is the preservation of life, and the safety of residents, staff and visitors.
 1. If a resident chooses to escape through a breach in the security or perimeter of the facility, staff shall advise Central Control, but not pursue if there are others who need life saving measures or medical care, or the need for life saving measures or medical care of others has not yet been assessed.
- D. If needed, pry bars, door breaching tools and additional flashlights are located in the Armory located in booking.
- E. In the event that the touchscreen control system is not operational, emergency key sets shall be accessed from the key management system, or from Central Control.

II. GENERAL PROCEDURES FOR NATURAL DISASTERS

- A. Assess the safety and medical health of all involved.
 1. First and foremost, staff shall work together to identify any injured persons, and begin to triage their condition and provide life saving measures and/or first aid.
 - a. This shall involve a head count, verifying the medical status of each resident.
 - i. Any missing residents shall immediately be reported to Central

Control.

- b. Staff shall assist visitors or other staff members as is necessary.

B. Assess the condition and safety of the facility.

1. Pod Staff

- a. If residents are secure in their rooms, they shall remain there, unless the room is deemed unsafe to occupy, while staff assess the medical needs of others, and the condition of the facility.
- b. Staff shall assess the condition of their surroundings, looking for dangerous or unsafe conditions and report them to Central Control:
 - i. Structural damage.
 - ii. Fire.
 - iii. Dangerous electrical condition.
 - iv. Gas leak.
 - v. Uncontrollable flooding into the facility.
 - vi. Dangerous debris
- c. Staff shall evacuate the Pod if:
 - i. They are ordered to do so by the Supervisor on Duty/OIC, or by Central Control.
 - ii. It is deemed unsafe and an immediate evacuation is necessary due to severe structural damage, fire, or other life threatening circumstance.
 - a) Staff shall immediately notify control of the evacuation and reasons for it, then evacuate the residents to the nearest safe staging area (either North Rec Yard, or the East Rec Yard.).
 - b) Refer to Policy Section 9.2.9, Evacuation of Facility.

2. Outdoor Recreations Yard Staff

- a. If residents are on either of the outdoor recreation yards, staff will instruct them to move to an open space away from the building walls, fence line, and basketball poles.
- b. Staff shall then notify the Control Officer and receive direction on whether or not to move the resident or group of residents inside.

3. Booking Staff.

- a. If residents are secure in a holding cell, they shall remain there, unless the room is deemed unsafe to occupy, while staff assess the medical needs of others, and the condition of the facility.
- b. Staff shall assess the condition of their surroundings, looking for dangerous or unsafe conditions and report them to Central Control:
 - i. Structural damage.
 - ii. Fire.
 - iii. Dangerous electrical condition.
 - iv. Gas leak.
 - v. Uncontrollable flooding into the facility.
 - vi. Dangerous debris
- c. Staff shall evacuate Booking if:
 - i. They are ordered to do so by the Supervisor on Duty/OIC, or by

Central Control.

- ii. It is deemed unsafe and an immediate evacuation is necessary due to severe structural damage, fire, or other life threatening circumstance.
- c) Staff shall immediately notify control of the evacuation and control will determine the safest evacuation route.
- d) Staff shall then conduct an orderly evacuation pursuant to Section 9.2.9, Evacuation of Facility.

4. Visiting Staff.

- a. Staff shall assess the condition of their surroundings, looking for dangerous or unsafe conditions, and report them to Central Control:
 - i. Structural damage.
 - ii. Fire.
 - iii. Dangerous electrical condition.
 - iv. Gas leak.
 - v. Uncontrollable flooding into the facility.
 - vi. Dangerous debris
- b. If it is deemed safe to do so, staff shall end visiting and escort the parents out of the facility with the assistance of a float officer.
- c. Officers will then work with control to determine if residents shall remain in Visiting, or if they can be transported to a Pod.
- d. Staff shall evacuate Visiting if:
 - i. They are ordered to do so by the Supervisor on Duty/OIC, or by Central Control.
 - ii. It is deemed unsafe and an immediate evacuation is necessary due to severe structural damage, fire, or other life threatening circumstance.
- e) Staff shall immediately notify control of the evacuation and control will determine the safest evacuation route for residents and then visitors.
 - 1) Residents shall be evacuated to a safe section of the facility or to the North or East Rec Yards.
 - 2) Visitors shall be evacuated off the premises using the most direct route that is safe.
- f) Staff shall then conduct an orderly evacuation pursuant to Section 9.2.9, Evacuation of Facility.

5. Float Staff

- a. Staff shall assess the condition of their surroundings, looking for dangerous or unsafe conditions, and report them to Central Control:
 - i. Structural damage.
 - ii. Fire.
 - iii. Dangerous electrical condition.
 - iv. Gas leak.
 - v. Uncontrollable flooding into the facility.
 - vi. Dangerous debris
- b. Staff shall then obtain direction from Central Control as to where to transport any residents they are supervising.

- c. Once any residents have been transported to the designated location, float staff shall continue to assess areas of the building as directed by the Supervisor on Duty/OIC or Central Control.
- 6. Central Control staff
 - a. Assess the condition of their surroundings, to insure that it is safe for them to continue to man the control station.
 - b. If it is safe, and the touchscreen system is functioning, the Control Officer shall continue to man control.
 - c. In the event of a complete loss of power, the Central Control Officer shall notify the Supervisor on Duty/OIC that they will need to access emergency key sets to move throughout the building.
 - i. The Control Officer shall remain in central control, logging activities and making phone calls as directed, unless a total facility evacuation is ordered.
 - ii. In such cases, the Control Officer shall access the emergency key set in control, gather the log book, and proceed to the designated staging area, assisting with the evacuation along the way.

III. UTILITY SHUT OFFS

- A. If it is deemed necessary, the following are the locations for utility shut-offs for the facility.
 - 1. Locations, pictures and tools needed are coming!

REPLACEMENT HISTORY:

Created: 1/29/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.9	Evacuation	SECTIONS:	1 of 3

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that published evacuation procedures are to be adhered to in the event of an emergency, to ensure the safety and security of the residents, visitors, and staff.

PROCEDURES

I. GENERAL INFORMATION

- A. The Supervisor on Duty/OIC, or Facility Director shall authorize or order evacuations.
 1. Staff shall initiate an evacuation without prior authorization in the case of eminent harm.

- B. Each Post in the facility has an evacuation plan specific to that post. These posts include:
 1. 700, 800 and 900 Pods.
 2. Booking
 3. Visiting
 4. Medical
 5. Kitchen
 6. Central Control
 - a. Central Controls Evacuation Plan includes all rooms along the main hallway not mentioned above.

- C. Each Evacuation Plan includes:
 1. Post orders published in the Post Order binder.
 2. Evacuation section of the Emergency Procedures Checklist.
 3. Map of evacuation routes posted in various locations at the Post.

- D. Published evacuation routes should be adhered to by staff unless it is deemed that they are not safe. In such cases, staff may utilize an alternate route and shall communicate such via radio.

- E. Staff are responsible for keeping an accurate count of the residents during each phase of the evacuation process.
 1. The phases of the evacuation process, for the purpose of this policy, means at each stopping point. *If you are evacuating from the pod to the covered rec yard, than a count would be taken once all residents are on the yard. If the need surfaces to then evacuate from the covered rec yard to the east yard, staff shall take a count when the*

residents arrive at the designated spot on the East Rec Yard. Etc. Etc.

- F. It is the responsibility of the Control Officer to man control and facilitate a safe and secure evacuation process.
 - 1. The Control Officer shall only abandon control at the direction of the Supervisor on Duty/OIC or Facility Director, or if remaining presents a significant threat to life.
- G. During any evacuation, the facility is considered to be in Lock Down and all normal operations shall cease until the situation is resolved.

II. STAFF TRAINING

- A. All staff shall receive training on the proper evacuation of the facility during their initial 80 hours of orientation.
- B. Staff shall be notified of updates to the evacuation procedures by facility management as they may occur.

III. EVACUATION OF VISITORS

- A. During an emergency evacuation, the facility is placed into a Lock Down status. All civilian visitors shall be escorted to the nearest safe exit from the facility if it is safe to do so.
 - 1. In the event that it is not safe to escort visitors to a facility exit, the visitors shall remain with the staff on the chosen evacuation route.

IV. EVACUATION TO OFF-SITE LOCATION

- A. The Supervisor on Duty/OC/Facility Director shall work with responding emergency personnel to determine if a full evacuation to an off-site location is necessary.
- B. In the event a full evacuation is deemed necessary, the Redding Fire Department shall arrange with the Redding Area Bus Authority to provide transportation.
- C. Officers shall access the following records and supplies if it is safe to do so:
 - 1. From the Pods and Booking
 - a. Resident Green Files
 - b. Log Books
 - c. Roster
 - d. Blankets and pillows for each resident.
 - e. Complete change of clothing for each resident.
 - f. Resident Hygiene Kits.
 - g. Medication Cart.
- D. Currently, in the event of a full evacuation, residents and staff shall be transported to the Veterans Hall located at 1605 Yuba St., Redding CA

96001.

1. To request access to the Veteran's Hall, contact Facilities Maintenance during business hours (Mon – Fri, 0700-1530 hours) at 225-5659, or after business hours at 339-8300.

E. As soon as practical, the Supervisor on Duty/OIC, or their designee shall take steps to release appropriate residents pursuant to Section 9.1.4, Emergency Release of Residents policy.

REPLACEMENT HISTORY:

Created: 1/22/2014

Revised: 5/6/2014; 4/28/2016

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.10	Active Shooter or Terrorist Attack	SECTIONS: 1327	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide procedures to insure the safety of residents, staff and visitors in the event of an active shooter on the facility grounds.

PROCEDURES

I. GENERAL INFORMATION

- A. Upon receiving information that an armed subject or suspected terrorist attack is on the facility grounds, or near the institution, the Control Officer shall be notified and initiate a Lockdown of the facility, pursuant to Policy Section 4.6.
- B. Law enforcement shall take command of the incident and staff shall follow their instructions.
- C. Officers are responsible for securing all residents and non-probation staff prior to seeking shelter for themselves.
- D. The Control Officer shall
 1. Dial 911 and notify dispatch, if applicable.
 - a. The Control Officer shall remain on the phone with dispatch and provide updated information throughout the incident.
 2. Remain in Central Control so long as that room is secure, and use surveillance cameras to locate and ascertain the number of subjects, and document their description, location and type of weapon(s) they are armed with.
- E. The Supervisor on Duty/OIC shall be responsible for assisting in moving staff and residents throughout the facility, if not directly supervising residents themselves.
- F. Officers supervising residents shall:
 1. If supervising residents on the recreation yards, or in another location of the facility, the officer shall immediately evacuate residents into the facility and back to their Pods unless it is unsafe to do so.
 - a. If staff are unable to return to the pod with the residents they are supervising, they shall take steps to secure the residents and themselves at their location, utilizing holding cells, storage closets,

- restrooms, or behind laundry machines as hiding places.
2. Residents shall be secured in their rooms on the Pods.
 3. Teaching staff or other volunteers, if present, shall be secured in the ADA compliant room on the Pod.
 4. Once all residents and non-probation staff are secured, the officers shall secure themselves in the upstairs janitor's closet.
 5. Staff shall remain in this status until given the "all clear" by central control or police officers present and on scene.

REPLACEMENT HISTORY:

Created: 1/29/2015

Revised: 12/21/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.11	Civil Disturbance	SECTIONS: 1327	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide for the safety of all residents, staff and visitors to the JRF in the event of a Civil Disturbance.

PROCEDURES

I. GENERAL INFORMATION

- A. For the purpose of this policy, a Civil Disturbance is defined as a group of people who are out of control, and engaged in violent or destructive behavior while protesting or engaged in a riot.

- B. In the event a Civil Disturbance is present on the grounds of the JRF, the following procedures shall be followed:
 1. The Supervisor on Duty/OIC shall go to Central Control, to monitor via surveillance camera's the activities of the involved rioters.
 2. The facility shall be placed on lockdown pursuant to Section 4.6.
 3. ShasCom shall be contacted and provided with detailed information regarding the riot, and requesting officers respond.
 4. The facility director shall be immediately notified.
 - a. If the facility director is not immediately available, notification shall proceed through the chain of command, until the Assistant Chief Probation Officer or Chief Probation Officer have been notified.

- C. The primary role of JRF staff shall be to preserve the integrity of the building itself, and not allow unauthorized entry into the secured portion of the facility by unauthorized parties.

- D. Control staff shall position PTZ cameras in such a way to continuously monitor fence lines and record any person who breaches the perimeter of the facility.

REPLACEMENT HISTORY:

Created: 1/27/2015

Revised:

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.2.12	Death or Serious Illness or Injury of a Youth While Detained	SECTIONS: 1341	<i>1 of 3</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the following guidelines be followed should there be a serious injury, illness, or death of a youth while in the custody of the facility.

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PROCEDURES

I. INITIAL RESPONSE

- A. Upon the discovery of a suicide attempt or life threatening medical emergency, facility staff shall summon back up, if not already present, and immediately start first aid.
- B. Central Control shall be notified by the first responding staff or responding back up, if not already done.
- C. Responding staff shall ensure that residents are locked down in the location of the medical emergency.
 - 1. If location is the Pod, all residents shall be placed in their rooms.
 - 2. If the location is a recreation yard or visiting, residents shall be escorted back to the Pod and any non-facility staff that is present shall be escorted to the lobby.
- D. Central Control shall:
 - 1. Alert medical if on site to respond to a medical emergency, giving the location and nature of the emergency if known.
 - 2. If medical staff is not on site, contact 911 and request a medical response.
 - 3. Ensure that the Supervisor On Duty/OIC is notified of the emergency and is responding.
 - 4. Dispatch additional staff to lead medical responders into the facility and to the location of the emergency.
 - 5. Maintain a log of actions and notifications as conducted by the Control Officer or communicated by the staff responding to the emergency.
 - 6. Take direction from the Supervisor On Duty/OIC.
- E. The Supervisor On Duty/OIC shall:
 - 1. Respond to the location of the emergency and take charge of the scene.

2. Assign staff to accompany the critical resident if medical staff determine there is a need to transport to the hospital.
3. Ensure that the facility director, or Chief Probation Officer in that person's absence, is notified of the emergency.

II. RESIDENT DECLARED DECEASED IN THE FACILITY

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- A. Should a resident be declared by medical personnel to be deceased on site, staff shall:
 1. Immediately seal off the area.
 2. Ensure that there is no attempt to clean the area or move or disturb the body.
 3. Separate other residents from the immediate area, as much as possible.
 4. Cooperate with other agencies investigating the death.
- B. The Supervisor On Duty/OIC shall:
 1. Assign an officer to guard the area, outside of the seal, and log any persons entering or exiting the scene.
 2. Direct officers to document the incident using the approved report format.
 3. Notify the facility director, or Chief Probation Officer in that person's absence, of the death.
 4. Contact the Redding Police Department dispatch to begin an investigation and request chaplain services, if needed, to assist other residents who may have been exposed to the incident.
 5. Ensure that investigating officers are provided with access to the facility, and that such access is documented by the officer assigned to guard the area.
- C. The Facility Director/Chief Probation Officer shall:
 1. Ensure that the Juvenile Court Judge is notified.
 2. Make arrangements and notify the parent, guardian or person standing in loco parentis and the youth's attorney of record.
 3. Complete all required in custody death reports, within the required timelines.

III. OPERATIONAL REVIEW OF IN CUSTODY DEATH

- A. A medical and operational review of each in-custody death shall be conducted.
- B. The review team shall, at minimum, consist of:
 1. The Facility Director
 2. The Contract Medical Provider Health Administrator
 3. The Contract Medical Provider Physician
 4. Other health care staff relevant to the incident.
 5. Other facility staff relevant to the incident.

IV. DEATH IN CUSTODY REPORTING

A. The facility director, or his/her designee, is required to submit the following reports:

1. It is a requirement of Section 12525 of the California Government Code that when a person dies while in the custody of a law enforcement agency or a local or state correctional facility, that the agency/facility shall report in writing to the California Attorney General within 10 days after the death all the facts in their possession concerning the death.

a. This report shall be made utilizing the State of California Death In Custody Reporting Form, BCIA 713, and mailed to:

Department of Justice
Criminal Justice Statistics Center
PO Box 903427
Sacramento, CA 94203-4270
Facsimile: (916) 227-0427 or 227-3561
Telephone: (916) 227-3545

2. A copy of the report shall also be submitted to the Board of State and Community Corrections (BSCC) within 10 days following the death.

3. The Department of Justice, Office of Justice Programs, Bureau of Justice Statistics requires the reporting of any person who dies in the presence of state or local law enforcement.

a. This report shall be made utilizing Form CJ-11A, Arrest-Related Death Report. This report can be located, along with information and instructions related to the program at the following website:
http://www.bjs.gov/content/pub/pdf/ard_reporting_information.pdf

V. SERIOUS ILLNESS OR INJURY OF YOUTH WHILE IN CUSTODY

A. In the case of serious illness or injury of a resident within the JRF, the Facility Director/Chief Probation Officer shall:

1. Notify the Juvenile Court Judge.
2. Notify the parent, guardian, or person standing in loco parentis.
3. Notify the youth's attorney of record.

REPLACEMENT HISTORY:

Created: 4/5/2014

Revised: 12/20/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
9.3	Fire Suppression Pre Plan	SECTIONS: 1325	1 of 14

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the following Fire Prevention Pre-Plan be utilized during emergencies.

PROCEDURES

I. INITIAL RESPONSE

The following document is the Fire Suppression Pre Plan for the Juvenile Detention Facility.

REPLACEMENT HISTORY:

Created: 4/4/2017

Revised:

REFERENCES

Emergency Preparedness Manual and Evacuation Plan

Juvenile Rehabilitation Facility and Probation Administration

2684 Radio Lane



August 5, 2016

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PURPOSE AND OBJECTIVES

Purpose:

To establish procedures to manage emergency situations within the Juvenile Rehabilitation Facility (JRF) and the immediate surrounding areas. The Probation Department is providing a copy of this plan to all employees to follow, to protect themselves, other employees, residents and visitors to the building

Objectives:

To minimize and/or prevent the possibility of injury to department personnel, residents, visitors and the public at large, as well as reduce potential property damage in the facility.

To provide an appropriate fire and life safety training program for department personnel and orientation to residents and visitors. This plan encourages prompt reporting of emergency situations and/or threats until the arrival of First Responders.

ROLES, RESPONSIBILITIES, & PLANNING

Roles and Responsibilities

Administrators and supervisors shall work together to ensure that department personnel assigned to the JRF have read and understand the emergency procedures contained in this plan.

Administrators shall designate a person in the Administration Wing, and the JRF who is responsible for ensuring that vendors, contractors, and volunteers are oriented to the emergency procedures contained in this plan.

The JRF supervisors shall be responsible for ensuring that residents are oriented to the emergency procedures contained in this plan, and that any questions regarding emergency procedures are promptly answered.

Each administrator and supervisor shall be responsible for maintaining accountability of personnel and residents during emergency evacuations or immediate danger/lockdown situations. This may include conducting a sweep of their assigned area to assure the evacuation of all personnel, if it can be accomplished safely, absent in progress violence.

All employees shall check hallway postings to determine the nearest exit route and fire extinguisher locations to be used in case of an emergency.

Consider all emergency notifications as valid. No employee, vendor, contractor or visitor will independently decide that only a drill is in progress and fail to leave

the building as required.

If evacuation is necessary, report to the designated staging/evacuation area unless an alternate area has been assigned by your supervisor.

Personnel with permanent or temporary physical disabilities shall advise their supervisors of the need for assistance during emergency evacuations.

Assistance shall be provided to residents, personnel, vendors, contractors, visitors, and volunteers who have trouble exiting.

Evacuated parties shall remain outside until the competent authority (designated official or designee) announces that it is safe to reenter the facility.

Administrators and supervisors shall debrief with staff to review all aspects of each drill or actual event as soon as possible following the event.

Planning & Preparation

Pre-planning for emergencies is a crucial element of this plan. The following steps have been taken in planning for emergency evacuation of this building:

- All exits are labeled and operable.
- Evacuation route diagrams have been approved and are posted in all areas of the facility, including doors, major building junctions. Designated assembly areas outside the building have been identified for evacuation.
- Storage or arrangement of furniture or equipment does not block exits, fire extinguishers, corridors or stairs. Good housekeeping is everyone's responsibility.
- All administrators and supervisors shall be familiar with their specific duties, and all building occupants have been instructed in what to do in case of an emergency evacuation.
- General evacuation procedures are to be provided to facility staff and/or posted. Egress instructions, emergency exit routes and procedures should be discussed with new employees, vendors, contractors and volunteers during orientation. Residents shall be oriented to emergency procedures as part of the new booking orientation.
- The department egress plan shall anticipate persons with special needs, e.g., mobility, hearing or seeing, and include provisions for their safety in an emergency.

- Fire evacuation drills are held at least monthly and are critiqued and documented. Prior to holding a fire evacuation drill where the alarm is to be triggered, the alarm monitoring company and SHASCOM shall be notified by the control officer.
- All fire drills are to be taken seriously by all occupants and evacuation initiated promptly.

BUILDING INFORMATION

The design of the Juvenile Rehabilitation Facility incorporates the following fire and life safety features:

- Type I fire resistive construction – doors to corridors are fire barriers and should not be blocked open.
- A wet pipe fire sprinkler system
- Sprinkler, alarm, carbon monoxide detectors and smoke detectors are monitored by an off-site contractor as well as ShasCom.
- Multiple emergency exits
- Fire extinguishers
- Emergency electrical service (generator)

EMERGENCY PHONE NUMBERS

Ambulance, Fire, Police.911 or 9-911

STAY CALM - Information 911 Needs to Know:

- Nature of the emergency
- Name and address – Juvenile Rehabilitation Facility, 2684 Radio Lane
- Location within the building – Administration Wing, Visiting, Pod (700, 800 and/or 900), recreation yard, etc.
- Route first responders should take to stage their vehicles and enter the facility (staff parking area with entry through staff sally port or east recreation yard; main parking lot with entry through lobby, etc.)
- Dispatch JDO to meet with first responders and facilitate their entry into secured areas of facility.
- Any other information requested, stay on the line until told to hang up

EMERGENCY REPORTING AND EVACUATION PROCEDURES

The nature of the JRF requires communication of emergencies to be conducted via radio for the secured areas of the facility, and telephone with the Administration Wing. Each will insure that the other is notified of the emergency in a timely manner.

If the emergency is discovered by staff assigned to the Administration Wing, they shall:

- Call 911 or 9-911 to activate the emergency response system.
- Designate an employee to communicate with JRF Central Control. That employee shall then contact Central Control at X5824, and notify the control officer of the nature of the emergency, that the emergency has been reported to ShasCom, and the response they are expecting from first responders, and what response or actions, if any, is desired from the JRF staff.
- Notify their chain of command and others in the Administration Wing.

If the emergency is discovered by staff assigned to the JRF, they shall:

- Report the emergency to Central Control via radio.
- Central Control shall call 911 or 9-911 to activate the emergency response system.
- Central Control shall insure that the supervisor on duty, OIC, and/or Facility Director is notified of the emergency.
- Central Control shall contact the Administration Wing and notify them of the nature of the emergency, that the emergency has been reported to ShasCom, and the response they are expecting from first responders, and what response or actions, if any, is desired from the Administration Wing.
 - Calls will be made in the following order until a live person is reached:
 - 6240
 - 6216
 - 6232
 - 6247

Medical Emergency – Administration Wing

- Provide immediate assistance to any injured party and call 911 or 9-911.
- Do not move victim with neck and back pain unless absolutely necessary.
- Call personnel trained in CPR and first aid to provide the required assistance prior to the arrival of the professional medical help. Attempt first aid ONLY if trained and qualified.
- If needed, contact JRF Central Control at X5824 and request assistance.
- If personnel trained in first aid are not available, as a minimum, attempt to provide the following assistance utilizing medical supplies from first aid kits located on each floor of the building (see map for locations).
- Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
- Clear the air passages using the Heimlich maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment.

Medical Emergency – JRF

- Staff shall follow the policy outlined in Section 9.2.2 Medical Emergency, in addition to the following:
- Notify Central Control immediately via radio, reporting the nature of the medical emergency, request medical or other personnel respond, and

advise if the control officer needs to activate the emergency response system by calling 911 or 9-911.

- Insure that uninvolved residents who are present remain supervised and controlled while staff provide assistance to the injured/ill subject.
- Central Control shall make the necessary notifications and insure that the Supervisor on Duty, OIC and/or Facility Director are aware of and responding to the emergency.

Fire Emergency – Administration Wing

When a fire is discovered:

- Call 911 or 9-911
- If the fire alarm is not activated, notify the site personnel about the fire emergency.
- Contact JRF Central Control at X5814 and notify them of the emergency.
- Upon being notified of a fire emergency, occupants shall:
 - Leave the building using the designated escape routes (know at least two exits from your area – see evacuation map).
 - Move quickly, but do not run
 - Close doors behind you as your exit, but do not lock any doors that are normally unlocked unless implementing lock-down procedures.
 - Assemble in the designated area (outlined on evacuation meeting area map)
 - Do not stand in drive lane or block Fire Department access.
 - Remain outside until the competent authority (designated official or designee) announces that it is safe to reenter.

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Utilize the P.A.S.S method:

- P – Pull the pin

- A – Aim the nozzle (at the base of the fire)
- S – Squeeze the handle
- S – Sweep the nozzle side to side.

Fire Emergency – JRF

When a fire is discovered:

- Staff shall follow the policy outlined in Section 9.2.7 Fire Safety Plan and Emergency Procedures, in addition to the following:
 - Immediately report the fire location and, if able to identify, the source of fire and size to Central Control via radio.
 - Pull the nearest fire alarm if it is safe to do so.
 - Evacuate an residents present from the area to a safe location within the facility if possible or outside the facility if no safe location is accessible to you within the facility.
 - If the fire is in the kitchen, activate the Fire Suppression System by pulling the switch near the north door to the main hallway, near the cart washing station.
- Utilize fire extinguisher if:
 - Central Control has already been notified.
 - Residents have been evacuated from the area if possible.
 - The fire extinguisher is in working condition.

Natural Disasters (Earthquake)

JRF Staff shall follow the policies outlined in Section 9.2.8, Natural Disasters, in addition to the following:

During:

- Stay calm, stay in the building and await evacuation instructions.
- Take shelter under tables, desks, in bathrooms or doorways.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Do not move about the building.

After:

- Call 911 or 9-911 if you or another employee is injured, provide first aid.
- Evacuate as instructed (see evacuation map).
- If outside, do not return to the building until directed to do so by emergency response personnel.
- Do not use any utilities, such as gas, electrical or plumbing until a thorough damage assessment is completed.

Bomb Threat Or Suspicious Letters/Packages

JRF staff shall follow the policies outlined in Section 9.2.3 Bomb Threat, in addition to the following:

Bomb Threat:

- If you receive a bomb threat, carefully note all information the caller gives you and call 911 or 9-911 immediately.
- Be calm, courteous and listen. Do not interrupt the caller.
- Keep the caller talking, if the caller seems agreeable to further conversation ask questions like:
 - When is the bomb going to explode?
 - Where is it right now?
 - What does it look like?
 - What kind of bomb is it?
 - What will cause it to explode?
 - Did you place the bomb?
 - Why?
 - What is your address?
 - What is your name?
- Notify your supervisor, then the County CAO Office.
- Building evacuations will be coordinated by the Police Department.
- Suspicious Letter/Package:

- If you receive a suspicious package, evacuate the immediate area and keep people out.
- Do not attempt to inspect or move suspicious packages.
- Call 911 or 9-911
 - Carefully describe the package and provide any information you have on how it was delivered and by whom.
- Notify your supervisor, then the County CAO Office at 530-225-5561.
- Building evacuations will be coordinated by the designated authority (ranking officer within the facility or administrator in the Administration Wing).

GENERAL EVACUATION INSTRUCTIONS SUMMARY

JRF staff shall follow the policies outlined in Section 9.2.9, Evacuation, in addition to the following:

Instruction to staff for evacuation:

- Be familiar with the evacuation routes posted on the diagram on your floor. Know at least two exits from the building.
- Please leave the building via the nearest exit (see evacuation map).
- When notified to evacuate, do so in a calm and orderly fashion:
- Walk, don't run
- Keep conversation level down
- Close all doors behind you
- Use the stairs, not the elevators
- Help others in need of assistance
- Account for all evacuees
- Go to the designated assembly area. If exiting the building, move at least 150 feet from the building to allow others to also safely exit the building.
- Do not re-enter the building until emergency personnel give an all clear sign.

LAW ENFORCEMENT/SECURITY – ADMINISTRATION WING

In the event of a life threatening emergency, call 911 or 9-911.

When a person or persons appear to be a threat to your safety, or the safety of other employees, call 911 or 9-911. You may also contact either the Juvenile Division at X5230 or JRF Central Control at X5824 and request assistance.

If someone is being uncooperative, but is not an immediate threat, notify your supervisor or administrator. You may also contact either the Juvenile Division at X5230 or JRF Central Control at X5824 and request assistance.

Tactical Communications

Be professional in dealing with public. Command presence - understand policies, have a good attitude.

Engage people verbally. Treat others like you would want to be treated in similar circumstances.

Learn to deflect verbal abuse. Use strip phrases, i.e...."I understand that, but...., I appreciate that, but...." Everything after "but" is: Professional – Policy – Procedure

Use active listening, don't take it personal, be open and unbiased, hearing literally, interpreting data, respond appropriately.

Use communication enhancers. Paraphrasing – "What I hear you saying is ... (use subject's own words)"

In trying to gain compliance in a situation, use 5-step hard style.

- Ask, don't command. "This is what I need you to do."
- Set context. Answer the "why question." "This is why you need to do this."
- Present options. Be creative. "You could do this now, and then be able to move on to..."
- Confirm. "Is there anything I can say or do to get you to comply with my request? I'd like to think there is."

- Act. Verbal commands are exhausted. Take the next appropriate step:

Call your supervisor.

Contact the Juvenile Division at X5230 or JRF Central Control at X5824 and request assistance.

Dial 911 or 9-911.

Immediate Danger (Lock-down) – Administration Wing

In the event an employee believes an individual intends to inflict immediate harm or perform an immediate act of violent nature on employees or members of the public, or who has possession of any type of weapon, or who threatens to use a weapon:

- Instruct someone to call for law enforcement 911 or 9-911. You may also contact either the Juvenile Division at X5230 or JRF Central Control at X5824 and request assistance.
- Announce to coworkers and administrators that there is an immediate danger – secure all offices
- Lock/secure all offices
- Administrator, or designee, determines who is present and who is missing.
- Avoid making noises and avoid being visible through windows or doorways.
- In the event gunfire is heard, do not approach the area of the gunfire. Independent action such as escaping or defending yourself may be necessary in lieu of locking down, depending on your situation.
- If you are in a safe, locked/secure area, wait until you receive further instructions from law enforcement.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.1	Responsibility for Health Care Services	SECTIONS: 1400	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that health care services are provided to all residents.

PROCEDURES

I. GENERAL INFORMATION

- A. The Shasta County Juvenile Rehabilitation Facility contracts with California Forensic Medical Group (CFMG), who is the designated health administrator for all medical, dental and behavioral/mental health treatment provided to its residents.

- B. The facility director, in cooperation with CFMG and its partners, is administratively responsible to:
 1. Develop policy for health care administration.
 2. Identify health care providers for the defined scope of services.
 3. Establish written agreements as necessary to provide access to health care.
 4. Develop mechanisms to assure that those agreements are properly monitored.
 5. Establish systems for coordination among health care service providers.

- C. CFMG shall employ a physician who is either the health administrator, or who is designated with the responsibility to develop policy in health care matters involving clinical judgments.

REPLACEMENT HISTORY:

Created: 4/24/2015
Revised: 4/25/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.2	Patient Treatment Decisions	SECTIONS: 1401	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the clinical decisions about the treatment of individual residents are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.

PROCEDURES

I. GENERAL INFORMATION

- A. Health care is provided to residents in a joint effort between the Facility Director and the Contract Medical Providers.
 - 1. Safety and Security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.
- B. Clinical decisions shall be consistent with facility health care policy.
- C. The Contract Medical Provider is responsible to:
 - 1. To be the voice for health care whenever a policy conflict arises among health care and supervision staff.
 - 2. Coordinate efforts and resolve conflicts among health care disciplines.
- D. The Facility Director is responsible for providing administrative support for accessibility of health services to residents.
- E. The Contract Medical Provider is required to make the final medical judgments.

REPLACEMENT HISTORY:

Created: 4/24/2015

Revised: 12/3/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.3	Scope of Health Care	SECTIONS: 1402	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to established policy and procedures to define the extent to which health care shall be provided to residents within the facility and delineate those services that shall be available through community providers.

PROCEDURES

I. GENERAL INFORMATION

A. The JRF shall provide:

1. At least one health care provider to provide treatment, through a Contract Medical Provider.
2. Health care services which meet the minimum requirements as outlined through Section 1402 of the Minimum Standards for Juvenile Facilities (Title 15).
 - a. Health care services shall be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.
3. Staffing, space, equipment, supplies, materials and resource manuals that are adequate for the level of care provided.

B. Consistent with security requirements and public safety, the following policy and procedures shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental health or other remedial treatment of youth that is permitted under law:

1. Any requests for treatment by parents, guardians, or other legal custodians shall be referred to the Contract Medical Provider, who shall determine if said treatment is medically necessary during the resident's term of confinement.
2. If medical staff approves the request, and it requires off-site treatment, the Contract Medical Provider shall notify JRF management.
3. The case-carrying probation officer shall be notified, who shall:
 - a. Arrange for a furlough order from the juvenile court judge, if necessary.
 - b. Arrange for transportation, if it is not going to be handled by JRF staff.
 - c. In instances which require surgical treatment, the probation officer shall attempt to arrange for a furlough to accommodate the treatment.

4. JRF Staff shall:
 - a. Provide transportation to off-site medical treatment as directed by the Contract Medical Provider.

REPLACEMENT HISTORY:

Created: 4/24/2015

Revised: 12/3/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.4	Health Care Monitoring and Audits	SECTIONS: 1403	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Contract Medical Provider, in cooperation with the Facility Director, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the Chief Probation Officer and Facility Director.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider shall develop annual audits and peer reviews to assure quality and adequacy of health care services.
 1. This assessments shall include:
 - a. A process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.
 - b. A written, annual report on medical, dental, mental health and pharmaceutical services to be provided by the Contract Medical Provider to the Chief Probation Officer and Facility Director.

- B. Medical, mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the Contract Medical Provider and facility administrators and other staff, as appropriate.

- C. The Contract Medical Provider and the Facility Director shall meet monthly to discuss:
 1. Review of incidents of intoxicated residents, restrained residents, and the use of O.C. Spray.
 2. Review of on-call provider contacts and follow-up.
 3. Consent process and status of consents.
 4. Medication delivery process.
 5. Follow-up on previous meeting issues.

REPLACEMENT HISTORY:

Created: 4/24/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.5	Health Care Staff Qualifications	SECTIONS: 1404	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that the staff members of the Contracted Medical Provider meet the needs of the JRF population. In addition, that the hiring practices for these staff take into consideration cultural awareness and linguistic competence.

The credentials of these staff shall be periodically reviewed by the JRF Contract Medical Provider to ensure they remain current. The JRF Division Director will communicate annually with the JRF Contract Medical Provider to ensure this review is completed and documented.

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised: 5/26/19

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.6	Health Care Staff Procedures	SECTIONS: 1405	<i>1 of 1</i>

POLICY STATEMENT

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.7	Health Care Records	SECTIONS: 1406	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that health care records are kept in a locked area or secured electronically. Access to the medical and/or behavioral/mental health record shall be controlled by the JRF Contract Medical Provider and they shall assure that all confidentiality laws related to provider-patient apply to the health record.

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised: 5/26/19

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.8	Confidentiality	SECTIONS: 1407	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that confidential health information, including medical records, is consistent with applicable laws governing the multi-disciplinary sharing of health information.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the Facility Director, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information.

- B. These policies and procedures shall address the provision for providing information to the court, youth supervision staff and probation officers. Information in the resident's file shall be shared with the health care staff when relevant.
 1. The nature and extent of the information shared shall be appropriate to treatment planning, program needs, protection of the resident or others, management of the facility, maintenance of security, and the preservation of safety and order.

- C. Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.

- D. Youth shall not be used to translate confidential medical information for other non-English speaking youth.

REPLACEMENT HISTORY:

Created: 4/25/2015
Revised: 12/3/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.9	Transfer of Health Care Summary and Records	SECTIONS: 1408, 1408.5	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a resident is transferred to another jurisdiction, and to the local health officer, when applicable.

PROCEDURES

I. GENERAL INFORMATION

- A. The following are the responsibility of the Contract Medical Provider:
1. The health care summary, or documentation that no record exists at the facility, shall be sent in an established format, prior to or at the time of transfer.
 2. Relevant health records shall be forwarded to the health care staff at the receiving facility.
 3. Notification shall be provided to health care staff of the receiving facility prior to or at the time of the release or transfer of residents with known or suspected communicable diseases.
 4. Applicable authorization from the resident and/or parent-legal guardian shall be obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law.
 5. Confidentiality of health records shall be maintained, in accordance with Section 10.8 of this policy manual.
- B. After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised: 12/3/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.10	Health Care Procedures Manual	SECTIONS: 1409	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the Contract Medical Provider, in cooperation with the Facility Director, shall implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider shall develop a policy and procedure manual which establishes health care standards for the JRF. This manual shall be:
1. Available to all health care staff, to the Facility Director, the facility supervisors and other individuals as appropriate to ensure the effective delivery of health services.
 2. Reviewed at least every two years and revised as necessary, under the direction of the Contract Medical Provider. The health care provider shall develop a system to document that this review occurs. The Chief Probation Officer, Facility Director, health care provider, and responsible physician shall designate their approval by signing the manual.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.11	Management of Communicable Diseases	SECTIONS: 1410	1 of 8

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to properly address the identification, treatment, control and follow-up management of communicable diseases.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the Facility Director and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:
1. Intake health screening procedures.
 2. Identification of relevant symptoms.
 3. Referral for medical evaluation.
 4. Treatment responsibilities during detention.
 5. Coordination with public and private community-based resources for follow-up treatment.
 6. Applicable reporting requirements.
 7. Strategies for handling disease outbreaks.
- B. The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public interventions.
- C. The Contract Medical Provider shall provide lab, x-ray, and other required ancillary services through referrals from the Nurse to the Physician.

II. Juvenile Rehabilitation Facility Communicable Disease Policy

- A. Methods of Transmission
1. Respiratory: Transmitted by breathing in an infected persons exhaled breath.
 - a. Tuberculosis, measles, mumps, chicken pox.
 - b. If this resident must be transported, it is recommended that a surgical mask be worn by the infected person.
 2. Blood: Transmitted by an infected person's blood or other body fluids entering the body of another person.
 - a. Hepatitis B, HIV

- b. If you have chapped hands, cuts or wounds and could come into direct contact with blood or other bodily fluids, wear gloves and other personal protective equipment.
 - 3. Fecal/Oral: Transmitted by an infected person's feces/excrement entering the mouth of another person.
 - a. Hepatitis A, diarrhea infections
 - b. Good hand washing by employees after using the toilet and before eating is of extreme importance.
 - 4. Skin Contact: Transmitted by direct contact with the infected areas of the skin, head, etc.
 - a. Lice, scabies, skin infections.
 - b. Good hand washing and protection against open sores is important.
 - 5. Because there is no way of being aware of all communicable diseases, use common sense and recommended precautions with all residents.
- B. Universal Precautions: Appropriate precautions for all persons mean:
 - 1. Wear latex or vinyl gloves for contact with the mucous membranes, non-intact skin (such as open sore or wound, or rash), and body fluids (e.g. blood, semen, vaginal secretions, urine, feces, vomitus).
 - 2. Wash hands between touching other persons. Wash hands before and after glove use.
 - 3. Wear gowns or other covering over clothes to protect clothing and skin if there is a risk of splashing of fluids. While wearing latex or vinyl gloves, remove any soiled clothing as soon as is practical.
 - 4. Wear a mask to protect nose and mouth if there is any risk of fluid splatter. Give yourself some space from a coughing or sneezing individual who is not covering his/her mouth.
 - 5. Wear goggles, safety glasses, or regular eyeglasses to protect eyes if there is any risk of fluid splatter.
 - 6. Carefully dispose of any sharp objects in appropriate, puncture –proof containers.
 - 7. Persons known to have an infectious disease that is transmitted by coughing or sneezing should be instructed to wear a disposable face mask whenever in close contact with other people.
 - 8. Handle all soiled clothing or bedding with vinyl or latex gloves.
 - 9. Clean up any fluids containing visible blood with a germicide or with one (1) part household bleach to ten (10) parts water. Use gloves while cleaning. Wear a gown, mask and glasses or goggles only if there is a risk of fluid splatter.
- C. Staff Precautions Against Infectious Diseases:
 - 1. It is suggested that staff interact with all residents utilizing universal precautions.
 - 2. Disposable gloves shall be worn when there is exposure to blood and/or body fluids.
 - 3. Avoid touching your own eyes, nose or mouth with contaminated gloves.

4. Wash hands thoroughly with soap and water after glove removal; vigorous 15-second washing is recommended.
5. CPR masks shall be used in administering CPR; know where they are located.
6. Disinfection
 - a. Environmental surfaces such as walls, floors, table and chairs may become contaminated with blood or body fluids necessitating disinfection.
 - b. Disposable gloves shall be worn when cleaning contaminated surfaces.
 - c. A disinfection solution of one (1) part bleach to ten (10) parts water shall be used in disinfecting contaminated surfaces.

D. Reporting Requirement:

1. The Contract Medical Provider, upon learning that a resident has been exposed to or infected with a communicable disease, shall inform the Facility Director.
2. Communicable diseases to be reported under this section include but are not limited to the following:
 - a. Airborne transmission:
 - i. Meningitis/Encephalitis
 - ii. Tuberculosis, Class III and Class V
 - iii. Measles (rubella, rubeola)
 - iv. Mumps
 - v. Chicken Pox
 - b. Blood transmission:
 - i. HIV infection.
 - ii. Hepatitis B
 - iii. Hepatitis Non-A, Non-B
 - c. Fecal/oral transmission:
 - i. Hepatitis A
 - ii. Infectious gastrointestinal disease (e.g. Shigella, Salmonella)
 - d. Skin contact transmission:
 - i. Conjunctivitis
 - ii. Lice
 - iii. Scabies
 - iv. Skin infections
 - v. Chicken Pox
3. Information on reportable diseases may be obtained from one or more of the following sources:
 - a. Laboratory tests
 - b. Statement by resident
 - c. Results of any medical examination or test

E. Communicable Disease Disclosure Policy:

1. Federal regulations, in general, require medical professionals to protect patient confidentiality. Therefore, many medical diagnoses

shall not be disclosed to facility staff. That said, providing a safe work environment and protecting staff and service providers who come into frequent contact with residents is a priority and the following measures are in place:

- a. When the communicable disease is one that involves airborne transmission (see above), the Contract Medical Provider shall take measures to isolate the resident and advise facility staff so that they may take appropriate precautions.
- b. Use of prudent officer safety practices, including exercising universal precautions with all residents, helps to further protect officers from exposure to communicable diseases that are blood borne. These types of diagnosis shall not be disclosed.

F. Penalty for Unlawful Disclosure:

1. Any person who willfully discloses personal identifying data regarding information obtained under this policy to any person who is not a peace officer or an employee of a federal, state or local public health agency, except as authorized hereunder, or by Court Order, with the written consent of the resident or as otherwise authorized by law, is guilty of a misdemeanor.

III. OCCUPATIONAL EXPOSURE TO BLOOD-BORNE PATHOGENS POLICY

A. It is the policy of the JRF to appropriately prevent, report, document and treat occupational exposure to blood-borne pathogens.

1. "Occupational Exposure" means reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood, body fluids, tissues or other potentially infectious materials that may result from the performance of an employee's duties.
2. "Parenteral Contact" means piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts and abrasions.

B. Exposure Control Plan:

1. The following job classifications have been identified as having the potential for occupational exposure:
 - a. Deputy Probation Officer
 - b. Supervising Probation Officer
 - c. Juvenile Detention Officer
 - d. JRF Division Director
 - e. Supervising Juvenile Detention Officer
 - f. Cooks
 - g. JRF Legal Process Clerk
 - h. School Staff
 - i. Facility Management Staff
 - j. Medical Staff
 - k. Community Services Coordinator
 - l. Juvenile Court Work Program Staff

2. The following job classifications have limited potential for occupational exposure:
 - a. Chief Probation Officer
 - b. Assistant Chief Probation Officer
3. The following classifications have minimal potential for occupational exposure:
 - a. Chief Fiscal Officer
 - b. Agency Staff Services Analyst
 - c. Accounting Technician
 - d. Executive Assistant
 - e. Legal Secretary
 - f. Legal Process Clerk
4. Potential for Occupational Exposure
 - a. Those work tasks that involve direct contact with blood, body fluids, or tissues have the potential for occupational exposure.
 - b. Persons who perform tasks which may require exposure to blood, body fluids, and tissues as an incidental and occasional job activity (e.g., First Aid/SPR, clean-up of blood spills and body fluids, intervention in fights and disturbances, urine sample collection, and skin checking) should use appropriate protective measures (vinyl gloves, facemasks, gowns, disinfectant, etc.) while engaged in those tasks.
 - c. Persons who perform tasks which have no inherent potential for exposure to blood, body fluids, and tissues (e.g., a worker handling implements and utensils, using shared telephone or restroom facilities, making personal contacts such as shaking hands or conducting interviews), require no special precautions or protective measure for their performance.
5. Methods of Compliance
 - a. Safety precautions:
 - i. In most instances, potential exposure is foreseeable and avoidable.
 - b. Each worker should:
 - i. Analyze his/her own job and identify tasks that realistically involve a potential for exposure.
 - ii. Know how to protect himself/herself from exposure if necessary.
 - iii. Have a plan in mind of how to do so.
 - c. Always assume that each person in need of emergency first aid, or inanimate objects contaminated with blood or body fluids are potentially infectious. All body fluids are considered potentially infectious. Use universal precautions.
 - d. Hands:
 - i. Hands should always be washed after contact with blood or body fluids.
 - ii. Hands should be washed even when gloves have been worn.
 - e. Gloves:
 - i. Gloves must be discarded after use.

- f. CPR:
 - i. Employees should be protected from mucous membrane contact with blood or secretions.
 - ii. Always use protective resuscitation devices whenever CPR is given.
 - g. All contaminated sharps (needles, razors, etc.) should be disposed of in appropriate closeable, leak proof, red, puncture resistant containers. Shearing or breaking of needles or contaminated sharps is prohibited.
 - h. Keep open cuts or sores covered with clean, dry bandages.
 - i. Use protective measure (e.g., vinyl gloves, face mask and/or mouthpiece for CPR, etc.) if contact with blood or body fluids is foreseeable.
 - j. Avoid unprotected contact with any sharp objects that could be contaminated with blood or body fluids (e.g., hypodermic needles, knives, razors, etc.)
 - k. Wear vinyl gloves while performing searches.
 - l. Any blood or body fluids that spill or splash (on skin, clothing, objects or environment) must be decontaminated immediately. Use any of the following disinfectants:
 - i. Hydrogen peroxide.
 - ii. Alcohol
 - iii. Household Bleach
 - m. Exposure: All exposures should be washed immediately with soap and water and the employee should follow the required reporting and post exposure procedure.
6. Personal Protective Equipment
- a. The appropriate personal protective equipment should be used to ensure that blood and other potentially infectious materials do not pass through to or reach and employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes.
 - b. In the event of a potential occupational exposure to blood or other body fluids, infection control kits should be utilized for access to appropriate protective equipment. Each kit contains disposable (single use) examination gloves, facemasks with shield, gown and antimicrobial towelette. In cases involving the need to perform CPR, pocket facemasks with one-way valves are available.
7. Housekeeping:
- a. All equipment and working surfaces shall be cleaned and disinfected after contact with blood or other infectious materials.
 - b. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleared by using mechanical means, such as a brush and dustpan, tongs, etc.
 - c. Contaminated sharps (needles, razors, etc.) shall be discarded immediately in a closeable puncture resistant, leak-proof, red container.

- i. Contaminated sharps containers are located in Medical.
- ii. The container shall be upright throughout use and shall be replaced routinely so as to not allow over-fill.
- iii. Employees must never reach, by hand, into containers of contaminated sharps.

C. Reporting/Treatment for Occupational Exposure Incident:

1. The following are identified as significant exposure:
 - a. Contaminated needle stick.
 - b. Blood or body fluids to a fresh open cut, or non-intact skin.
 - c. Blood or body fluids to a mucous membrane, (e.g., eyes, nose, or mouth).
 - d. Unprotected mouth-to-mouth resuscitation.
 - e. Human bite.
2. If you believe that you may have been exposed to either body fluids or an infectious disease while at work, the following procedures should be followed:
 - a. Wash exposed area thoroughly.
 - b. Change clothing, if necessary.
 - c. Notify your supervisor immediately.
 - d. Complete "Employee Worker's Compensation" form.
 - e. Complete State Department of Health Services from DHS 8459, "Request and Decision for HIV Testing" (If exposure source was a resident).
 - f. Complete Public Health Department "Infectious Disease Reporting" form.
 - g. Give all reports immediately to the supervisor by the end of the employee's shift during which the incident occurred, if possible, but no longer than two (2) days after the incident.
3. If the exposure is significant, the employee must report to Redding Occupational Medical Center (ROMC), located at 1710 Churn Creek Road, in Redding, Telephone 530-646-4242 during business hours, or to the Emergency Room for appropriate laboratory testing, medical evaluation, preventative treatment, and counseling.
 - a. Try to identify the source-patient and report the incident to the Shasta County Health and Human Services Agency, Division of Health and Safety (phone no. 530-225-5591).
 - b. If there is a question determining if an exposure is "significant," the supervisor or employee may consult with ROMC via telephone at 530-646-4242
4. NOTE: All costs for necessary post-exposure treatment will be borne by the County under its Worker's Compensation Self-Insured Plan.

IV. HEPATITIS-B VACCINATION PROGRAM

- A. Due to the fact that Hepatitis-B virus (HBV) is commonly transmitted by blood and body fluids, highly infectious, and can be fatal, the County of Shasta offers free Hepatitis B vaccine to Probation Department

Employees.

- B. Within ten (10) working days of assignment, employees who have occupational exposure to blood/body fluids shall be offered the Hepatitis-B vaccination series at no cost to the employee.
1. Appropriate informed consent shall be obtained prior to administration of the HBV vaccination series.
 2. Pre-screening shall not be a pre-requisite for receiving the HBV vaccination.
 3. If an employee initially declines the HBV vaccination but at a later date decides to accept the vaccination, the vaccination will be made available at that time.
 4. If a routine booster dose(s) of HBV vaccine is recommended at a future date, such booster dose(s) shall be made available at no cost to the employee.
 5. Employees who decline to accept the offer of HBV vaccination shall sign an HBV waiver form.
- C. HBV Vaccination Schedule:
1. ROMC offers HBV immunization for those employees currently receiving the vaccination series as well as for new employees/volunteers. This service can be requested through your supervisor.

REPLACEMENT HISTORY:

Created: 4/25/2015

Revised: 1/3/2016

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.12	Access to Treatment	SECTIONS: 1411	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide residents with unimpeded access to health care.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the facility director, shall develop written policy and procedures to provide residents with unimpeded access to health care.
- B. Both written and verbal information regarding a resident's access to treatment shall be provided upon intake to the facility.
- C. Child supervision staff and the Contract Medical Provider shall be trained, and written policies and procedures established to appropriately respond to emergencies requiring first aid.
 1. Training shall include:
 - a. Curriculum included in the Juvenile Correctional Officer CORE course.
 - b. Department approved First Aid/CPR offered bi-annually.
 - c. Annual or semi-annual medical issues training provided to staff by the contract medical provider.
 2. Written policies and procedures shall be reviewed by staff on an annual basis.
- D. Resident's shall not be prevented from requesting or receiving medical care.
 1. Resident's ability to request and receive medical treatment are described in Section 5.11.1, Resident Access to Medical Services.
- E. Requests and provisions of medical care shall occur regardless of a resident's status within the facility, such as security risk. A resident's parent/guardian may register a complaint and obtain resolution regarding health care services through direct access to Facility Administrators and Court Remedies.

REPLACEMENT HISTORY:

Created: 5/1/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.13	First Aid/AED and Emergency Response	SECTIONS: 1412	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that residents have access to first aid/AED and emergency services.

PROCEDURES

I. GENERAL INFORMATION

A. Approved Medical Protocol includes:

1. First aid treatment items shall be available as follows:
 - a. First aid kits shall be located on each pod, booking, visiting, and medical.
 - b. AED devices shall be located in the multi-purpose room and medical.
 - c. The facility administrator shall ensure that the AED devices are maintained properly per manufacturer standard.
2. Treatment of various emergencies shall conform to policy and procedures established by the Contract Medical Provider which are located in the medical policy manual.

B. First Aid Kits and Supplies

1. First aid kits for use by facility staff are approved by the Contract Medical Provider for content, location, and number.
2. First aid kits contain:
 - a. Cotton tip applicators
 - b. Betadine swabs
 - c. Kling dressing
 - d. ABD pad
 - e. Assorted band aids
 - f. Medical tape
 - g. 2X2 gauze dressing
 - h. 4X4 dressing, gauze and telfa
 - i. Bacitracin ointment
 - j. Eye pads
3. The facility nurse is responsible for inspecting the kit on each month and removing/replacing depleted, outdated or soiled supplies.

C. Facility staff receive the following training to respond appropriately to emergencies requiring first aid:

1. First Aid/CPR/AED training and certification every two years by

certified department instructors.

2. Medical update training, consisting of 8 hours every 2 years (sometimes provided annually for 4 hours) by the Contract Medical Provider.

REPLACEMENT HISTORY:

Created: 4/22/2016

Revised: 12/5/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.14	Individualized Treatment Plans	SECTIONS: 1413	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that Health Care treatment plans are considered in the planning of JRF programming. Relevant health care treatment plan information shall be shared with JRF staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 5/13/2015

Revised: 5/26/19

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.15	Health Clearance for In-Custody Work and Program Assignments	SECTIONS: 1414	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that residents are subject to health screening and monitoring procedures for work and program assignments that have health care implications, including but not limited to the handling of food and preparation of meals.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the facility director, shall develop screening and monitoring procedures for work and program assignments that have health care implications.
- B. When a condition arises which results in a resident being placed on "restricted activity (RA)" status, the health provider shall notify institutional staff via a memo distributed via email to the JRF Management Team and the JRC Command Center.
- C. Refer to Chapter 12, Sections 12.6 and 12.8 for additional policy related to residents involved in the handling of food and preparation of meals.

REPLACEMENT HISTORY:

Created: 5/13/2015

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.16	Health Education	SECTIONS: 1415	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to coordinate with the Contract Medical Provider, and other health officials, to assure that interactive and gender and developmentally appropriate medical, behavior/mental health and dental health education and disease prevention programs are provided to residents.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the facility director, shall develop written policies and procedures to assure that residents are offered appropriate education and disease prevention programs.
- B. The educational program content shall be updated, as necessary, to address current health and community priorities and meet the needs of the confined population.
- C. The supervisor in charge of programming shall coordinate the scheduling of presentations and classes that are offered.
- D. Residents who desire additional, individualized education/information may request to meet with medical staff utilizing the procedures found in Chapter 5, Section 5.11.1, Resident Access to Medical Services.

REPLACEMENT HISTORY:

Created: 5/13/2015
Revised: 12/06/2018

REFERENCES

- 5.11.1 Resident Access to Medical Services

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.17	Reproductive Services and Sexual Health	SECTIONS: 1416	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines.

PROCEDURES

I. GENERAL INFORMATION

- A. The Contract Medical Provider, in cooperation with the facility director, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth.

- B. Any female resident requesting information regarding birth control measures is to be referred to the Contract Medical Provider for information and education. Residents may utilize the process outlined in Section 5.11.1, Resident Access to Medical Services or speak with their pod staff.

- C. Services shall include, but not be limited to those prescribed by the following code sections:
 - 1. Section 220 of the Welfare and Institutions Code requires that there be no condition or restriction upon the obtaining of an abortion by a female resident, pursuant to the Therapeutic Abortion Act (Article 2, (commencing with Section 123400) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code), other than those contained in that act shall be imposed. Female residents found to be pregnant and desiring abortions, shall be permitted to determine their eligibility for an abortion pursuant to law, and if determined to be eligible, shall be permitted to obtain an abortion. The rights provided for females by this section are posted on all pods, on the wall near the drinking fountain in the dayroom.
 - 2. Section 221 of the Welfare and Institutions Code requires that:
 - a. Any female resident shall, upon her request, be allowed to continue to use materials necessary for personal hygiene with regard to her menstrual cycle and reproductive system, and birth control measures as prescribed by her physician.
 - b. Any female resident shall, upon her request, be furnished with information and education regarding prescription birth control measures.
 - i. This request shall be made in accordance with Section 5.11.1,

Resident Access to Medical Care.

- c. Family planning services shall be offered to each and every female resident at least 60 days prior to a scheduled release date. Upon request, female residents shall be furnished with the services of a licensed physician, or she shall be furnished with services necessary to meet her family planning needs at the time of her release.
3. Section 222 of the Welfare and Institutions Code requires that:
 - a. Any female resident shall have the right to summon and receive the services of a physician and surgeon of her choice in order to determine whether she is pregnant. If she is found to be pregnant, she is entitled to a determination of the extent of the medical services needed by her and to the receipt of those services from the physician and surgeon of her choice. Expenses occasioned by the services of a physician and surgeon whose services are not provided by the facility shall be borne by the resident.
 - b. A resident who is known to be pregnant or in recovery from delivery shall not be restrained except as provided in Section 3407 of the California Penal Code. Refer to Section 6.2, Physical Restraints, in this policy manual.
 - c. The rights provided to female residents by this section shall be posted in at least one conspicuous place to which all female residents have access.
4. Section 123450 of the California Penal code describes the required procedures for an un-emancipated minor to receive an abortion after notifying and obtaining the consent of her parents and/or guardian, or by seeking court approval in the absence of parental notification or consent. This section can be found online at <http://leginfo.legislature.ca.gov>

REPLACEMENT HISTORY:

Created: 5/13/2015

Revised: 12/06/2018

REFERENCES

- 5.11.1 Resident Access to Medical Services
- 6.2 Physical Restraints

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.18	Pregnant/Post-Partum Youth	SECTIONS: 1417	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to assure that reproductive and sexual health services are available to all residents.

PROCEDURES

I. GENERAL INFORMATION

- A. Policy and procedures governing pregnant and post-partum youth, as required by Section 1417 of Title 15, shall be found in Section 5.2.5, Pregnant Residents, this manual.

REPLACEMENT HISTORY:

Created: 5/13/2015

Revised: 12/06/2018

REFERENCES

- 5.2.5 Pregnant Residents

POLICY & PROCEDURES MANUAL

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.19	Medical Clearance/Intake Health and Screening	SECTIONS: 1430	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that officers shall adhere to policies and procedures established by the Contract Medical Provider for a documented intake health screening to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.

For adjudicated youth who are confined in the JRF for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable disease.

The responsible physician shall establish written criteria defining the types of apparent health conditional that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to hold the youth.

Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal, or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.

In these circumstances, written medical clearance, and when possible, a medical evaluation with progress notes will be required for admission into the JRF.

PROCEDURES**I. GENERAL INFORMATION**

- A. Policy and procedures for medical clearances, as required by Section 1430 of Title 15, shall be found in Section 5.3.4.1, Guidelines for Medical Clearances, in this manual.

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 5/15/2015

Revised: 12/7/2018

REFERENCES

- Section 5.3.4.1, Guidelines for Medical Clearances.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.20	Intoxicated Youth and Youth with Substance Use Disorder	SECTIONS: 1431, 1430	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to the policies and procedures established by the Contract Medical Provider that address the identification and management of alcohol and other substance intoxication, withdrawal, and treatment of substance use disorder that is identified during the booking process.

PROCEDURES

I. GENERAL INFORMATION

- A. Policy and procedures for medical clearances, as required by Section 1430 of Title 15, shall be found in Section 5.3.4.1, Guidelines for Medical Clearances, in this manual.
- B. Specific medical responses, management, initiation of substance abuse counseling and/or treatment and coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness will be coordinated and overseen by the Contract Medical Provider.

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 5/15/2015

Revised: 12/7/2018

REFERENCES

- 5.3.4.1 Guidelines for Medical Clearances

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.21	Health Assessments	SECTIONS: 1432	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to the policies and procedures established by the Contracted Medical Provider for a health assessment of residents and for the timely identification of conditions necessary to safeguard the health of the youth.

PROCEDURES

I. GENERAL INFORMATION

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 5/15/2015

Revised: 12/7/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.22	Requests for Health Care Services	SECTIONS: 1433	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to established policies and procedures that create a daily routine that allows residents to convey requests for emergency and non-emergency medical, dental, and behavioral/mental health care services.

PROCEDURES

I. GENERAL INFORMATION

- A. Policy and procedures for resident access to health care, as required by Section 1433 of Title 15, shall be found in Section 5.11.1, Resident Access to Medical Care, of this manual.

REPLACEMENT HISTORY:

Created: 5/15/2015

Revised: 12/7/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.23	Consent and Refusal for Health Care	SECTIONS: 1434	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to adhere to established policies and procedures to obtain informed consent for health care examinations and treatment.

PROCEDURES

I. GENERAL INFORMATION

- A. All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

- B. Parental consent shall be obtained as follows:
 - 1. Verbal consent shall be obtained and documented during the parental notification phone call during the booking process. This is documented on the Medical Consent form, as well as the Booking Face Sheet.
 - 2. Written consent shall be obtained when the parent/guardian appears at the JRF for visiting.
 - 3. As requested by contact with the parent initiated by the probation officer, medical staff or JRF staff.

- C. In the event that a parent or legal guardian refuses to grant consent for health care examinations and treatment, such consent shall be sought from the Juvenile Court with the assistance of the case carrying probation officer.
 - 1. Institution staff shall notify the case carrying probation officer who shall inform the court and provide any necessary documentation.

- D. Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral/mental health care.

REPLACEMENT HISTORY:

Created: 5/15/2015
Revised: 12/7/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.24	Dental Care	SECTIONS: 1435	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide dental treatment to residents as necessary to respond to acute conditions and to avert adverse effects on the resident's health.

PROCEDURES

I. GENERAL INFORMATION

- A. Dental care shall be provided to residents under the following circumstances:
 - 1. The resident is experiencing acute dental conditions and have been approved for treatment by the Contract Medical Provider.
 - 2. The resident has been detained for longer than 1 year, in which case an annual dental exam shall be provided.
- B. The Contract Medical Provider shall authorize and schedule appointments for dental care.
- C. Dental care shall be provided by a licensed dentist for:
 - 1. Relief of pain and treatment of acute infections.
 - 2. Extraction of unsalvageable teeth.
 - 3. Repair of injured or decayed teeth.
 - 4. Removal of irritation conditions that may lead to malignancies if detention is prolonged.
- D. Treatment shall not be limited to extractions.

II. RESIDENTS WITH ORTHODONTIA

- A. Residents who have braces or other orthodontia may be provided access to dental care, as necessary, to maintain the treatment and alignment of the resident's teeth.
 - 1. The Contract Medical Provider will consult with the resident's parents/guardians, and possibly the resident's Orthodontist/Dentist to determine the timing and frequency of the necessary orthodontia care.
 - 2. The Contract Medical Provider may consider the history, frequency and cooperation of the resident and his/or parent/guardian with their Orthodontist/Dentist for the time period prior to the resident's booking into the JRF when determining if Orthodontia care is necessary.
 - 3. Dental care consisting of adjustments and maintenance of braces or other orthodontia will be at the expense of the parent/guardian.

REPLACEMENT HISTORY:

Created: 2/22/2016

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.25	Prostheses and Orthopedic Devices	SECTIONS: 1436	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that prostheses shall be provided when the health of the resident would otherwise be adversely affected, as determined by the Contract Medical Provider.

PROCEDURES

I. GENERAL INFORMATION

- A. This policy governs a resident's ability to retain possession of all manners of prostheses or orthopedic devices, including hearing aids, eye glasses, and insulin pumps.
- B. A resident shall not be deprived of the possession or use of any orthopedic or prosthetic appliance, if such appliance has been prescribed or recommended and fitted by a physician, notwithstanding Section II.
- C. Residents may be provided orthopedic or prosthetic appliances that are owned and maintained by the facility, including but not limited to wheel chairs, to minimize the threat of contraband or weapons entering the facility.
 1. In such circumstances, the residents personally owned orthopedic or prosthetic appliances shall be stored with their property in Booking.

II. REMOVAL OF ORTHOPEDIC OR PROSTHETIC APPLIANCE

- A. If the Facility Director has probable cause to believe possession of such orthopedic or prosthetic appliance constitutes an immediate risk of bodily harm to any person in the facility, such appliance may be removed.
- B. When such an appliance is removed, the resident shall be examined by a physician within 24 hours.
- C. If the Contract Medical Provider determines that removal is or will be injurious to the health or safety of the resident, he shall so inform the resident and the Facility Director. Upon receipt of the Contract Medical Provider's opinion, the Facility Director shall do one of the following:
 1. Return the appliance to the resident.
 2. Refuse to return the appliance to the resident, informing both the physician and the resident of the reasons for such refusal.

- D. If the Facility Director refuses to return the appliance, they shall promptly provide the resident with a Request for Return of Orthopedic or Prosthetic Appliance form.
1. This form may be used by the resident to petition the Court to order the return of the appliance.
 2. The resident shall receive prompt assistance from his/her assigned probation officer in completing the form, signing it, and filing it with the Juvenile Court.
- E. Residents shall only be deprived of their appliance during such time as the facts which constitute probable cause for its removal continue to exist. If such facts cease to exist, the Facility Director shall return such appliance to the resident.

REPLACEMENT HISTORY:

Created: 3/2/2016

Revised:

REFERENCES

- Section 2656 of the California Penal Code.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.26	Mental Health Services and Transfer to a Treatment Facility	SECTIONS: 1437, 1437.5	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all residents shall be assessed both upon booking and on an ongoing basis, to ensure any need for behavioral/mental health services is both identified and provided.

This screening will be performed by either behavioral/mental/medical health personnel or trained JRF staff.

PROCEDURES

I. GENERAL INFORMATION

- A. Absent an emergency, or conditions described in Section 5150 of the Welfare and Institutions Code, all mental health services offered within the facility shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Section 4011.8 of the California Penal Code, or Section 6552 of the California Welfare and Institutions Code.

II. BEHAVIORAL/MENTAL HEALTH SERVICES

- A. Screening for mental health problems at intake.
 - 1. During the booking process, JDO's shall observe the resident for signs of behavioral/mental health problems. This includes:
 - a. Looking for signs of depression, such as crying, failure to make eye contact, shrugged shoulders, etc.
 - b. Looking for signs of self-harm, such as fresh or healed cutting marks, burns, or other injuries.
 - c. Screening for 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.
 - 2. Asking listed questions while completing the Medical Pre-Screening Form. Some of these questions help to identify behavioral/mental health problems.
 - 3. Rejecting the booking pending medical treatment and clearance at a local emergency room, in accordance with Section 5.3.4.1, Guidelines for Medical Clearances.

4. Notifying on duty medical staff, or contacting on-call medical staff if after hours for guidance and care instructions.
 5. Referral for assessment by the Contracted Medical Provider shall be made when indicated during the screening process.
 - i. Referral for therapeutic services and preventative services shall be made by the Contract Medical Provider when resources permit.
- B. Crisis intervention and the management of acute psychiatric episodes
1. Officers shall intervene whenever it becomes apparent that a resident is in crisis. Given the many different personalities and displays of emotion, officers will utilize the following guidelines when identifying a resident in crisis:
 - a. Officers are expected to interact with residents under their supervision in an effort to familiarize themselves with the resident's personality and level of cooperation within the facility, and compare what is considered "normal" behavior on the part of a resident to other behaviors exhibited.
 - b. Through building rapport with residents, officers will be more likely to observe behaviors that indicate that the resident may be in crisis, and then react accordingly.
 - c. Officers are expected to provide a various responses when a resident is believed to be in crisis, including but not limited to:
 - i. Counseling with the resident.
 - ii. Alerting medical staff to come and evaluate the resident.
 - iii. Summoning staff members who may have greater rapport with the resident, or who are the same gender when circumstances suggest that would be the best course of action.
 - iv. Remaining one-on-one with the resident while professional services or a thoughtful plan is put together to address the crisis.
- C. Stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting.
1. This shall involve coordination between the Contract Medical Provider and facility staff to insure that a plan is conceived and consistently evaluated to best meet needs of the resident.
 2. This process can include any combination of special supervision, safety garments and bedding, the use of the safety room, special housing assignments, medication as ordered by the Contract Medical Provider, and transport to the hospital or other care providers.
- D. Elective therapy services and preventive treatment where resources permit.
1. This may include counseling services provided by the Contract Medical Provider, or other providers who are scheduled and approved by

probation and medical staff.

- E. Initial and Periodic Medication Support Services as prescribed by the Contract Medical Provider.
 - 1. The Contract Medical Provider shall arrange for assessments and examinations by physicians and psychiatrists, who shall evaluate the need and appropriateness for medication services.
 - 2. Any medications prescribed shall either be ordered through the Contract Medical Provider or provided by the parent and approved by the Contract Medical Provider.

- F. Provision for timely referral, transportation and admission to licensed mental health facilities, and follow up for residents whose psychiatric needs exceed the treatment capability of the facility.
 - 1. If this need is identified during the booking process, the arresting officer shall be responsible for transporting the resident to the emergency room and following established protocol.
 - 2. In all other cases, officer shall follow those guidelines established in Section 5.12, Suicide Prevention.
 - 3. Examples of psychiatric needs that require hospital treatment include, but are not limited to:
 - i. Active suicidal tendencies.
 - ii. Persistent incapacitation.
 - iii. Prolonged restraint.
 - iv. Conditions described in Section 5150 of the Welfare and Institutions Code.

- G. Assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist or psychiatrist.
 - 1. Any resident who identified as described above shall be referred to the Contract Medical Provider for services as soon as practical.
 - 2. Staff response to residents who appear to be suffering from severe depression, self-harming or suicidal ideation shall follow policy and procedures found in Section 5.12, Suicide Prevention.

- H. Transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.
 - 1. The Contract Medical Provider shall, whenever possible, work with the assigned probation officer to be informed as soon as possible of scheduled release dates. The Contract Medical Provider shall coordinate all authorized prescription requests and submissions to pharmacies available to the placements, parents or guardians or residents upon their release, as well as follow up appointments with

outside providers.

III. TRANSFER TO A TREATMENT FACILITY

- A. The JRF staff shall follow the establish policies and procedures of the Contract Medical Provider regarding the transfer of residents to a treatment facility.
1. Residents who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated by Contract Medical Staff to determine if treatment can be initiated at the JRF.
 2. Timely referral, transportation, and admission to a licensed mental health facility, and follow-up shall be made for youth whose psychiatric needs exceed treatment capabilities at the JRF.

REPLACEMENT HISTORY:

Created: 4/9/2016

Revised: 12/7/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.27	Pharmaceutical Management	SECTIONS: 1438	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to follow the written policy developed by the contract medical provider that establishes procedures and identifies the space and accessories for the secure storage, controlled administration, training of staff, and disposal of all legally obtained drugs.

PROCEDURES

Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 4/9/2016

Revised: 5/26/19

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.28	Psychotropic Medications	SECTIONS: 1439	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to follow the written policy developed by the Contract Medical Provider that establishes procedures governing the use of voluntary and involuntary psychotropic medications.

PROCEDURES

I. General Procedures

- A. Please refer to the Contract Medical Provider policy manual.

REPLACEMENT HISTORY:

Created: 4/9/2016

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.29	Collection of Forensic Evidence	SECTIONS: 1452	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that any forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to detained residents.

PROCEDURES

I. General Procedures

- A. Any forensic medical services shall be performed by appropriately trained physicians in an Emergency Room or local hospital. The Contract Medical Provider shall not perform these services on detained residents.

REPLACEMENT HISTORY:

Created: 4/9/2016
Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.30	Sexual Assaults	SECTIONS: 1453	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that treatment for victims of sexual assault is provided with compassion, evidence is preserved, and reporting is conducted within established guidelines.

PROCEDURES

I. General Procedures

- A. Treatment for victims of sexual assault shall be provided within established guidelines covered in Section 5.10.1, PREA (Prison Rape Elimination Act), as well as the policy of the Contract Medical Provider. In addition, treatment shall be provided within established protocol that exists in Shasta County that involves outside agency response and reporting. These agencies include Shasta Regional Medical Center, local law enforcement agencies, the Shasta County District Attorney, and One Safe Place.

REPLACEMENT HISTORY:

Created: 4/13/2016

Revised: 12/7/2018

REFERENCES

- Shasta County JRF Policy and Procedures Section 5.10.1, PREA

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.31	Participation in Research	SECTIONS: 1454	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that any biomedical or behavioral research involving residents shall only occur when ethical, medical, and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals.

PROCEDURES

I. General Procedures

- A. Biomedical and/or behavioral research involving residents shall only occur if permitted by the Chief Probation Officer or his/her designee.
 - 1. The court, Contract Medical Provider, and facility administrator shall be informed of all such proposed actions.

- B. Any research involving residents shall only occur if deemed safe for the participating residents after consideration by both the Contract Medical Provider and the Chief Probation Officer.
 - 1. Written policy and procedure shall be followed to assure the safety of the residents.

- C. Any research involving residents shall require informed consent to both the resident and their parent or legal guardian.

- D. Participation in research shall not be a condition for obtaining privileges or other rewards in the facility.

REPLACEMENT HISTORY:

Created: 4/13/2016
Revised: 12/10/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.32	Medi-Cal Eligibility and Enrollment of Youth	SECTIONS: 1324(j)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that assistance regarding Medi-Cal eligibility information and enrollment of youth shall be provided to the parents/legal guardians of youth.

PROCEDURES

I. GENERAL INFORMATION

- A. Shasta County Health and Human Services Agency (HHS) shall provide Medi-Cal eligibility and enrollment information pamphlets and posters as well as pamphlets and posters regarding Community Health Advocate assistance in applying for public benefits.
- B. The JRF Legal Process Clerk will contact the Community Development Coordinator at the HHS Community Outreach Unit to obtain more pamphlets and posters as needed.
- C. The pamphlets and posters are to be placed in the JRF lobby by the Legal Process Clerk. An outreach assistance request form provided by the Community Development Coordinator will also be placed weekly in the visitation area on the counter next to the visitation sign in log so parents can indicate they would like assistance to apply for Medi-Cal for their youth and family.
- D. The JRF Legal Process Clerk will forward the outreach assistance request form to the Community Development Coordinator.
- E. The JRF Legal Process Clerk is also responsible to mail a Juvenile Medi-Cal notification letter to the parents/legal guardians of any youth detained for 30 days informing them they have the opportunity to acquire or retain Medi-Cal for their child. Unless they opt out of the referral process, the LPC will notify HHS the family wishes to obtain and/or retain Medi-Cal for the youth.
- F. If the parent/legal guardian indicates in response to the letter they wish to opt out of Medi-Cal enrollment, the JRF Legal Process Clerk will notify HHS per the corresponding Clerical Manual procedure.

REPLACEMENT HISTORY:

Created: 6/17/16

Revised:

REFERENCES

Juvenile Clerical Manual, Medi-Cal Instructions.docx

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
10.32	Youth with Developmental Disabilities	SECTIONS: 1418	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to ensure that any youth who is suspected or confirmed to have a developmental disability is referred to Far Northern Regional Center for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.

PROCEDURES

Refer to the Medical Provider's Manual.

REPLACEMENT HISTORY:

Created: 12/7/2018

Revised:

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY Page 1			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.1	School Programs	SECTIONS: 1370(a)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the rights of residents to participate fully in the educational process and to have equal rights and opportunities.

PROCEDURES

I. General Procedures

- A. The Shasta County Office of Education (SCOE), in conjunction with the Chief Probation Officer or designee, shall provide for the administration and operation of the facility school pursuant to applicable State laws.
- B. Culturally responsive and trauma informed approaches should be utilized when providing instruction.
- C. Collaboration should occur between the JRF administrator and SCOE to ensure the safe use of technology within the facility school.

II. Communication

- A. To ensure effective communication and coordination between educators and probation staff, the following guidelines are established:
 - 1. The school principal or his/her designee may meet weekly with the facility management team to discuss current issues, policy or practices governing the weekly educational goals of the facility.
 - 2. The Facility Director and assigned school principal shall meet on a regular basis to discuss educational policy and goals.

III. Annual Review

- A. The facility administrator shall request an annual review of each required element of the school program by the SCOE Superintendent, to include a report or review checklist on compliance, deficiencies, and corrective action needed to achieve compliance with Section 1370 of Title 15.
 - 1. This review shall not be delegated to the principal assigned to the facility school, or any other staff of the facility school site.
 - 2. The Superintendent of Schools shall conduct this review in conjunction with a qualified outside agency or individual.
 - 3. Upon receipt of the review, the Facility Administrator or designee shall review each item with the SCOE Superintendent, and shall take

whatever corrective action is necessary to address each deficiency and to fully protect the educational interests of all residents detained in the facility.

REPLACEMENT HISTORY:

Created: 4/21/2016

Revised: 12/21/2018, 5/14/19

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.2	Educational Program: Required Elements	SECTIONS: 1370(b)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that the facility school program shall comply with the State Education Code and County Board of Education policies, as well as all applicable federal education statutes and regulations and provide for an annual evaluation of the educational programs.

PROCEDURES

I. General Procedures

- A. The facility school program shall comply with the State Education Code and County Board of Education policies, all applicable federal education statutes and regulations and provide for an annual evaluation of the educational program offerings. As stated in the 2009 California Standards for the Teaching Profession, teachers shall establish and maintain learning environments that are physically, emotionally, and intellectually safe. Residents shall be provided 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.
- B. All youth shall be treated equally, and the education program shall be free from discriminatory action. Staff shall refer to transgender, intersex and gender-nonconforming youth by their preferred name and gender.
- C. Culturally responsive and trauma-informed approaches should be applied when providing instruction.
- D. Education staff should collaborate with the facility administrator and Shasta County Information Technology to use technology to facilitate learning and ensure safe technology practices.
- E. Information and preparation for the High School Equivalency Test as approved by the California Department of Education shall be made available to eligible residents.
- F. Youth shall be informed of post-secondary education and vocational

opportunities.

- G. Administration of the High School Equivalency Tests as approved by the California Department of Education, shall be made available when possible.
- H. Supplemental instruction shall be afforded to residents who do not demonstrate sufficient progress towards grade level standards.
- I. The minimum school day shall be consistent with State Education Code Requirements for juvenile court schools.
- J. The facility director, in conjunction with the education staff, shall ensure that operational procedures do not interfere with the time afforded for the minimum instructional day. Absences, time out of class or educational instruction, both excused and unexcused, shall be documented.
- K. 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 Plan.
 - 1. The minimum instructional day is 240 minutes, pursuant to Section 48645.3 of the California Education Code, which is calculated on the basis of the average number of minutes of attendance during not more than 10 consecutive days in which classes are conducted.
 - a. Residents participating in approved vocational education programs, work programs prescribed by the probation department pursuant to Section 883 of the Welfare and Institutions Code, and work experience programs shall be 180 minutes, calculated in the same manner as above.
 - 2. Each morning that school is in session, the school staff shall arrive at their designated classroom at 0755 hours, where a briefing shall be conducted by the Supervisor on Duty/OIC, and other assigned probation staff.

II. Course of Study

- A. The course of study shall comply with the State Education Code and include, but not be limited to, courses required for high school graduation.

REPLACEMENT HISTORY:

Created: 4/21/2016

Revised: 12/21/2018

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.3	School Discipline	SECTIONS: 1370(c)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide a school learning environment that is safe for all persons present. Discipline for behaviors exhibited in school shall conform to both the facility behavior management plan, guidelines for providing for the safety and security of the facility, the California Education Code, and established SCOE policies and procedures governing discipline and suspension.

PROCEDURES

I. General Procedures

- A. Positive behavior management will be implemented to reduce the need for disciplinary action in the school setting and be integrated into the facility behavior management system, which is described in JRF Policy Section 5.8.1, Behavior Management System.
 1. School staff shall evaluate resident behavior throughout the school day, and provide scoring based on the established point/level system. These scores shall be combined with points earned outside of school, and determine the resident's level when it is reviewed each week.

- B. Residents whose behavior violates SCOE rules, or sections of the Education Code, shall receive consequences from the school in accordance with SCOE established policies.
 1. Teachers shall adhere to established laws and regulations governing the Suspension or Expulsion of students, in accordance with Section 48900, 48900.5 and 48910 of the California Education Code.
 2. Except as otherwise provided by the State Education Code, expulsion/Suspension from school shall be imposed only when other means of correction fails to bring about proper conduct. School staff shall follow the appropriate due process safeguards as set forth in the State Education Code, including the rights of students with special needs.

School staff shall document the other means of correction used prior to imposing expulsion/suspension if an expulsion/suspension is ultimately imposed.

- C. Residents whose behavior is determined to be in violation of facility rules shall receive consequences in accordance with the JRF Behavior

Response Matrix.

1. Facility staff shall be responsible for making this determination and responding within the guidelines of the JRF Behavior Response Matrix.
 2. School staff shall be advised of administrative decisions made by the JRF or other probation staff that may affect the educational programming of the students.
- D. The Facility Director, in conjunction with education staff shall develop policies and procedures that address the rights of any student who has continuing difficulty completing a school day. These include:
1. Identifying residents who exhibit behaviors that result in a frequent pattern of time outs and suspensions due to negative behaviors.
 2. Ensuring that the resident case and behavior is staffed by a team comprised of persons including, but not limited to:
 - a. Parent/Guardians
 - b. Teaching staff.
 - c. Facility supervisor(s) and staff.
 - d. Probation staff.
 - e. Medical staff (if applicable)
 - f. Counseling providers (if applicable)
 - g. Support providers (volunteers, program providers, mentors, etc.)
 - h. Assessment providers (mental health, etc.)
 3. Developing a plan to address behavior in an effort to minimize loss of time in school.

REPLACEMENT HISTORY:

Created: 4/21/2016

Revised: 12/21/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.4	Education Program: Provisions for Special Populations	SECTIONS: 1370(d)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to observe all state and federal laws and regulations for all individuals with disabilities or suspected disabilities. This includes but is not limited to child find, assessment, continuum of alternative placements, manifestation determination reviews, and implementation of Section 504 Plans and Individualized Education Programs.

PROCEDURES

I. General Procedures

A. High Security Youth

1. Safety and Security shall be the primary factor in determining how educational services shall be provided to youth who are deemed high security.
 - a. Youth deemed to be high security exhibit current behaviors that are considered violent and/or aggressive.
2. Educational instruction shall be provided to youth who are designated as high security.
 - a. These classifications include, but are not limited to:
 - i. Maximum Security Risk (MSR)
 - ii. Special Program
3. Residents designated as high security shall receive educational support in safe areas, with facility staff present, to ensure the safety of all involved. This may include, but is not limited to:
 - a. School in the day room or programming room.
 - i. Facility staff shall be present or nearby when teaching staff provide instruction and educational support at the table.
 1. At any time during the resident's detention in the JRF that an officer is concerned the resident is not making progress and/or is struggling in school, the officer shall ensure a behavioral plan is created or Student Study Team (SST) meeting is scheduled.
 2. If a resident is placed on a security risk classification (SD, MSR) due to behavior while being housed in the JRF,

after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study Team or an Individualized Educational Plan (IEP) if the youth is already receiving special education services.

3. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the formal request for a Student Study Team and/or an updated IEP for a special education student will be made by the supervisor prior to the 5th day.

4. Those residents placed on a security risk status at the time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team and/or an updated IEP.

B. Individuals with Special Education Needs shall be provided education in accordance with applicable state and federal law.

C. Residents who are identified as English Learners (EL) shall be afforded an educational program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for EL students.

1. Interpreter assistance shall be provided by SCOE.

REPLACEMENT HISTORY:

Created: 4/21/2016

Revised: 12/21/2018

2/15/2019

3/26/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.5	Educational Screening and Admission	SECTIONS: 1370(e)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that all residents shall be screened and assessed within established timelines in an effort to create an effective educational plan.

PROCEDURES

I. General Procedures

- A. Upon admission to the facility, all residents shall be immediately enrolled in school.

- B. All new admissions to the facility shall be assessed by school staff as follows:
 1. Residents shall be interviewed and a written record maintained that documents their educational history, including but not limited to:
 - a. School progress/school history.
 - b. Home Language Survey and the results of the State Test used for English language proficiency.
 - c. Needs and services of special populations as defined by the State Education Code, including but not limited to, students with special needs,
 - d. Discipline problems.
 2. An assessment shall be conducted to determine the resident's general academic functioning levels to enable placement in core curriculum courses.
 3. A preliminary education plan shall be developed for each resident within 5 school days.

4. Upon enrollment, education staff shall comply with the State Education Code and request the youth's transcripts and records from his/her prior school(s), including but not limited to, transcripts, Individual Education Program (IEP), 504 Plan, state language assessment scores, immunization records, exit grades, and partial credits. Upon receipt of the transcripts, the resident's educational plan shall be reviewed with the youth and modified as needed. The youth should be informed of the credits they need to graduate.
5. At any time during the resident's detention in the JRF that an officer is concerned the resident is not making progress and/or is struggling in school, the officer shall ensure a behavioral plan is created or Student Study Team (SST) meeting is scheduled.
6. If a resident is placed on a security risk classification (MSR, SD) due to behavior while being housed in the JRF, after the fifth (5th) day of such a status, the supervisor on duty shall email the school principal to formally request a Student Study Team and/or an Individualized Educational Plan (IEP) if the youth is already receiving special education services.
7. However, if it is noted that the resident is struggling in school the officer shall immediately notify the supervisor on duty/OIC and the formal request for a Student Study Team and/or an IEP will be made by the supervisor prior to the 5th day.
8. Those residents placed on a security risk status at the time of booking, who have a history of special education services or a history of struggling in school, the school principal shall be contacted before the 5th day to allow for a swift referral for a Student Study Team and/or an updated IEP.

REPLACEMENT HISTORY:

Created: 4/22/2016

Revised: 12/21/2018

2/19/2019

3/26/2019

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.6	Educational Reporting, Transition and Re-Entry Planning	SECTIONS: 1355, 1370(f)& (g)	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that resident school records and total of credits earned in the facility school shall be forwarded to the next educational placement in a timely manner, in accordance with the State Education Code. Further, the Juvenile Court School shall meet the transition needs of youth returning to their district of residence.

PROCEDURES

I. General Procedures

- A. School staff shall ensure that the complete facility educational record of the resident shall be forwarded to the next educational placement in accordance with the State Education code.
- B. The SCOE Superintendent of Schools shall provide appropriate credit (full or partial) for coursework completed while in the facility school in accordance with the State Educational Code.
- C. SCOE and the Juvenile Court School shall meet the transition needs of youth, including the development of an education transition plan, in accordance with the State Education Code and in alignment with Title 15, Minimum Standards for Juvenile Facilities, Section 1355.

REPLACEMENT HISTORY:

Created: 4/22/2016
Revised: 12/27/2018

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
11.7	Education Program: Access to Computing Technology and Post- Secondary Education Opportunities	SECTIONS: 1370(h)	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that residents should, whenever possible, be afforded a quality education, as well as college and vocational information and opportunities.

PROCEDURES

- I. Pursuant to Section 851.1 (a)(1), youth detained in or committed to the Juvenile Rehabilitation Facility shall be provided with access to computer technology and the Internet for the purposes of education.
- II. Whenever possible, the school and facility administrator should collaborate with local post-secondary education providers to facilitate access to educational and vocational opportunities that considers the use of correspondence courses and/or the use of technology to implement these programs.

REPLACEMENT HISTORY:

Created: 12/27/2018

Revised: 2/25/2019

REFERENCES

851.1 (a)(1) WIC

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.1	Frequency of Serving	SECTIONS: 1460	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that food shall be served to residents in accordance with state regulations and applicable laws, under the following procedures.

PROCEDURES

I. GENERAL INFORMATION

- A. Meals shall be served at least three times in any 24-hour period, in accordance with the meal schedule included in Section 5.4.4, Meal Service.
 - 1. At least one of these meals shall include hot food.
- B. Supplemental food shall be offered to residents at the time of initial intake.
 - 1. If more than 14 hours have passed since the resident being booked has last eaten, they shall be served a meal.
- C. Meals prescribed to a resident as part of a medical diet shall be served in accordance with the attending physician's orders.
- D. A minimum of twenty minutes shall be allowed for the actual consumption of each meal, except for those residents on a medical diet where the responsible physician has prescribed additional time.
- E. Provisions shall be made for residents who may miss a regularly scheduled facility meal.
 - 1. Staff shall notify kitchen staff when a resident is out of the facility during meal service.
 - 2. Kitchen staff shall maintain that resident's meal until their return to the facility, at which time the resident shall be provided with their meal. They shall be provided with a substitute meal and beverage, and residents on medical diets shall be provided with their prescribed meal.
- F. A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.

REPLACEMENT HISTORY:

Created: 1/14/2016

Revised: 12/10/2018

REFERENCES

- Shasta County Juvenile Rehabilitation Facility Policy Section 5.4.4 Meal Service.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.2	Minimum Diet	SECTIONS: 1461	1 of 4

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that residents will be provided with a diet that conforms to nutritional and caloric guidelines found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board.

PROCEDURES

I. GENERAL INFORMATION

- A. Juvenile Rehabilitation Facility Meals are based on nutritional standards which include the Federal Child Nutrition Meal Program. The minimum diet provided to all residents shall conform to the requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institution of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans.
- B. Snacks, vegan, vegetarian and religious diets shall also conform to these nutrition standards.
 1. Staff shall allow for the written request for vegetarian or vegan diets.
 2. The granting or denial of these request shall be done in writing.
- C. Whenever possible, residents shall be served a wide variety of foods during the week.

II. NUTRITIONAL REQUIREMENTS

- A. Nutritional Requirement for the minimum diet are specified as follows:
 1. Protein Group: Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:
 - a. 2 to 3 oz. (without bone) lean, cooked meat, poultry or fish.
 - b. 2 medium eggs.

- c. 1 cup cooked dry beans, peas, or lentils.
 - d. 4 Tbsp. peanut butter.
 - e. 8 oz. tofu.
 - f. 2 ¼ oz. dry, or 1 cup rehydrated, canned, or frozen TVP.
 - g. ½ cup seeds.
 - h. 2/3 cup nuts.
2. Dairy Group: Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings. One serving equals, but is not limited to, one of the following examples:
- a. 8 oz. fluid milk (nonfat, 1% or 2% reduced fat).
 - b. 1 ½ oz. natural cheese.
 - c. 2 oz. processed cheese.
 - d. 1 ½ cups of lowfat, or nonfat cottage cheese.
 - e. 1 ½ cups of ice milk, or ice cream.
 - f. 1/3 cup nonfat dry milk.
 - g. ½ cup nonfat, or lowfat evaporated milk.
 - h. 1 cup nonfat, or lowfat plain yogurt.
 - i. 1 cup pudding.
3. Vegetable-Fruit Group: Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: ½ cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; ½ grapefruit, or ¼ cup dried fruit. The daily requirement shall be at least six servings; at least one serving per day, or seven (7) servings per week, shall be from each of the following three categories:
- a. One serving of fresh fruit or vegetable.
 - b. One serving of a Vitamin C source containing 30 mg. or more. One serving equals, but is not limited to the following examples:

Broccoli	Orange Juice
Brussels Sprouts	Potato (baked only)
Cabbage	Strawberries
Cantaloupe or Honeydew Melon	Tangerine, large
Cauliflower	Tomato paste
Green and red peppers (not dehydrated)	Tomato puree
Greens collards including kale, turnip, and mustard greens	Grapefruit
Tomato sauce (6 oz.)	Grapefruit juice
Vegetable juice	Orange

- c. One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to, the following examples:

Apricot nectar (6 oz.)	Peas and carrots
Apricots	Pumpkin
Cantaloupe	Red Peppers
Carrots	Sweet potatoes or yams
Green, including kale, beets, chard, mustard, turnips or spinach	Vegetable juice cocktail (6 oz.)
Mixed vegetables with carrots	Winter squash

4. Grain Group: Includes bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to, one of the following examples:
- a. Bread, white (including French and Italian), whole wheat, rye, pumpnickel or raisin. 1 Slice.
 - b. Bagel, small. ½
 - c. English muffin, small. ½
 - d. Plain roll, muffin or biscuit. 1
 - e. Frankfurter roll. ½
 - f. Hamburger bun. ½
 - g. Dry bread crumbs. 3 Tbsp.
 - h. Crackers:
 - Arrowroot. 3
 - Graham. 2 ½" 2
 - Matzo. 4" x 6" 1/2
 - Oyster. 20
 - Pretzels. 3 1/8" long, 1/8" diameter. 25
 - Rye wafers. 2"x3 ½". 3
 - Soda, 2 1/2" sq. 6
 - i. Ready to eat unsweetened cereal. ¾ Cup
 - j. Cereal, cooked. ½ Cup
 - k. Barley, couscous, grits, macaroni, noodles, pastas, rice, spaghetti, etc. ½ Cup
 - l. Cornmeal, dry. 2 Tbsp.
 - m. Flour (wheat, whole wheat, carob, soybean, cornmeal, etc.) 2 ½ Tbsp.
 - n. Wheat germ. ¼ Cup
 - o. Pancakes, 5". 1
 - p. Waffle, 5". 1
 - q. Tortilla, 6" (corn/flour). 1

The following are examples of whole grains and whole grain products:

Barley	Pumpernickel bread
Bran	Rolled oats
Brown rice	Rye
Corn meal <ul style="list-style-type: none"> • Tortilla • Baked taco/tostada shell 	Whole Grain <ul style="list-style-type: none"> • Bagels, muffins and crackers • Graham • Hot cereal • Pancakes and waffles • Ready to eat cereal
Cracked wheat (bulgur)	
Flour <ul style="list-style-type: none"> • Carob • Soybean • Whole wheat 	Whole wheat <ul style="list-style-type: none"> • Bread • Rolls • Tortilla
Oatmeal	Popcorn

5. Calories: 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 as collaboratively determined by the facility manager, dietitian, food service manager and physician.
 - a. Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated. In keeping with chronic disease prevention goals, total dietary saturated fat should not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015- 2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.

REPLACEMENT HISTORY:

Created: 4/20/2017

Revised: 12/10/2018

REFERENCES

- Shasta County Juvenile Rehabilitation Facility Policy Section 5.4.4 Meal Service.

SHASTA COUNTY JUVENILE REHABILITATION FACILITY POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.3	Medical Diets	SECTIONS: 1462	1 of 1

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to comply with any medical diet prescribed for a resident.

PROCEDURES

I. GENERAL INFORMATION

- A. Medical diets shall only be prescribed by the attending physician.
- B. The medical diets utilized in the JRF shall be planned, prepared, and served with the consultation of a registered dietitian.
- C. Medical Diet orders shall be maintained on file for at least one year by the Kitchen Supervisor.

II. MEDICAL DIET MANUAL

- A. The Medical Diet Manual, comprised of sample menus for medical diets, shall be created and maintained by the Kitchen Supervisor.
- B. This manual shall be available in both the medical staff and the Kitchen for reference and information.
- C. A registered dietician shall review, and the responsible physician (Contract Medical Provider) shall approve the diet manual on an annual basis.

REPLACEMENT HISTORY:

Created: 1/14/2016

Revised: 4/19/2017

REFERENCES

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.4	Menus	SECTIONS: 1463	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to plan menus that provide a variety of foods, considering the cultural and ethnic makeup of the facility, thus preventing repetitive meals.

PROCEDURES

I. GENERAL INFORMATION

- A. Menus shall be planned at least one month in advance of their use.
- B. Menus shall be approved by a registered dietitian before being used.
- C. If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.
- D. Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.

REPLACEMENT HISTORY:

Created: 1/14/2016

Revised: 4/19/2017

REFERENCES

SHASTA COUNTY JUVENILE REHABILITATION FACILITY			
POLICY & PROCEDURES MANUAL			
Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.8	Food Serving and Supervision	SECTIONS: 1466, 1465	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility that whenever food is prepared or served by residents, they will be appropriately trained and supervised. Refer to Section 5.4.4, Meal Service, for additional guidelines.

PROCEDURES

I. GENERAL INFORMATION

- A. The JRF Manager in cooperation with the JRF Kitchen Supervisor will ensure that supervisory staff and food handlers receive on-going training in safe food handling techniques, including personal hygiene, in accordance with Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode).
- B. The following guidelines shall be adhered to whenever a resident is involved in the preparation or serving of food:
 1. The involved resident shall be supervised, at all times, by kitchen staff.
 2. Food Preparation and Portioning in the Kitchen
 - a. Kitchen staff shall position themselves at all times so that they have direct line of sight supervision over the resident(s) at all times that they are in the kitchen.
 - b. Kitchen staff shall provide instruction on the task and use of necessary tools.
 - c. Kitchen staff shall monitor resident to ensure appropriate food handling and compliance with personal hygiene requirements.
 - d. Kitchen staff shall provide materials necessary to complete the task.
 - e. Kitchen staff shall inspect the finished product to insure it conforms with laws and guidelines related to food safety and handling.
 - f. Kitchen staff shall ensure that the all materials and tools are accounted for, with no damage or missing pieces or elements.
 - g. If the kitchen staff suspects that the resident has retained contraband, or cannot account for missing contraband, additional staff shall be summoned and the Supervisor on duty/OIC shall be notified.
 3. Food Serving
 - a. Kitchen staff shall inform the resident of the portion sizes and provide the tools and materials necessary to complete the service.

- b. Kitchen staff shall observe the portioning by the resident, to ensure that the portions are correct and that the service conforms with laws and guidelines related to food safety and handling.

REPLACEMENT HISTORY:

Created: 1/14/2016

Revised: 4/19/2017, 5/27/19

REFERENCES

- Shasta County Probation Department, Juvenile Rehabilitation Facility Policy Section 5.4.4, Meal Service.
- Section 113947 California Health and Safety Code, California Retail Food Code (CalCode)

**SHASTA COUNTY JUVENILE REHABILITATION FACILITY
POLICY & PROCEDURES MANUAL**

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
12.5	Food Service Plan	SECTIONS: 1464	<i>1 of 1</i>

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to maintain a Food Service Plan, specific to the Juvenile Rehabilitation Facility, that complies with the applicable California Retail Food Code (CalCode).

PROCEDURES

I. GENERAL INFORMATION

- A. The Food Service Plan is prepared and written by the Kitchen Supervisor and maintained in the Kitchen Supervisors Office.

- B. The Food Service Plan includes, but is not limited to the following policies and procedures:
 - 1. Menu Planning
 - 2. Purchasing
 - 3. Storage and Inventory Control
 - 4. Food Preparation
 - 5. Food Serving
 - 6. Transporting Food
 - 7. Orientation and On-Going Training
 - 8. Personnel Supervision
 - 9. Budgets and Food Costs Accounting
 - 10. Documentation and Record Keeping
 - 11. Emergency Feeding Plan
 - 12. Waste Management
 - 13. Maintenance and Repair
 - 14. Hazard Analysis Critical Control Point Plan (HACCPP)
 - 15. Provision for maintaining three days of meals for testing in the event of food-borne illness.

REPLACEMENT HISTORY:

Created: 1/14/2016

Revised: 4/19/2017

12/10/2018

REFERENCES

POLICY & PROCEDURES MANUAL

Policy No.	SECTION:	CORRESPONDING TITLE 15	PAGE:
13.1	Volunteer, Vendor and Support Staff Orientation	SECTIONS: 1324 (d) & (e)	1 of 2

POLICY STATEMENT

It is the policy of the Shasta County Juvenile Rehabilitation Facility to provide all support staff, vendors, and volunteers an initial orientation to the facility.

PROCEDURES

- I. All volunteers and vendors who do not undergo a background check process as a prerequisite of their employment (for example, Board of Behavioral Sciences licensure) must first complete the approved Shasta County Probation volunteer/vendor background clearance process prior to completing a facility orientation.
- II. Prior to assuming any duties in the facility, anyone providing services within the facility or to the residents housed in the facility shall be provided with information necessary to meet facility and department standards and to deliver an acceptable level of service. The orientation process also allows these volunteers and vendors an opportunity to become familiar with the facility and its operation.
- III. Examples of such support staff include but are not limited to:
 - a. School staff
 - b. Volunteers and other program providers
 - c. Therapists/counselors
 - d. Probation department, non-custodial staff
 - e. Parent partners and youth partners
 - f. County staff
 - g. Medical staff
- IV. The JRF swing shift supervisor overseeing the vendor/volunteer or the second supervisor assigned to swing shift generally schedule and conduct the vendor volunteer orientations, which consist of the following topics, but not limited to:
 - a. Confidentiality
 - b. Ethical responsibilities

- c. Professional expectations
- d. Safety and security concerns (tools and other items, escape, contraband)
- e. Use of chemical agents and restraints
- f. Expectations during resident movement
- g. Facility emergency protocols
- h. Roles and responsibilities of detention staff
- i. Facility tour
- j. Checking in and out of the facility
- k. Materials and media allowed in the facility
- l. Pod conduct expected of youth
- m. Interactions with youth
- n. Prison Rape Elimination Act (PREA)
- o. Dress Code for Vendors/Volunteers in facility

REPLACEMENT HISTORY:

Created: 12/21/2018

Revised:

REFERENCES