

Tulare County Probation Department
Juvenile Detention Facility Policy Manual

Tulare County Probation Department
Juvenile Detention Facility Policy Manual

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Chapter 1 - Role and Authority

Organizational Structure and Responsibility

100.1 PURPOSE AND SCOPE

This policy identifies the authority and responsibility of the Tulare County Probation Department and officers. All officers employed within the State of California are required to meet specific requirements. The organizational structure of the Department is designed to create an efficient means to accomplish its mission and goals, and to provide for the best possible service to the public (see the Juvenile Detention Manual Policy).

100.2 POLICY

It is the policy of the Tulare County Probation Department that the Chief Probation Officer meets the minimum standards for exercising the authority granted by law. This department recognizes the power of officers to use discretion in the exercise of the authority granted to them. Officers are encouraged to use sound discretion in performing their duties. This department does not tolerate abuse of authority.

The Tulare County Probation Department will implement and maintain an organizational structure that provides clear and identifiable roles for command, control, and guidance of the Department.

100.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager shall have charge of the Juvenile Detention Facility (Welfare and Institutions Code § 853). Juvenile Detention Operations may include Medical/Mental Health Services, Educational Services, Programs, and Transportation. Support Services may include the general management direction and control for Food Services, Facility Infrastructure and Maintenance, Laundry Services, Fleet Services, and Procurement/Warehouse Services.

100.4 OFFICER RESPONSIBILITIES

Officers are authorized to supervise youths as provided in this manual, applicable court orders, and state law (Government Code § 27770 et seq.; Penal Code § 830.5; Penal Code § 1202.8; Penal Code § 1203.5; Penal Code § 1203.71; Welfare and Institutions Code § 271).

Every officer, shall have the powers and authority conferred by law upon peace officers listed in Penal Code § 830.5 (Welfare and Institutions Code § 283; Government Code § 1029 et seq.). In addition, every officer will meet the minimum selection standards set forth in 15 CCR 184 and successfully complete the core training requirements for each applicable classification.

100.5 ARREST AND OTHER POWERS

Officers authorized by the Chief Probation Officer may exercise peace officer powers anywhere in the state while performing official duties. The authority extends only to (Penal Code § 830.5):

- (a) Conditions of any person being supervised by this department who is on parole, probation, mandatory supervision, or post-release community supervision.
- (b) The escape of any incarcerated person or ward from a state or local institution.

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- (c) The transportation of persons on parole, probation, mandatory supervision, or post-release community supervision.
- (d) Violations of any penal provisions of law discovered while performing the usual or authorized duties of their employment.
- (e) Rendering mutual aid to any other law enforcement agency.

100.6 CHAIN OF COMMAND

To maintain continuity, order, and effectiveness in the Department, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance, or a violation of the law (see the Juvenile Detention Manual Policy).

100.6.1 ORGANIZATIONAL CHART

The Division Manager should ensure an organizational chart identifying the chain of command is developed and updated.

100.6.2 GENERAL AGENCY RESPONSIBILITIES

The Tulare County Probation Department is one of several agencies that comprise the juvenile justice system, and our facilities address an important role of keeping youths safe when in custody. The Tulare County Probation Department serves as an arm of the court in this role with our staff members providing a variety of services, such as mental health care, education, family support, and mentoring. The Tulare County Probation Department is in a unique position to assist youths toward positive change.

The role of the Juvenile Justice Commission is to inquire into the administration of juvenile law within Tulare, including inspecting juvenile facilities and programs offered to youths (see the Juvenile Detention Manual Policy) (Welfare and Institutions Code § 225).

Authority and Reporting of Legal Actions (Title 15, § 1340)

101.1 PURPOSE AND SCOPE

This policy acknowledges and reflects the legal authority under which the Tulare County Probation Department shall operate and maintain a secure detention facility in this state. In addition to the authority vested by state law, the juvenile detention facility operates in accordance with these laws, constitutional mandates, regulations, and local ordinances, including the federal Juvenile Justice Delinquency and Prevention Act in accordance with the Juvenile Detention Manual Policy (Welfare and Institutions Code § 850).

101.2 POLICY

It is the policy of this department that the secure detention facility will be maintained by all lawful means for the detention of juvenile offenders suspected of violating the law or who have been adjudicated as delinquent for committing a crime or civil offense by a competent legal authority, as prescribed by law.

101.3 LEGAL FOUNDATION

Juvenile Detention Facility staff members at every level must have an understanding and true appreciation of their authority and limitations in operating a secure detention facility. The Tulare County Probation Department recognizes and respects the value of all human life and the expectation of dignity without prejudice toward anyone. It is also understood that vesting law enforcement, detention, and probation staff members with the authority to maintain lawful custody of youths suspected of criminal activity to protect the public and prevent individuals from fleeing justice requires a careful balancing of individual rights and legitimate government interests.

The Juvenile Detention Facility shall be under the management and control of the Chief Probation Officer (Welfare and Institutions Code § 852).

101.4 LEGAL ASSISTANCE

The following are examples of areas where the services of the County Counsel and legal specialists can benefit the Department:

- (a) Analyze and alert the juvenile detention facility executive and management team to juvenile detention facility-related case law
- (b) Serve as a legal consultant in the construction and review of new juvenile detention facility policies and procedures
- (c) Serve as a legal consultant on issues related to but not limited to:
 1. Use of force
 2. Faith-based requests
 3. Complaints and grievances

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4. Allegations of abuse in the juvenile detention facility
 - (d) Serve as legal counsel in legal matters brought against this department and the Chief Probation Officer

101.4.1 LEGAL LIAISON

The Chief Probation Officer will designate one or more staff members to act as a liaison between the Department and the County Counsel's office. The legal liaison will provide a facility and policies orientation to representatives of the County Counsel's office as needed.

The legal liaison will arrange for regularly scheduled meetings to provide an ongoing status report of facility issues to the legal counsel. The legal liaison will maintain an open relationship with legal counsel to move quickly on emerging facility issues that could have significant legal implications for the Department.

101.5 REPORTING OF LEGAL ACTIONS

For each facility the department operates, the Chief Probation Officer shall ensure a notification letter is submitted to the Board of State and Community Corrections briefly describing each legal action pertaining to conditions of confinement filed against persons or legal entities responsible for juvenile detention facility operations (15 CCR 1340).

Annual Review and Performance-Based Goals and Objectives

102.1 PURPOSE AND SCOPE

This policy establishes minimum review criteria to measure and evaluate the facility's success in achieving established goals and objectives (see the Juvenile Detention Manual Policy).

102.2 POLICY

The Tulare County Probation Department is dedicated to continuous improvement in the services provided on behalf of the public and in accordance with applicable laws, regulations, and best practices in the operation of this facility. To this end, the Department should conduct an annual review to evaluate its progress in meeting stated goals and objectives.

102.3 ANNUAL REVIEW

The Division Manager should ensure that the juvenile detention management team conducts an annual management review of, at a minimum:

- (a) Statutory, regulatory, and other requirements applicable to the operation of the facility.
- (b) Lawsuits and/or court orders/consent decrees.
- (c) Department policies, procedures, departmental directives, and post orders that guide the operation of the facility.
 1. The review should ensure that policies and procedures for admitting youths into the facility emphasize respectful and humane engagement with youths, reflect that the admission process may be traumatic to youths who may already have experienced trauma, and be trauma-informed, culturally relevant, and responsive to the language and literacy needs of youths (see the Youth Admittance Process Policy).
- (d) Personnel issues/actions that include but are not limited to on-the-job injuries, internal affairs investigations, employee grievances, employee discipline, selection, and recruitment.
- (e) Compliance with internal/external inspections of the facility.
- (f) Condition of the physical plant, infrastructure, and maintenance efforts.
- (g) Cleanliness of the facility.
- (h) Youth profiles and trends, such as the Juvenile Detention Profile Survey, that measure:
 1. Youth population (average daily population).
 2. Youth population by gender.
 3. Highest one-day count.
 4. Discharge.
 5. Percentage of male youths.

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Annual Review and Performance-Based Goals and Objectives

6. Percentage of female youths.
 7. Pre-adjudicated youths in detention.
 8. Adjudicated youths in detention.
 9. Medical beds.
 10. Behavioral/mental health beds.
 11. Meal counts (regular, medical, court meals).
 12. Alternative-to-detention youths.
 13. Special needs youths.
 14. Classification issues.
 15. Youth grievances (founded/denied).
 16. Demographics (age, race, gang affiliation).
 17. Court movement.
 18. Certified to stand trial as an adult.
 19. Status of offenders detained.
 20. Youth held pending transport per Interstate Compact.
- (i) Security issues that include:
1. Youth-on-youth assaults.
 2. Youth-on-staff member assaults.
 3. Major disturbances.
 4. Deaths in detention facility (natural/suicide/homicide/accidents).
 5. Suicide attempts.
- (j) Youth programs including:
1. Educational and vocational.
 2. Drug and alcohol programs (e.g., substance abuse education, counseling, support groups, Alcoholics Anonymous, Narcotics Anonymous).
 3. Faith-based services.
 4. Behavior modification programming (e.g., anger management).

102.4 CRITERIA TO MEASURE PERFORMANCE

The following items should be used to measure and evaluate the level of success in achieving the Department's stated goals:

- (a) Youth grievances
- (b) Documentation that department investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.334)

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- (c) Documented training hours completed by staff members
- (d) Completed audits of the policy and procedures manuals
- (e) Incident reports
- (f) Parent/guardian complaints
- (g) Public complaints
- (h) Use of force incidents

102.5 MANAGEMENT REVIEW PROCESS

The management team may employ several methods to assess performance, including:

- (a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Department and whether department policies and procedures align with statutes, regulations, and court orders.
- (b) **One-to-one interviews** - Scheduled interviews with staff members held in private to encourage candid responses and help identify issues or conditions that should be targeted for review or correction.
- (c) **Questionnaires** - Questionnaires should be used as a group method to solicit suggestions and information about what operations need adjustment or where program resources should be directed.
- (d) **Staff member debriefing** - Staff members should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Division Manager and supervisors.
- (e) **Inspection findings** - The Department is subject to a variety of administrative inspections (e.g., by the Board of State and Community Corrections, the Juvenile Justice Commission, command staff members, detention advocates, health inspectors). These annual inspections should be used to identify ongoing issues in the operation of this facility.
- (f) **Security reviews** - The Division Manager shall develop policies and procedures to annually review, evaluate, and document the security of the facility. The review and evaluation shall include internal and external security, including but not limited to key control, equipment, and staff member training (see the Security Review Policy).

102.6 MANAGEMENT REVIEW RESULTS

To the extent reasonably practicable, the individuals responsible for developing a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings. A complete report of the review results should be submitted to the appropriate level in the chain of command for final approval.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify

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successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

The results of management reviews may be used in full or in part to respond to inquiries from interested groups, such as the local legislative body, courts, or others, and to provide information on issues concerning the operation of this facility, including action planning whenever appropriate (see the Security Review Policy).

Juvenile Detention Manual (Title 15, § 1324)

103.1 PURPOSE AND SCOPE

The manual of the Tulare County Probation Department is hereby established and shall also be referred to as the Juvenile Detention Manual, or the manual. The manual is a statement of the current policies, rules, and guidelines of this department.

All prior and existing manuals, orders, and regulations that conflict with this manual are revoked, except to the extent that portions of existing manuals, orders, and other regulations that have not been included herein shall remain in effect where they do not conflict with the provisions of this manual.

Unless otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized that work in the juvenile detention environment is not always predictable, and circumstances may arise that warrant departure from these guidelines. This manual should be viewed from an objective standard, taking into consideration the sound discretion entrusted to staff members of this department under the circumstances reasonably known to or perceived by them at the time of any incident (15 CCR 1324).

103.1.1 DEFINITIONS

The following words and terms shall have these assigned meanings:

Department - The Tulare County Probation Department.

Employee - Any person who is employed by the Department.

Manual - The Juvenile Detention Manual.

May - Indicates a permissive, discretionary, or conditional action.

Officers - All persons, regardless of rank, who are employees and who are selected, appointed, and trained in accordance with state law as officers of the Tulare County Probation Department.

On-duty - Status during the period when a person is actually engaged in the performance of assigned duties.

Order - A written or verbal instruction issued by a superior.

Post orders - A description of all regular daily activities, including but not limited to safety checks, head counts, meals, sick call, recreation, clothing exchange, mail distribution, and response to emergencies, such as fires, natural disasters, and criminal acts, to be performed for a specific post or post assignment.

Rank - The job classification held by officer.

Shall or will - Is used to express something that is mandatory.

Should - Indicates a generally required or expected action, absent a rational basis for failing to conform.

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Staff member - Any person employed or appointed by the Tulare County Probation Department, including:

- (a) Full- and part-time employees.
- (b) Sworn officers.
- (c) Non-sworn employees.
- (d) Volunteers.
- (e) Contractors.
- (f) Student interns.

Supervisory staff member - A staff member whose primary duties may include but are not limited to scheduling and evaluating subordinate staff members, providing on-the-job training, making recommendations for promotion, hiring, and discharge of subordinate staff members, recommending disciplinary action, and overseeing subordinate staff member work. Supervisory staff members may be included in the youth-to-supervision staff member ratio when performing duties of direct youth supervision.

The term "supervisor" may also include any person (e.g., officer-in-charge, lead, or senior staff member) given responsibility for the direction and supervision of the work of others without regard to a formal job title, rank, or compensation.

When there is only one department staff member on-duty, that person may also be the supervisor, except when circumstances reasonably require the notification or involvement of the staff member's off-duty supervisor or an on-call supervisor.

Youth - Any person who is in the custody of the juvenile detention facility. This term includes "juvenile" as defined by Section 208.55 of the Welfare and Institutions Code.

103.2 POLICY

It is the policy of the Tulare County Probation Department that all staff members shall conform to the provisions of this manual.

103.2.1 DISCLAIMER

The provisions contained in the Juvenile Detention Manual are not intended to create an employment contract nor any employment rights or entitlements. The policies in this manual are for the internal use of the Tulare County Probation Department and shall not be construed to create a higher standard or duty of care for civil or criminal liability against the county, its officials, or staff members. Violations of any provision of any policy in this manual shall only form the basis for department administrative action, training, or discipline. The Tulare County Probation Department reserves the right to revise any policy content, in whole or in part in accordance with and as permitted by statutes, regulations, or negotiated contracts.

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103.3 RESPONSIBILITIES

The Chief Probation Officer shall be considered the ultimate authority for the provisions of this manual and shall continue to issue departmental directives that shall modify the provisions to which they pertain. Departmental directives shall remain in effect until they are permanently incorporated into the manual.

The Division Manager shall ensure that the manual is reviewed at least every two years and updated as necessary, and that staff members are trained to ensure that the policies in the manual are current and reflect the mission of the Tulare County Probation Department (15 CCR 1324).

The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to the facility changes.

103.4 POLICY AND PROCEDURES MANUAL

The Chief Probation Officer shall develop, publish, and implement a manual of written procedures that address, at a minimum, all regulations that are applicable to the juvenile detention facility. Records relating to the standards and requirements set forth in these regulations shall be accessible to the Board of State and Community Corrections upon request.

The manual shall include the following (15 CCR 1324):

- (a) Table of organization, including channels of communications and a description of job classifications (see the Departmental directives Policy and the Organizational Structure and Responsibility Policy)
- (b) Responsibility of the probation department, purposes of programs, relationship to the juvenile court, the Juvenile Justice/Delinquency Prevention Commission or Probation Committee, probation staff members, school personnel, and other agencies that are involved in juvenile detention facility programs
- (c) Responsibilities of all employees (see the Organizational Structure and Responsibility Policy)
- (d) Initial orientation and training program for all employees (see the Youth Supervision Staff Member Orientation and Training Policy and the New-Hire Training Program Policy)
- (e) Initial orientation, including safety and security issues and anti-discrimination policies, for support staff members, contract employees, school personnel, behavioral/mental health and medical personnel, program providers, and volunteers (see the Youth Supervision Staff Member Orientation and Training Policy, the Illness and Injury Prevention Policy, the Volunteers and Student Internships Policy, and the Support Personnel Orientation and Training Policy)
- (f) Maintenance of record-keeping, statistics, and communication system to ensure the following (see the Records Maintenance and Release Policy and the Youth Records Policy):
 1. Efficient operation of the juvenile detention facility
 2. Legal and proper care of youths

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3. Maintenance of individual youth's records
 4. Supply of information to the juvenile court and those authorized by the court or by state law
 5. Release of information regarding youths
- (g) Ethical responsibilities (see the Standards of Conduct Policy)
- (h) Trauma-informed approaches (see the Youth Admittance Process Policy, the Annual Review and Performance-Based Goals and Objectives Policy, and the Youth Supervision Staff Member Orientation and Training Policy)
- (i) Culturally responsive approaches (see the Annual Review and Performance-Based Goals and Objectives Policy and the Youth Supervision Staff Member Orientation and Training Policy)
- (j) Gender-responsive approaches (see the Annual Review and Performance-Based Goals and Objectives Policy, the Prison Rape Elimination Act Training Policy, and the Programs, Exercise, and Recreation Policy)
- (k) A nondiscrimination provision that provides that all youths within the juvenile detention facility shall have fair and equal access to all available services, placement, care, treatment, and benefits. The provision also shall provide that no youth 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 identity, gender expression, mental or physical disability, or HIV status, economic status, cultural group, including special management or classification decisions based solely on any of the above mentioned categories, and any other classification or status protected by law, or intentionally denying or impeding another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing the conduct is unlawful (see the Support Personnel Orientation and Training Policy, the Youth Nondiscrimination Policy, Standards of Conduct Policy, and the Discriminatory Harassment Policy):
1. The support and contractor staff member orientation programs will include instruction on safety and security issues and nondiscrimination policies.
 2. The constitutional rights of youths regarding discrimination are protected during all periods of custody. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). The Youth Nondiscrimination Policy is intended to guide all staff members toward nondiscriminatory administrative decisions and to detail a complaint and discrimination investigation process (15 CCR 1324).
- (l) Storage and maintenance requirements for any chemical agents, related security devices, and weapons and ammunition, where applicable (see the Management of Weapons and Control Devices Policy)
- (m) Procedures for collecting Medi-Cal eligibility information and enrollment of eligible youths (see the Youth Admittance Process Policy)

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- (n) A policy that prohibits all forms of sexual abuse, sexual assault, and sexual harassment. The policy shall include an approach to preventing, detecting, and responding to such conduct and any retaliation for reporting such conduct, as well as a provision for reporting such conduct by youths, staff members, or third parties (see the Prison Rape Elimination Act Policy, the Prison Rape Elimination Act Training Policy, the Youth Orientation Policy, and the Discriminatory Harassment Policy)

103.4.1 COMMAND STAFF MEMBERS

The command staff members should consist of the following:

- (a) Chief Probation Officer
- (b) Assistant Chief Probation Officer
- (c) Deputy Chief Probation Officer
- (d) Division Manager

103.5 DISTRIBUTION OF MANUAL

Copies of the manual shall be made available to all staff members. An electronic version of the manual will be made available to every staff member on the department network for viewing and printing (15 CCR 1324).

No changes shall be made to the manual without authorization from the Chief Probation Officer or the authorized designee.

Every staff member shall be required to acknowledge they have been provided access to and have had the opportunity to review the manual. Staff members shall seek clarification as needed from an appropriate supervisor for any provisions that they do not fully understand.

103.6 MANUAL ACCEPTANCE

As a condition of employment, all staff members are required to read and obtain necessary clarification of this department's policies. All staff members are required to sign a statement of receipt acknowledging that they have received a copy of or have been provided access to the manual (15 CCR 1324).

103.7 REVISIONS TO POLICIES

All staff members are responsible for keeping abreast of all manual revisions (15 CCR 1324). All changes to the manual will be posted on the network for review prior to implementation. The Training Manager will forward manual revisions as needed to every staff member via electronic mail. Each staff member shall acknowledge receipt by return email or online acknowledgement, review the revisions, and seek clarification as needed.

Supervisors will ensure that staff members under their command are familiar with and understand all revisions.

103.8 CONFLICTS BETWEEN LAW AND DEPARTMENT PROCEDURES

Staff members becoming aware that material contained in the manual or notifying memos is in conflict with the law shall notify the Chief Probation Officer through the appropriate reporting

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channels of the apparent conflict. The Chief Probation Officer or the authorized designee will determine what remedial action is appropriate and implement accordingly.

103.9 CONTRADICTIONARY COURT ORDERS

Any staff member who is directed by the court to perform in a manner that seems inconsistent with department policies or procedures shall attempt to make the court aware of the conflict. If an immediate response to the court directive is not required, staff members shall seek direction from their immediate supervisor. If the matter requires immediate response, staff members will comply with the direction of the court, then advise their supervisor of the action as soon as possible.

Post Orders

104.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing post orders and the training of staff members assigned to each post.

104.2 POLICY

It is the policy of this department to develop comprehensive post orders for every position. Copies of the orders should be maintained at each post or be available electronically. Staff members shall be familiar with the post orders before working a position.

104.3 DEVELOPMENT

Clear procedures should be incorporated into post orders for all regular daily activities, including but not limited to safety checks, head counts, meals, sick call, recreation, clothing exchange, mail distribution, and response to emergencies, such as fires, natural disasters, and criminal acts.

104.4 REVIEW AND UPDATE

Post orders shall be reviewed at least annually and updated whenever necessary by the Division Manager or the authorized designee.

104.5 TRAINING

The Training Manager shall ensure that all staff members assigned to posts are properly trained to perform the duties and responsibilities described in the post orders. This is particularly true in fire, life-safety, and the emergency response procedures implemented by the Division Manager (see the Youth Supervision Staff Member Orientation and Training Policy). All training should be documented in each staff member's training file and retained in accordance with established records retention schedules.

Administrative Communications

105.1 PURPOSE AND SCOPE

This policy provides guidelines for governing the department's administrative communications (see the Juvenile Detention Manual Policy).

105.2 POLICY

The Tulare County Probation Department will appropriately communicate significant events within the organization to its staff members. Both electronic and non-electronic administrative communications will be professional in appearance and comply with the established letterhead, signature, and disclaimer guidelines.

105.3 PERSONNEL ORDERS

Personnel orders may be issued periodically by the Chief Probation Officer to announce and document all promotions, transfers, hiring of new personnel, separations, individual personnel and group commendations, and other changes in status.

105.4 CORRESPONDENCE

All department correspondence is to be written in a clear, concise manner, consistent with the report formats and guidelines prescribed in this policy and reflecting the highest possible quality in organization, grammar, punctuation, and spelling.

All external correspondence shall be on department letterhead. All department letterhead, including digital facsimiles of the letterhead, shall bear the signature element of the Chief Probation Officer or the authorized designee. Personnel should use department letterhead only for official business and with the approval of their supervisors.

105.5 SURVEYS

All surveys made in the name of the Department shall be authorized in advance by the Chief Probation Officer or the authorized designee.

Departmental Directives

106.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for issuing departmental directives (see the Juvenile Detention Manual Policy).

106.2 POLICY

Departmental directives establish a communication practice that may be used by the Chief Probation Officer to make immediate changes to policy and procedure in accordance with and as permitted by statutes, regulations, or negotiated contracts. Departmental directives will immediately modify or change and supersede the sections of this manual to which they pertain.

106.3 DEPARTMENTAL DIRECTIVES PROTOCOL

Departmental directives will be incorporated into the manual as required upon approval of the Chief Probation Officer. Departmental directives will modify existing policies or create a new policy as appropriate. The previous policy will be rescinded upon incorporation of the new or updated policy into the manual.

Any departmental directive issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number "01" as in yy-01.

106.4 RESPONSIBILITIES

The Chief Probation Officer, with the assistance of department staff members, shall issue and be responsible for all departmental directives, including their publication and dissemination throughout the Department.

Managers and supervisors are responsible for ensuring that staff members under their command receive training on all new departmental directives.

Training documentation shall be placed into the supervisor's file or the staff member's training file.

Annual Facility Inspection (Title 15, § 1313)

107.1 PURPOSE AND SCOPE

Annual facility inspections are the collections of data designed to assist administrators, managers, and supervisors in the management of the facility by establishing a systematic inspection and review of its operation. This policy provides guidelines for conducting the annual facility inspection and for obtaining the required inspections from local government agencies (see the Juvenile Detention Manual Policy and Security Review Policy).

107.2 POLICY

This department will use a formal annual inspection process of its facility to ensure that practices and operations comply with statutes, regulations, policies and procedures, and best practice standards. Inspections will be used to help identify the need for new or revised policies and procedures, administrative needs, funding requirements, evaluation of service providers, and changes in laws and regulations.

107.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager is responsible for collecting performance indicators and other relevant data necessary for an annual inspection of all facilities. The Division Manager will ensure that annual inspections are conducted as outlined below for each facility type.

Annual inspections may be used in preparation for inspections by outside entities, such as a government inspection authority, a professional organization, or an accreditation body. In this case, the self-inspection will serve as a pre-inspection review that will prepare the facility for the outside or third-party evaluator.

107.3.1 INSPECTION AND EVALUATION OF BUILDING AND GROUNDS

On an annual basis, or as otherwise required by law, the Division Manager shall obtain a documented inspection and evaluation from the following (15 CCR 1313):

- (a) The county building inspector or a person designated by the Board of Supervisors to approve building safety.
- (b) The fire authority having jurisdiction, including a fire clearance as required by Health and Safety Code § 13146.1 (a) and (b) (see the Fire Safety Plan Policy).
- (c) The local health officer, inspection in accordance with Health and Safety Code § 101045.
- (d) The county superintendent of schools on the adequacy of educational services and facilities as required in the Youth Educational Services Policy.
- (e) The juvenile court as required by Welfare and Institutions Code § 209.
- (f) The Juvenile Justice Commission as required in Welfare and Institutions Code § 229 or the Probation Commission as required by Welfare and Institutions Code § 240.

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107.3.2 NONCOMPLIANCE REPORTING

The Division Manager shall report as requested by the Board of State and Community Corrections the reasons for the noncompliance with the minimum standards or the corrective measures taken within the time prescribed in the notice of noncompliance as described in Welfare and Institutions Code § 209.

107.4 INSPECTION AREAS

The annual inspection should include the following areas in the assessment process:

- (a) **Pre-assessment briefing** - The pre-assessment briefing should begin with a meeting of the Division Manager, key program staff members, and service providers. The individual conducting the assessment will need to advise key staff members on what areas the individual will be inspecting so the appropriate materials can be brought up to date and provided to the assessment team.
- (b) **Policy review** - A review of all juvenile detention facility policies and procedures should be conducted to ensure that those policies are up to date and accurately reflect the requirements and activities related to the juvenile detention facility operation.
- (c) **Record review** - A review of the records that support juvenile detention facility activities, medical records, food services, and the facility's financial records should be conducted to ensure that contractual benchmarks are being met and any discrepancies are documented and reported as part of the assessment report in an effort to mitigate harm from improper access to or release of records.
- (d) **Benchmark review** - A review of the department-stated goals and objectives should be discussed with the Division Manager, program managers, and other key providers of programs. This will provide the opportunity to identify any areas that require correction or additional resources or that reflect a successful performance that should be acknowledged and possibly replicated.
- (e) **On-site inspections** - The assessment team should inspect the facility to verify that activities in the facility align with goals and objectives and comply with policies and procedures. Any discrepancies, as well as exceptional efforts on the part of management and staff members, should be reported as part of the juvenile detention facility assessment. An inspection checklist should be used to guide the inspection process and to ensure consistency. It is important that the juvenile detention facility assessments be viewed as a credible measurement instrument because many issues identified in the assessment may require significant funding.
- (f) **Develop an action plan** - After the fact-finding described in the previous sections has been accomplished, notes, records, and recommendations should be analyzed, and an action plan developed to initiate any needed correction. Documenting successful practices is important to determine if they can be replicated in other areas.
- (g) **Reporting** - The results of the inspection should be compiled into a report and should include recommendations and action plans necessary to ensure continuous improvement in the operation and management of the juvenile detention facility system. The completed report and any analysis and documentation required to justify

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costs, policy revisions, or any other administrative requirements should be submitted to the Chief Probation Officer.

- (h) **Monitor progress** - The Division Manager should ensure that approved recommendations are being instituted by the responsible program providers.

107.5 FOCAL POINTS FOR INSPECTIONS

Inspections of facilities used for detaining youths pending pre-adjudication and adjudication, held during trial, and held upon a lawful court commitment should include inspection of the policies, procedures, and performance by management and staff members to ensure compliance and timely updates. Inspections should include but are not limited to the following inspection points:

- (a) Staff member training
- (b) Number of staff members
- (c) Policy and procedures manual
- (d) Fire suppression pre-planning
- (e) Incident reports
- (f) Critical incidents (e.g., major injuries, deaths)
- (g) Documented suicide attempts
- (h) In-custody deaths
- (i) Classification plan
- (j) Admissions
- (k) Communicable disease prevention plan
- (l) Youths with mental disorders
- (m) Youths with developmental disabilities
- (n) Use of force and restraint devices
- (o) Contraband control
- (p) Perimeter security (see the Security Review Policy)
- (q) Searches
- (r) Access to telephones
- (s) Access to courts and counsel
- (t) Youth visiting
- (u) Youth mail
- (v) Religious access
- (w) Health care services
- (x) Intake medical screening
- (y) Pest control

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- (z) Suicide prevention program
- (aa) First-aid kit
- (ab) Meals, frequency of serving
- (ac) Minimum diet
- (ad) Food services plan
- (ae) Food serving and supervision
- (af) Facility sanitation, safety, and maintenance
- (ag) Tools, key, and lock control (see the Security Review Policy)
- (ah) Use of safety and camera rooms and medical isolation areas
- (ai) Plan for youth discipline, including rules and disciplinary penalties, forms of discipline, limitations on discipline, and disciplinary records
- (aj) Standard bedding and linen use
- (ak) Mattresses
- (al) Programming (e.g., education, vocational)
- (am) Clothing and laundry

Appointment and Qualifications (Title 15, § 1320)

108.1 PURPOSE AND SCOPE

This policy addresses the appointments of the Chief Probation Officer and the Division Manager and the qualifications for new staff members.

Section 1320 of Title 15 of the California Code of Regulations, Minimum Standards for Juvenile Facilities, sets forth the requirements for the appointment of the Division Manager by the Chief Probation Officer, and establishes general qualifications for staff members appointed by the Division Manager and assigned to work in juvenile facilities (15 CCR 1320).

108.2 POLICY

It is the policy of the Tulare County Probation Department that the Chief Probation Officer and the Division Manager meet the minimum standards for exercising the authority granted by law.

Chapter 2 - Organization and Administration

Prohibition on Youth Control

200.1 PURPOSE AND SCOPE

The purpose of this policy is to define the requirement that staff members should at all times exercise control of the youth population under their supervision and should prevent youths from supervising, controlling, or exerting any authority over other youths within the facility in accordance with the Youth Discipline Process Policy.

200.2 POLICY

All staff members, including support staff members, contractors, and volunteers, should exercise control and supervision of all youths under their control. It is the policy of this department to prohibit any staff member from implicitly or by dereliction of duty allowing any youth to exercise authority, control, discipline, or rule over any other youth.

200.3 EDUCATION, DRUG, OR ALCOHOL PROGRAM ASSISTANTS

Nothing in this policy is intended to restrict the legitimate use of youths to assist in the instruction of educational or drug and alcohol programs. Any use of youths in this manner will be expressly authorized by the Division Manager in a legally prescribed manner. Any program that uses youths to assist in legitimate program activities will be closely supervised by facility employees or vocational instructors. Nothing in this section is intended to authorize a youth program assistant to engage in disciplining other youths.

Equipment Inventory and Supplies

201.1 PURPOSE AND SCOPE

This facility must have the materials, supplies, and equipment necessary to maintain effective and efficient operations. This policy establishes responsibilities and requirements for the purchase, storage, and inventory of those items.

201.2 POLICY

It is the policy of the Tulare County Probation Department to properly manage the acquisition and disposition of equipment and supplies to operate a safe and secure facility. The Department will maintain accurate records of inventory control to protect the integrity of department operations and build public trust.

201.3 EQUIPMENT INVENTORY

The Division Manager or the authorized designee will conduct an audit on all supplies and equipment annually. All losses will be reported by the Chief Probation Officer to the County Administrator. The Fiscal Division may also conduct an interim audit on all fixed assets to maintain a complete and accurate accounting of equipment and its location.

The Juvenile Detention Facility maintains a secure storage area for supplies and equipment. The Division Manager shall maintain oversight of the area.

Juvenile Detention Facility Records

202.1 PURPOSE AND SCOPE

This policy establishes the guidelines for the operational functions of the Tulare County Probation Department Juvenile Detention Facility. The policy addresses department file access and internal requests for youth records (see the Juvenile Detention Manual Policy).

202.2 POLICY

It is the policy of the Tulare County Probation Department to maintain Juvenile Detention Facility records securely, professionally, and efficiently.

202.3 DEFINITIONS

Custodian of Records- The Juvenile Detention Facility Manager, under the direction of the Chief Probation Officer.

202.4 RESPONSIBILITIES

202.4.1 CUSTODIAN OF RECORDS

The responsibilities of the Custodian of Records include but are not limited to:

- (a) Overseeing the efficient and effective operation of the Juvenile Detention Facility.
- (b) Scheduling and maintaining Juvenile Detention Facility time records.
- (c) Supervising, training, and evaluating Juvenile Detention Facility staff members.
- (d) Maintaining and updating the Juvenile Detention Facility procedure manual.
- (e) Ensuring compliance with established policies and procedures.
- (f) Retaining monthly fire and life-safety inspections required by and in accordance with the Fire Safety Plan Policy.
- (g) Supervising the access, use, and release of protected information.
- (h) Establishing security and access protocols for youth records, where additional restrictions to access have been implemented. Sensitive reports may include but are not limited to:
 1. Homicides.
 2. Cases involving department staff members or public officials.
 3. Internal investigations.
 4. Any case where restricted access is prudent.

202.4.2 JUVENILE DETENTION FACILITY RECORDS

The responsibilities of the Custodian of Records include but are not limited to:

- (a) Ensuring a process exists for maintaining a records management system for case reports and youth records in accordance with the Juvenile Detention Manual Policy.

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- (b) Numbering, identifying, tracking, and retrieving youth records.
- (c) Entering case report information into the records management system.
- (d) Ensuring youth records can only be modified when authorized by a supervisor.
- (e) Providing staff members of the Department with access to youth records when needed for investigations or court proceedings.
- (f) Maintaining compliance with federal, state, and local regulations regarding reporting requirements of statistics.
 - 1. This includes forwarding population and profile survey reports to the Board of State and Community Corrections within 10 working days after the end of each reporting period (see the Youth Population Management Policy).
- (g) Maintaining compliance with federal, state, and local regulations regarding criminal history reports and auditing.
- (h) Identifying missing youth records and notifying the responsible staff member's supervisor.
- (i) Supplying information to the juvenile court and those authorized by the court or by the law in accordance with the Juvenile Detention Manual Policy.
- (j) Forwarding education records when a youth is moved to a new facility in accordance with the Youth Educational Services Policy.

202.5 FILE ACCESS AND SECURITY

The security of files in the Juvenile Detention Facility must be a high priority and shall be maintained as mandated by state or federal law. All case reports, including criminal history records and publicly accessible logs, shall be securely maintained, accessible only by authorized staff members.

202.6 CONFIDENTIALITY

Members have access to information that may be confidential or sensitive in nature. Members shall not access, view, or distribute, or allow anyone else to access, view, or distribute, any record, file, or report, whether in hard copy or electronic file format, or any other confidential, protected, or sensitive information except with permission from the Juvenile Detention Facility Manager or authorized designee. Department staff accessing electronic records must have a business purpose for accessing those records.

Disposition of Evidence

203.1 PURPOSE AND SCOPE

The purpose of this policy is to provide direction regarding the proper handling and disposition of contraband and evidence to ensure that the chain of custody is maintained so that evidence is admissible in a court of law or disciplinary hearing.

203.2 POLICY

It is the policy of the Tulare County Probation Department to seize evidence and contraband in accordance with current constitutional and search-and-seizure law. Staff members of this department shall properly handle all contraband and evidence in order to maintain its admissibility. All contraband and evidence shall be handled in a safe manner and in a way that will maintain the chain of custody and protect the integrity of the evidence.

203.3 INITIAL SEIZURE OF EVIDENCE

Any staff member who first comes into possession of any evidence should retain such evidence in the staff member's possession until it is properly tagged, logged, and stored for proper maintenance, safekeeping, and, if appropriate, transfer to other law enforcement agencies.

All evidence shall be logged prior to the employee going off-duty unless otherwise approved by a supervisor.

203.4 RELEASE OR DISPOSITION OF UNCLAIMED FUNDS AND PROPERTY

The employee managing the case or a supervisor shall authorize the disposition or release of all evidence and property coming into the care and custody of the Department.

All reasonable attempts should be made to return unclaimed property, found property, and evidence not needed for an investigation.

Release of property and evidence shall be made upon receipt of an authorized release form. The release authorization shall be signed by the approving staff member and must match the items listed on the evidence/property form or must specify the items to be released. A signature of the person receiving the evidence or property shall be recorded on the original evidence log or property control form. Upon release, the proper entry shall be documented on the evidence log or property control form.

The officer shall release the evidence or property upon proper identification presented by the owner for which an authorized release has been received. A signature of the person receiving the property shall be recorded on the original evidence/property form. Upon release, the proper entry shall be documented in the evidence/property log.

After the release of all property or evidence listed on the evidence/property control card, the card shall be forwarded to the Administration Division for filing with the case. If some items have not been released, the evidence/property card will remain in the property section.

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Disposition of Evidence

The Institution Supervisor shall ensure that all cash and funds that are left unclaimed by a youth, shall be returned to the youth as soon as practical. A record of the transfer shall be kept in the appropriate youth file.

The Division Manager or the authorized designee shall submit a report of presumed abandoned property or funds once a year to the Chief Probation Officer. The Division Manager may dispose of property or evidence in compliance with existing laws upon receipt of proper authorization from the Chief Probation Officer.

203.5 INSPECTIONS AND AUDITS

The Division Manager shall ensure that Property Room operations and storage facilities are inspected for compliance with applicable policies and procedures, including periodic unannounced inspections.

Audits are conducted as directed by the Chief Probation Officer or the authorized designee.

Inspections and audits shall be conducted by a staff member of this department who is not routinely or directly connected with the Property Room operations.

The results of all inspections and audits shall be documented and forwarded to the Chief Probation Officer.

Records Maintenance and Release

204.1 PURPOSE AND SCOPE

This policy provides guidance on the maintenance, release, and disposition of records maintained by the Chief Probation Officer. The policy addresses the Custodian of Records's responsibilities for managing file access and requests for release of information and records.

204.2 POLICY

The Tulare County Probation Department is committed to providing public access to records in a manner consistent with the California Public Records Act (Government Code § 7920.000 et seq.).

It is the Department's policy to maintain youth records and to provide for the access to and release of records consistent with department policies, administrative directives, and applicable state law.

Any Public Records Act request shall be immediately forwarded to the Administration Division Manager.

204.3 SUBPOENAS AND DISCOVERY REQUESTS

Any staff member who receives a subpoena duces tecum or discovery request for records should promptly contact a supervisor and the Custodian of Records for review and processing. While a subpoena duces tecum may ultimately be subject to compliance, it is not an order from the court that will automatically require the release of the requested information.

Generally, discovery requests and subpoenas from criminal defendants and their authorized representatives (including attorneys) should be referred to the District Attorney, the County Counsel, or the courts.

All questions regarding compliance with any subpoena or subpoena duces tecum or discovery request should be promptly referred to legal counsel for the Department so that a timely response can be prepared.

204.4 SECURITY BREACHES

The Custodian of Records shall immediately notify the Chief Probation Officer, who shall notify County Counsel and Tulare County Information and Communication Technology any time there is a reasonable belief an unauthorized person has acquired either unencrypted personal identifying information or encrypted personal information along with the encryption key or security credential stored in any department information system (Civil Code § 1798.29).

Research Involving Youths (Title 15, § 1454)

205.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safeguards and guidelines to protect youths from being used as research subjects based only on their status as youths and without proper approval, review, or informed consent.

205.2 POLICY

The Tulare County Probation Department may conduct and support research that improves juvenile detention facility operations, enhances professional knowledge of staff members, decreases recidivism, and advances the Department's mission in accordance with existing laws and regulations, and with appropriate protection of all youths. However, using youths for medical, pharmaceutical, or cosmetic experiments is prohibited (e.g., drug trials, internet surveys about alcohol consumption, studies that involve deception, research involving risky behaviors or attitudes, open-ended interviews with youths that contribute to generalizable knowledge).

All such requests shall be forwarded to the Chief Probation Officer for approval after consultation with County Counsel

Youth Records

206.1 PURPOSE AND SCOPE

This policy establishes the procedures required to create and maintain accurate records of all youths admitted to and confined in this facility.

206.2 POLICY

It is the policy of this department that all records shall be complete and comprehensive, resulting in reliable data that provides information about each youth's period of detention, as well as histories of previous detentions in this facility. All youth records are official department documents and should be used for official business only. Youth records are a vital component of the criminal justice system and should only be released to authorized persons.

206.3 RECORD MAINTENANCE

It shall be the responsibility of the Division Manager to maintain the following records on all youths who have been committed or assigned to this facility, including but not limited to:

- (a) Information gathered during the admission process as provided in the Youth Admittance Process Policy.
- (b) Photographs and fingerprints cross-referenced with the admission number.
- (c) Duration of detention.
- (d) Cash and property inventory and receipts.
- (e) Classification records, including youth classification levels and housing restrictions.
- (f) Housing history records.
- (g) Reports of disciplinary events and dispositions.
- (h) Grievances and dispositions.
- (i) Reports of incidents or crimes committed during detention.
- (j) Request forms.
- (k) Special visit forms.
- (l) Court appearances, documents, and the disposition of hearings.
- (m) Work documentation.
- (n) Documentation related to compliance with education requirements.
- (o) Program documentation.
- (p) Visitation records.
- (q) Telephone records.
- (r) Medical, dental, behavioral/mental health, drug, and alcohol screenings, assessments, treatments, and medications.

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Youth Records

The Division Manager or the authorized designee shall establish a procedure for managing youth records.

206.4 RELEASE OF YOUTH RECORDS

Youth records are confidential and shall be used for official business only. Any release of youth records shall be made only in compliance with a lawful court order, as authorized by state and federal law, or as provided in the Records Maintenance and Release Policy.

206.5 ELECTRONIC RECORD MAINTENANCE

All youth records and data maintained in an electronic format shall be accessible only through a login/password-protected system capable of documenting by name, date, and time any person who accesses the information. The Division Manager shall be responsible for working with information technology personnel to ensure the security of the data and to develop and maintain a copy of the security plan.

206.6 RECORDS RETENTION

Youth records shall be maintained consistent with the established records retention schedule (see the Juvenile Detention Manual Policy).

Report Preparation (Title 15, § 1362)

207.1 PURPOSE AND SCOPE

Report preparation is a major part of each officer's job. The purpose of these reports is to document incidents at the facility, refresh the officer's memory, and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on-the-job training.

207.2 POLICY

It is the policy of the Tulare County Probation Department that staff members shall act with promptness and efficiency in the preparation and processing of all reports.

207.3 REPORTING OF INCIDENTS

A written report of all incidents which involve behavior, including but not limited to physical harm, the use of force, 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 member and submitted to the Division Manager by the end of their respective shift, unless additional time is necessary and authorization by the Division Manager or the authorized designee (15 CCR 1362).

Accessibility - ADA Compliance

208.1 PURPOSE AND SCOPE

This policy provides guidance for providing access to the facility and for communicating with individuals with disabilities, including those who are deaf or hard of hearing, have impaired speech or vision, or are blind, in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (29 USC § 794).

Additional guidance for addressing the needs and rights of youths detained in the juvenile detention facility can be found in the Youths with Developmental Disabilities Policy.

208.1.1 DEFINITIONS

Definitions related to this policy include:

Auxiliary aids - Tools used to communicate with people who have a disability or impairment. They include but are not limited to the use of gestures or visual aids to supplement oral communication; a notepad and pen or pencil to exchange written notes; a computer or typewriter; an assistive listening system or device to amplify sound; a teletypewriter (TTY) or videophones (video relay service or VRS); taped text; qualified readers; or a qualified interpreter.

Disability or impairment - A physical or mental impairment that limits a major life activity, including hearing or seeing, regardless of whether the person with the disability uses assistive or adaptive devices or auxiliary aids. Individuals who wear ordinary eyeglasses or contact lenses are not considered to have a disability (42 USC § 12102; Government Code § 12926; Government Code § 12926.1).

Qualified interpreter - A person who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include oral interpreters, transliterators, sign language interpreters, and intermediary interpreters.

208.2 POLICY

It is the policy of the Tulare County Probation Department to reasonably ensure that people with disabilities, including parents/guardians and visitors, have equal access to services, programs, and activities by providing reasonable accommodations and making efforts to communicate effectively with individuals with disabilities.

The Tulare County Probation Department will not discriminate against individuals or deny individuals access to services, rights, or programs based on disabilities (see the Juvenile Detention Manual Policy).

208.3 RESPONSIBILITY

Staff members receiving a request for accommodation shall notify a supervisor, who shall make every effort to accommodate the youth.

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Accessibility - ADA Compliance

Staff members receiving a complaint of disability discrimination or inability to reasonably access the facility, or any other complaint related to the ADA, should document the complaint and refer the matter to a supervisor.

208.4 COMMUNICATIONS

Staff members must make efforts to communicate effectively with individuals with disabilities.

208.4.2 TYPES OF ASSISTANCE AVAILABLE

Staff members shall never refuse an available service to an individual with disabilities who is requesting assistance. The Department will not charge anyone to receive auxiliary aids, nor shall it require individuals to furnish their own auxiliary aid or service as a condition for receiving assistance. The Department will make every effort to reasonably accommodate and provide timely assistance to individuals with disabilities through a variety of services.

Individuals with disabilities may accept department-provided auxiliary aids or services, or they may choose to provide their own.

Department-provided auxiliary aids or services may include but are not limited to the assistance methods described in this policy.

208.4.3 AUDIO RECORDINGS AND ENLARGED PRINT

The Department may develop audio recordings to assist people who are blind or have a visual impairment with accessing important information. If such a recording is not available, staff members may read aloud from the appropriate form (e.g., a personnel complaint form) or provide forms with enlarged print.

208.4.4 QUALIFIED INTERPRETERS

A qualified interpreter may be needed in lengthy or complex transactions if the individual to be interviewed normally relies on sign language or speech reading (lip-reading) to understand what others are saying.

Staff members should use department-approved procedures to request a qualified interpreter at the earliest reasonable opportunity, and generally not more than 15 minutes after a request for an interpreter has been made or it is reasonably apparent that an interpreter is needed. Individuals with a disability shall not be required to provide their own interpreter (28 CFR 35.160).

208.4.5 TTY AND RELAY SERVICES

In situations where an individual without a disability would have access to a telephone (e.g., admission, attorney contacts), staff members must also provide those who are deaf, are hard of hearing, or have impaired speech the opportunity to place calls using an available TTY (also known as a telecommunications device for deaf people, or TDD). Staff members shall provide additional time, as needed, for effective communication due to the slower nature of TTY and TDD communications.

The Department will accept all TTY or TDD calls placed by those who are deaf or hard of hearing and received via a telecommunications relay service (28 CFR 35.162).

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Accessibility - ADA Compliance

Because relay services translate verbatim, the conversation should be conducted as if speaking directly to the caller.

208.5 COMPLAINTS

The Department shall ensure that individuals with disabilities who wish to file a complaint regarding staff members of this department are able to do so. The Department may provide a qualified interpreter or forms in enlarged print, as appropriate. Complaints will be referred to the supervisor.

Investigations into such complaints shall be handled in accordance with the Personnel Complaints Policy. Qualified interpreters used during the investigation of a complaint should not be staff members of this department.

208.6 TRAINING

The Supervising Probation Officer should work with the Training Manager as appropriate, developing training regarding issues specifically related to but not limited to:

- (a) The requirements of Section 504 of the Rehabilitation Act (29 USC § 794).
- (b) Department policies and procedures relating to ADA requirements.

Key and Electronic Access Device Control

209.1 PURPOSE AND SCOPE

This policy outlines the methods that the Department will use in maintaining strict security of its keys and electronic access devices (see the Security Review Policy). For ease of reference, the term "key" as used in this policy includes all physical means of access to or exit from the secure areas of the juvenile detention facility.

209.2 POLICY

It is the policy of this department that all keys used to access or exit secure areas of the juvenile detention facility are strictly controlled. Staff members will be held accountable for the security and safety of the juvenile detention facility. All key control activities shall be accurately documented daily.

209.3 KEY IDENTIFICATION

All keys that open any doors within the facility shall be marked with unique identification codes that will allow for quick inventory. Keys that are bundled together as a set shall be numbered or coded with a tag to identify that set and the number of keys on the ring. The identifying numbers or code on keys shall not correspond to numbers/codes on locks.

A separate secure document identifying all keys will be maintained by the Division Manager.

209.4 KEY SET CONTENTS

Key sets issued to staff members for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter. Exterior door keys shall not be permitted inside the facility except during an emergency requiring access to the exterior doors.

209.5 KEY CONTROL

All juvenile detention facility keys shall be maintained in a locked key box within the security room. This room shall have controlled access for staff members only. Each person assigned to the facility shall be issued key tags bearing that person's staff member number. Key sets will be exchanged for key tags to maintain a record of which staff member has which set. At the end of a shift, staff members shall exchange all keys for their key tags.

Under no circumstances shall a staff member pass a key or key set to another staff member. All keys must be checked out through the control process. Staff members shall not possess any key for which they have not been authorized.

Staff members shall not duplicate, mark, alter, or manufacture any key without written authorization from the Division Manager or the authorized designee.

Institution Supervisors shall, at the beginning and end of their respective shifts, inventory the key box and its contents. All keys must be accounted for before the end of shift.

Under no circumstances will security keys be made available to youths regardless of their status.

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Key and Electronic Access Device Control

209.6 LOCK POLICY

All security perimeter entrances, Central Control doors, and housing unit doors shall be kept locked, except when used for admission or exit of staff members, youths, or visitors, and in an emergency. Sallyport operators should ensure that only one door is opened at a time for entry or exit purposes, except when the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit. Each time the sallyport override function is engaged, the staff member must submit a written report to the on-duty supervisor prior to the end of the shift.

209.7 TESTING

The Institution Supervisor shall ensure locks to security doors or gates are tested for proper function at least weekly to ensure proper operation. This testing shall be documented and a weekly report forwarded to the Division Manager.

209.8 EXTERIOR DOOR KEYS

Keys for exterior doors to the juvenile detention facility should be kept in a locked cabinet in a secure location outside the facility's secure perimeter. Supervisors should inventory and account for these keys.

209.9 EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and made accessible only to the Division Manager, or the authorized designee in the event of an emergency.

209.10 MISSING KEYS

Any staff member who discovers that a key or key set is missing shall immediately make a verbal report to a supervisor and shall prepare a written incident report as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor should order a lockdown of the juvenile detention facility. All youths should be locked in their housing areas or held in place and a headcount conducted. Youths shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Division Manager regarding the loss of the key, when the loss was discovered, and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff members. Additional staff members may be called to assist with the search. If, after a thorough search, the key or key set is not located, the Division Manager will determine whether to re-key any locks that may have been compromised, and whether this should be done immediately.

The Chief Probation Officer or the authorized designee will initiate an investigation into the disappearance of the keys to re-examine the procedures for key control. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

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209.11 DAMAGED KEYS OR LOCKS

Damaged keys or locks shall be promptly reported to a supervisor. No part of a broken key shall be left in the lock. All portions of the damaged key must be turned in to the Institution Supervisor, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures should be taken until the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No youth should be secured in a sleeping room, detention room, or area that has inoperable locks.

209.12 KEY CONTROL RECORDS

A shift roster will be maintained for the accounting and security of all key sets. Each shift is responsible for reporting any key malfunctions or missing key sets. Key control measures shall be documented by the Institution Supervisor, and the records retained in accordance with established records retention schedules.

209.13 ELECTRONIC ACCESS DEVICES

Proximity cards, fobs, or other devices may be issued to staff members to allow access to restricted or controlled areas of the juvenile detention facility. In the event of a lost or stolen device, staff members shall notify their supervisor as soon as it is known the device is missing. The device shall be immediately deactivated to prevent unauthorized use.

Daily Activity Logs and Shift Reports

210.1 PURPOSE AND SCOPE

Accurate and legible records are vital to the management of the juvenile detention facility. They provide a means for managers to review events and emergency situations that have occurred within the facility.

This policy provides guidance for creating and maintaining accurate and legible records necessary for the management of the juvenile detention facility.

210.2 POLICY

This policy establishes the requirement for the preparation, maintenance, and retention of permanent logs and shift reports to provide a record of both routine activities and unusual events such as emergencies or other notable occurrences.

210.3 RESPONSIBILITY

All staff members assigned to security posts, housing areas, and other designated facility areas (e.g., educational and vocation classrooms, medical facilities) shall prepare an accurate daily activity log and a shift report. The daily activity log and the shift report are a permanent record of daily activities and should reflect an accurate account of activities. Staff members who fail to complete or who falsify any official document may be subject to disciplinary action, up to and including termination.

210.4 SUPERVISOR RESPONSIBILITIES

Each Institution Supervisor shall prepare shift reports for the oncoming staff members. Reports shall include the following:

- (a) The formal youth count at the beginning and end of each shift
- (b) Key count and exchange
- (c) Discovered contraband
- (d) Exchange of security equipment (e.g., duress alarm, radio)
- (e) The time the supervisor made rounds
- (f) Information that would assist the oncoming staff members
- (g) Unusual occurrences

Shift reports will be retained in accordance with established records retention schedules.

Supervisors shall review the daily activity logs and shift reports during each shift. Supervisors shall sign and include the date and time of review on each log or report. When appropriate, supervisors should include comments in the logbook regarding an incident or unusual occurrence in the juvenile detention facility.

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Daily Activity Logs and Shift Reports

Whenever a major event in the facility requires a coordinated command response, the Institution Supervisor should designate someone to keep a running log that identifies, at a minimum, the following:

- (a) Date and time the incident began
- (b) Specific location of the incident
- (c) Times of significant response measures taken during the incident
- (d) Name, identification number, and time of arrival of personnel on-scene
- (e) Orders issued by the Incident Commander (IC)
- (f) Significant events that occurred because of the incident

The above information should remain available to the IC throughout the event to assist with ongoing response planning.

Perimeter Security

211.1 PURPOSE AND SCOPE

The purpose of this policy is to create guidelines for ensuring the outer portions of secure detention areas are adequate to confine detained youths and prevent the entry of unauthorized persons and contraband (see the Security Review Policy).

211.1.1 DEFINITIONS

Definitions related to this policy include:

Perimeter - The outer portion of the juvenile detention facility that provides for the secure confinement of detained youths and prevents the entry of unauthorized persons and contraband.

Perimeter security check - An inspection of the outside or inside perimeter of the facility to discover or prevent a security breach. This may include inspecting adjacent containment fences or additional areas as designated by the Division Manager.

211.2 POLICY

It is the policy of the juvenile detention facility to maintain, inspect, monitor, and continuously assess the effectiveness of facility perimeters to ensure their integrity and prevent unauthorized entry and youth escapes, and to keep contraband from entering the facility.

211.3 PERIMETER ASSESSMENT AND MAINTENANCE

The Division Manager or the authorized designee should assess the perimeter, including security systems/devices, and review related procedures on an ongoing basis to address:

- (a) Preventing escape.
- (b) Preventing perimeter access without proper authorization.
- (c) Maintaining adequate video monitoring and audio monitoring systems that provide two-way communication between Central Control and the perimeter, subject to department resources.
- (d) Securing and storing tools and toxic, corrosive, and flammable substances and other potentially dangerous supplies and equipment.
- (e) Providing a perimeter design that does not unnecessarily reflect a punitive environment.
- (f) Maintaining adequate warning signs and direction posted for the public.
- (g) Providing adequate security-grade walls, doors, locks, gates, fences, and windows (glazing/grills), subject to department resources.
 1. Exterior windows should be translucent or located to prevent persons outside the secure perimeter from observing youths within the facility.
 2. Doors/gates for entry into the perimeter should include a vision panel or other means of observation to permit identifying individuals before they enter.

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Perimeter Security

3. Sallyports, exterior doors, and lock procedures should be consistent with the Key and Electronic Access Device Control Policy. Electric locks on the perimeter should allow for manual operation.
- (h) Entering and inspecting vehicles, including vehicles of vendors making deliveries into the secure area of the facility, and inspecting materials delivered to or transported from the facility's secure perimeter by vehicle.
- (i) Managing and storing weapons before permitting an individual to enter the facility.
- (j) Providing adequate lighting to allow visual inspection by video or electronic monitoring or perimeter patrols.
- (k) Ensuring an adequate staffing plan is in place to monitor the secure perimeter of the facility, including areas of the facility that require personal observation and areas that may be monitored by electronic surveillance.
- (l) Communicating with law enforcement during a breach or potential breach of the secure perimeter.

211.3.1 PERIMETER SECURITY CHECKS

Perimeter security checks should be logged. Staff members should equip themselves with a functioning two-way radio when assigned to conduct a perimeter security check. Structural items that may require repair (e.g., locks, screens, windows, floors) and equipment malfunctions or failures should be documented and reported to the on-duty supervisor as soon as practicable. Suspicious activity at or near the perimeter shall immediately be reported to the Institution Supervisor and Central Control and documented.

211.4 STAFF MEMBER RESPONSIBILITIES

Staff members should not obtain keys to perimeter doors and gates without Division Manager authorization. Staff members should take reasonable steps to ensure the physical integrity and security of the perimeter, including:

- (a) Closing and securing all perimeter doors as described in the Key and Electronic Access Device Control Policy.
- (b) Not propping open perimeter doors unless approved by the Division Manager. Staff members doing so should document permission to have a door propped open in the log.
- (c) Reporting suspicious activity near the perimeter as soon as practicable and taking appropriate steps to ensure that suspicious persons at the perimeter are contacted and questioned.
- (d) Confirming perimeter surveillance equipment under their control is in good working order and immediately reporting malfunctions or failures to the on-duty supervisor.
- (e) Using sallyports and secure garages for the transport of youths as directed.

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211.5 VISITORS (OTHER THAN VISITORS TO YOUTHS)

Staff members assigned to monitor the perimeter should identify individuals seeking access to the perimeter of the facility, including persons delivering goods or services, and deny access to any person without authorization from the Division Manager or the authorized designee.

All visitors shall be required to provide satisfactory identification, such as a valid driver's license, valid passport, or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors shall be provided visitor badges and are required to wear them at all times. Staff members should escort visitors at all times within the perimeter.

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the direct supervision of staff members.

News Media Relations

212.1 PURPOSE AND SCOPE

This policy provides guidelines for media releases and media access to facility incidents and general public information (see the Juvenile Detention Manual Policy).

212.2 POLICY

It is the policy of this department that the ultimate authority and responsibility for the release of information to the media shall remain with the Chief Probation Officer. However, in situations not warranting immediate notice to the Chief Probation Officer and when the Chief Probation Officer or the authorized designee has given prior approval, the designated Public Information Officer may prepare and release information to the media in accordance with this policy and applicable law.

212.3 MEDIA REQUEST

Any media request for information or access to this facility shall be made in writing and shall be referred to the designated Public Information Officer or, if unavailable, to the first available supervisor. Before releasing any information to the media, staff members shall consider the following:

- (a) At no time shall any staff member of this department make any comment or release any official information to the media without prior approval from the Chief Probation Officer or the designated Public Information Officer.
- (b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the authorized representative of each involved agency before the release of any information by this department.
- (c) Under no circumstance should any staff member of this department make any comment to the media regarding any law enforcement or detention-related incident that does not involve this department without prior approval of the Chief Probation Officer or the authorized designee.

212.4 MEDIA ACCESS

Members of the media shall not be allowed access to the Juvenile Detention Facility without the explicit permission of the Chief Probation Officer.

212.5 PROVIDING ADVANCE INFORMATION

To protect the safety and rights of personnel working in this facility, advance information about planned actions by department personnel, such as movement of youths in custody, shall not be disclosed.

212.6 SCOPE OF INFORMATION SUBJECT TO RELEASE

Information on this facility's policies and procedures regarding non-security related matters (e.g., programs, facility rules and regulations, visitation, health care, religious services) can be released to the general public by any staff member. A copy of the applicable portions of this facility's policy

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and procedures manual can be made available for public review with the approval of the Chief Probation Officer.

Any information related to safety, security, and maintaining order shall not be provided to the general public. Applicable regulations for the operation of the juvenile detention facility are available for review by the public on the Department website. Youths can request a copy through the youth programs staff members.

Information concerning escapes, suicides, or crimes occurring in this facility shall only be released with the approval of the Chief Probation Officer or the authorized designee.

Community Relations and Public Information

213.1 PURPOSE AND SCOPE

This policy provides guidelines for detention personnel to use when dealing with the public or interested groups when responding to requests for information about juvenile detention facility operations and policies (see the Juvenile Detention Manual Policy).

213.2 POLICY

It is the policy of the Tulare County Probation Department to protect the privacy rights of youths while releasing nonconfidential information to interested groups when requests are received. Information that has the potential to affect the safety and security of the juvenile detention facility or an investigation will not be released.

213.3 RESPONSIBILITIES

The Division Manager is responsible for ensuring that the following information is public and available to all who inquire about it:

- (a) The Board of State and Community Corrections Minimum Standards for Juvenile Facilities
- (b) Facility rules and procedures affecting youths as specified in the Juvenile Detention Manual Policy, including:
 - 1. A visitation schedule that includes days and times visiting is allowed and how many visits youths may receive, as well as reasons visiting may be restricted (see the Youth Visitation Policy).
 - 2. Telephone and correspondence rules and availability to youths (see the Youth Mail Policy and the Youth Telephone Access Policy).
 - 3. A brief description of educational programs (see the Youth Educational Services Policy).
 - 4. Facility rules and limits of discipline (see the Youth Discipline Policy and the Youth Discipline Process Policy).
 - 5. Access to medical, mental health, and dental care (see the Availability and Standards of Care Policy).
 - 6. The process by which youths are oriented to the facility (see the Youth Orientation Policy).

This information is posted on the Department's website. A copy also should be made available to the youths.

213.4 PROHIBITED MATERIALS

Policies, procedures, and other information and materials related to the safety and security of youths, detention personnel, the facility, or the maintenance of order should not be provided as a part of the public information material unless directed by the Division Manager.

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213.5 TOURS OF THE JUVENILE DETENTION FACILITY

Tours of this facility may be arranged through the Division Manager. Authorized tours are subject to facility rules and restrictions:

- (a) Persons who tour this facility must be of an appropriate age as determined by the Chief Probation Officer.
- (b) A short application form must be completed, and a background check for wants and warrants will be conducted before an applicant is approved to participate in a tour.

A record of all facility tours should be maintained in accordance with applicable retention requirements.

Information Technology Use

214.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the proper use of department information technology resources, including computers, electronic devices, hardware, software, and systems.

214.1.1 DEFINITIONS

Definitions related to this policy include:

Computer system - All computers (on-site and portable), electronic devices, hardware, software, and resources owned, leased, rented, or licensed by the Tulare County Probation Department that are provided for official use by its staff members. This includes all access to, and use of, internet service providers (ISP) or other service providers provided by or through the Department or department funding.

Hardware - Includes but is not limited to computers, computer terminals, network equipment, electronic devices, telephones (including cellular and satellite), pagers, modems, or any other tangible computer device generally understood to comprise hardware.

Software - Includes but is not limited to all computer programs, systems, and applications, including shareware. This does not include files created by the individual user.

Temporary file, permanent file, or file - Any electronic document, information, or data residing or located, in whole or in part, on the system, including but not limited to spreadsheets, calendar entries, appointments, tasks, notes, letters, reports, messages, photographs, or videos.

214.2 POLICY

It is the policy of the Tulare County Probation Department that staff members shall use information technology resources, including computers, software, and systems, that are issued or maintained by the Department in a professional manner and in accordance with this policy.

214.3 PRIVACY EXPECTATION

Staff members forfeit any expectation of privacy regarding emails, texts, or anything published, shared, transmitted, or maintained through file-sharing software or any internet site that is accessed, transmitted, received, or reviewed on any department technology system.

The Department reserves the right to access, audit, and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received, or reviewed over any technology that is issued or maintained by the Department, including the department email system, computer network, and/or any information placed into storage on any department system or device. This includes records of all keystrokes or web-browsing history made at any department computer or over any department network. The fact that access to a database, service, or website requires a username or password will not create an expectation of privacy if it is accessed through department computers, electronic devices, or networks.

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The Department shall not require a staff member to disclose a personal username or password for accessing a personal social media account or to open a personal social website; however, the Department may request access when it is reasonably believed to be relevant to the investigation of allegations of work-related misconduct (Labor Code § 980).

214.4 RESTRICTED USE

Staff members shall not access computers, devices, software, or systems for which they have not received prior authorization or the required training. Staff members shall immediately report unauthorized access or use of computers, devices, software, or systems by another staff member to the Institution Supervisor.

Staff members shall not use another person's access passwords, login information, and other individual security data, protocols, and procedures unless directed to do so by the Institution Supervisor.

214.4.1 SOFTWARE

Staff members shall not copy or duplicate any copyrighted or licensed software except for a single copy for backup purposes, in accordance with the software company's copyright and license agreement.

To reduce the risk of a computer virus or malicious software, staff members shall not install any unlicensed or unauthorized software on any department computer. Staff members shall not install personal copies of any software on any department computer. Any files or software that a staff member finds necessary to install on department computers or networks shall be installed only with the approval of an authorized department information systems technology (IT) staff member and only after being properly scanned for malicious attachments.

No staff member shall knowingly make, acquire, or use unauthorized copies of computer software that is not licensed to the Department while on department premises, computer systems, or electronic devices. Such unauthorized use of software exposes the Department and involved staff members to severe civil and criminal penalties.

Introduction of software by staff members should only occur as a part of the automated maintenance or update process of department- or county-approved or installed programs by the original manufacturer, producer, or developer of the software. Any other introduction of software requires prior authorization from IT staff members and a full scan for malicious attachments.

214.4.2 ACCESS

Access to technology resources provided by or through the Department shall be strictly limited to department-related activities. Data stored on or available through department computer systems shall only be accessed by authorized staff members who are engaged in department-related activities with a business need to access such data. Any exceptions to this policy must be approved by the Institution Supervisor.

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214.4.3 INTERNET USE

Internet access provided by or through the Department shall be strictly limited to department-related activities. Certain exceptions may be permitted with the express approval of the Institution Supervisor as a function of a staff member's assignment.

214.4.4 OFF-DUTY USE

Staff members shall only use technology resources provided by the Department while on-duty or in conjunction with specific on-call assignments unless specifically authorized by the Institution Supervisor. This includes the use of telephones, cell phones, texting, email, or any other off-the-clock work-related activities. This also applies to personally owned devices that are used to access department resources.

214.5 PROTECTION OF SYSTEMS AND FILES

All staff members have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care, and maintenance of the computer system.

Staff members shall ensure department computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off, and password protections enabled whenever the user is not present. Access passwords, login information, and other individual security data, protocols, and procedures are confidential information and are not to be shared.

It is prohibited for a staff member to allow an unauthorized user to access the computer system at any time or for any reason. Staff members shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the internet) to the Institution Supervisor.

214.6 INSPECTION AND REVIEW

The Institution Supervisor or the authorized designee has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of the Institution Supervisor's duties or based on cause.

Reasons for inspection or review may include but are not limited to computer system malfunctions, problems or general computer system failure, a lawsuit against the Department involving one of its staff members or a staff member's duties, an alleged or suspected violation of any department policy, a request for disclosure of data, or a need to perform or provide a service.

214.7 SECURITY OF DATA

This Chief Probation Officer will appoint a staff member to ensure federal and state compliance with the U.S. Department of Justice's Criminal Justice Information Services Security Policy and the requirements of any state or local criminal history records systems.

The security of all other data shall be the responsibility of IT and will include:

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- (a) Developing and maintaining security practices, procedures, and training.
- (b) Establishing procedures to provide for the preparation, prevention, detection, analysis, and containment of security incidents including computer attacks.
- (c) Tracking, documenting, and reporting all breach of security incidents to the Chief Probation Officer and appropriate authorities.

Electronic Mail

215.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the proper use and application of the electronic mail (email) system provided by the Department.

215.2 POLICY

Tulare County Probation Department staff members shall use email in a professional manner in accordance with this policy and current law (e.g., California Open Records Act).

215.3 PRIVACY EXPECTATION

Staff members forfeit any expectation of privacy with regard to emails accessed, transmitted, received, or reviewed on any department technology system (see the Information Technology Use Policy for additional guidance).

215.4 RESTRICTIONS ON USE OF EMAIL

Messages transmitted over the email system are restricted to official business activities, or shall only contain information that is essential for the accomplishment of business-related tasks or for communications that are directly related to the business, administration, or practices of the Department.

Sending derogatory, defamatory, obscene, disrespectful, sexually suggestive, harassing, or any other inappropriate messages on the email system is prohibited and may result in discipline.

Email messages addressed to the entire Department are only to be used for official business-related items that are of particular interest to all users. In the event that a staff member has questions about sending a particular email communication, the staff member should seek prior approval from a supervisor in the staff member's chain of command.

It is a violation of this policy to transmit a message under another staff member's name or email address or to use the password of another to log into the system unless directed to do so by a supervisor. Staff members are required to log off the network or secure the workstation when the computer is unattended. This added security measure will minimize the potential misuse of a staff member's email, name, or password. Staff members who believe a password has become known to another person shall change the password immediately.

215.5 EMAIL RECORD MANAGEMENT

Email may, depending upon the individual content, be a public record under the California Open Records Act and must be managed in accordance with the established records retention schedule and in compliance with state law.

The Chief Probation Officer or the authorized designee shall ensure that email messages are retained and recoverable as outlined in the Records Maintenance and Release Policy.

Staffing Plan (Title 15, § 1321)

216.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that adequate personnel are available to meet the operational and programming needs of the Department, and to ensure development of a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff members, visitors, youths, and the public in accordance with the minimum standard for staffing established by the Board of State and Community Corrections (15 CCR 1321).

216.2 POLICY

It is the policy of the Tulare County Probation Department to ensure the safety, security, and efficient operation of this facility by assigning staff members according to a detailed staffing plan.

216.3 STAFFING PLAN REQUIREMENTS

The Division Manager or the authorized designee shall ensure that a staffing plan conforming to the type and size of this facility is prepared and maintained as described in the following section. The plan shall detail all staff member assignments, including work hours and weekly schedules, and shall account for holidays, vacations, training schedules, military leave, sick time, and other atypical situations (15 CCR 1321).

At a minimum, the staffing plan will include:

- (a) Facility administration and supervision.
- (b) All facility programs, including programming, exercise, and recreation.
- (c) Post positions and assignment descriptions.
- (d) Staff member break relief.
- (e) Staff member-to-youth ratios.
- (f) Youth supervision.
- (g) A plan for shift relief.
- (h) Support services, including medical, food services, maintenance, and clerical.
- (i) Other facility-related functions such as escort and transportation of youths.

216.3.1 RESPONSIBILITIES

The Chief Probation Officer or the authorized designee is responsible for seeing that this facility (15 CCR 1321):

- (a) Has an adequate number of personnel sufficient to carry out the overall facility operation and its programming, to provide for the safety and security of youths and staff members, and to meet established standards and regulations.
- (b) Ensures that no required services shall be denied because of insufficient numbers of staff members on-duty absent exigent circumstances.

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- (c) Has a sufficient number of supervisory-level staff members to ensure adequate supervision of all other facility staff members.
- (d) Has a clearly identified person on-duty at all times who is responsible for all operations and activities and has completed the Juvenile Corrections Officer Core Course and other training as required by Penal Code § 832.
- (e) Has at least one staff member present on each living area whenever there are youths in the living area.
- (f) Has sufficient food service personnel relative to the number and security of living areas, including staff members qualified and available to plan menus meeting nutritional requirements of youths; provide kitchen supervision; direct food preparation and servings; conduct related training programs for culinary staff members; and maintain necessary records. Alternatively, a facility may serve food that meets nutritional standards prepared by an outside source (see the Kitchen Facilities, Sanitation, Inspections, and Food Storage Policy and the Food Services and Supervision Policy).
- (g) Has sufficient administrative, clerical, recreational, medical, dental, mental health, building maintenance, transportation, control room, facility security, and other support staff members for the efficient management of the facility, and to ensure that youth supervision staff members shall not be diverted from supervising youths.
- (h) Assigns sufficient youth supervision staff members to provide continuous wide-awake supervision of youths, subject to temporary variations in staff member assignments to meet special program needs. Staffing shall be in compliance with a minimum youth-to-staff member ratio for the following facility types:
 - 1. Juvenile halls
 - (a) During the hours that youths are awake, one wide-awake youth supervision staff member is on-duty for each 10 youths in detention.
 - (b) During the hours that youths are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member is on-duty for each 30 youths in detention.
 - (c) At least two wide-awake youth supervision staff members are on-duty at all times, regardless of the number of youths in detention, unless an arrangement has been made for backup support services that allows for immediate response to emergencies.
 - (d) At least one youth supervision staff member on-duty is the same gender as youths housed in the facility.
 - (e) Personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen, or maintenance shall not be classified as youth supervision staff member positions.
 - 2. Special-purpose juvenile halls

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- (a) During the hours that youths are awake, one wide-awake youth supervision staff member is on-duty for each 10 youths in detention.
 - (b) During the hours that youths are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member is on-duty for each 30 youths in detention.
 - (c) At least two wide-awake youth supervision staff members are on-duty at all times, regardless of the number of youths in detention, unless an arrangement has been made for backup support services that allows for immediate response to emergencies.
 - (d) At least one youth supervision staff member on-duty is the same gender as youths housed in the facility, unless an arrangement has been made for immediate same-gender supervision.
 - (e) Personnel with primary responsibility for other duties such as administration, supervision of personnel, academic or trade instruction, clerical, kitchen, or maintenance shall not be classified as youth supervision staff member positions.
3. Camps
- (a) During the hours that youths are awake, one wide-awake youth supervision staff member is on-duty for each 15 youths in the camp population.
 - (b) During the hours that youths are confined to their room for the purpose of sleeping, one wide-awake youth supervision staff member is on-duty for each 30 youths present in the facility.
 - (c) At least two wide-awake youth supervision staff members are on-duty at all times, regardless of the number of youths in residence, unless an arrangement has been made for backup support services that allows for immediate response to emergencies.
 - (d) At least one youth supervision staff member on-duty is the same gender as youths housed in the facility.
 - (e) In addition to the minimum youth-to-staff member ratio required consideration shall be given to the size, design, and location of the camp; types of youths committed to the camp; and the function of the camp in determining the level of supervision necessary to maintain the safety and welfare of youths and staff members.
 - (f) Personnel with primary responsibility for other duties such as administration, supervision of other personnel, academic or trade instruction, clerical, farm, forestry, kitchen, or maintenance shall not be classified as youth supervision staff member positions.

216.3.2 MINIMUM SUPERVISION STAFFING LEVELS

Minimum supervision staffing levels shall be established by the Division Managers for each division and work group. The supervision staffing levels shall support proper supervision, span of

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control, compliance with any memorandum of understanding or collective bargaining agreement, and activity levels to meet the needs of staff members and the goals of the Department (15 CCR 1321).

216.3.3 TEMPORARY SUPERVISORS

To accommodate training and other unforeseen circumstances, a qualified lower-ranking staff member may act as a temporary supervisor in place of a regularly assigned supervisor.

216.4 STAFF MEMBER POSITIONING

Staff members should be aware of the physical location of all youths who are out of their rooms and should conduct frequent population counts of the youths in accordance with the Youth Counts Policy. Safety checks shall be conducted on youths who remain in their rooms or on their assigned beds, in accordance with the Youth Safety Checks Policy.

When a youth is in their assigned room, staff members shall not enter the youth's room without having another staff member within eyesight at all times, except as needed to respond to an emergency in the room. Youths are not permitted to enter any other youth's room.

Staff members should be within continuous eyesight and hearing of other staff members.

216.5 SEPARATION OF DUTIES

Maintenance personnel are employed to perform preventive, routine, and emergency maintenance functions. Custody staff members will not be given physical plant maintenance or other duties that distract from their primary responsibility of supervising youths (15 CCR 1321).

216.6 STAFFING ANALYSIS

The Chief Probation Officer or the authorized designee shall complete an annual comprehensive staffing analysis to evaluate personnel requirements and available staffing levels. The staffing analysis will be used to determine staffing needs and to develop staffing plans.

The Division Manager, in conjunction with the Prison Rape Elimination Act (PREA) coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan (28 CFR 115.313; 15 CCR 1321). Relief factors for each classification and position should be calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. Staff members should be deployed in an efficient and cost-effective manner that provides for the safety and security of the staff members, youths, and the public.

The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws, regulations, and department policies. If deficiencies are noted, the staffing analysis should also include recommendations regarding what corrective measures may be needed, including:

- (a) Operational and programmatic changes.
- (b) Equipment requirements.

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- (c) Additional training.
- (d) Supervisory intervention.
- (e) Additional staff members.

Chapter 3 - Training

Youth Supervision Staff Member Orientation and Training (Title 15, § 1322)

300.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for orientation and training of youth supervision staff members (15 CCR 1322).

This policy establishes training requirements and guidelines for staff members, supervisors, and managers. The policy also addresses the training program and the probationary evaluation.

300.2 POLICY

It is the policy of the Tulare County Probation Department to provide newly hired youth supervision staff members with basic information about the facility and the environment in which they will be working and to provide a structured training program designed to orient them to their job duties. Orientation is not meant to supplant other basic training required by law, ordinance, or regulation.

300.3 NEW YOUTH SUPERVISION STAFF MEMBER ORIENTATION

All new youth supervision staff members shall participate in an orientation provided by this department before assuming their duties. The orientation shall include but is not limited to (15 CCR 1322):

- (a) Code of ethics and ethical responsibilities (see the Standards of Conduct Policy).
- (b) Youth supervision staff member duties, rules, and regulations.
- (c) Scope of decisions youth supervision staff members shall make.
- (d) The identity of youth supervision staff member supervisors.
- (e) The identity of persons who are responsible to the youth supervision staff member.
- (f) Security (including facility, perimeter, and grounds), population control, emergency preparedness, and evacuation procedures.
- (g) Persons to contact for decisions that are beyond youth supervision staff member responsibilities.

300.3.1 YOUTH SUPERVISION STAFF MEMBER ADDITIONAL ORIENTATION REQUIREMENTS

All youth supervision staff members shall participate in a minimum of 40 hours of facility-specific orientation before assuming any youth supervision staff member duties. The orientation shall include orientation specific to their duties, including but not limited to (15 CCR 1322):

- (a) Individual and group supervision techniques.
- (b) Regulations and policies relating to discipline and basic rights of youths pursuant to law and the provisions of Title 15 of the California Code of Regulations.
- (c) Basic health, sanitation, and safety measures.
- (d) Suicide prevention and response to suicide attempts.

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- (e) Policies regarding the use of force, de-escalation techniques, chemical agents, and mechanical and physical restraints.
- (f) Review of policies and procedures referencing trauma and trauma-informed approaches that reflect respectful and humane engagement with youths, culturally relevant approaches, and responsiveness to the language and literacy needs of youths. This should include reviewing policies that address trauma (e.g., the Case Management Policy, the Youth Rights - Protection from Abuse Policy, the Counseling and Casework Services Policy).
- (g) Procedures to follow in the event of emergencies (see the Emergency Procedures - Facilities Policy).
- (h) Routine security measures (including facility, perimeter, and grounds), population control, emergency preparedness, and evacuation procedures.
- (i) Crisis intervention and mental health referrals to mental health services (see the Mental Health Services Policy).
- (j) Documentation.
- (k) Fire and life-safety training (see the Fire and Life-Safety Policy).

300.4 YOUTH SUPERVISION STAFF MEMBER ORIENTATION ACKNOWLEDGEMENTS

Department staff members assigned to provide the new youth supervision staff member orientation will ensure that each new youth supervision staff member is given copies of work rules and regulations, department ethics, and any other department documents for which the youth supervision staff member will be held accountable.

The Institution Supervisor will collect a signature page from the new youth supervision staff member acknowledging receipt, review, and understanding of the documents. The signature page shall be retained in the youth supervision staff member's personnel file in accordance with established records retention schedules.

300.5 JUVENILE CORRECTIONS OFFICER CORE COURSE TRAINING REQUIREMENTS

Before assuming sole supervision of youths, each youth supervision staff member must successfully complete the requirements of the Juvenile Corrections Officer Core Course as described in 15 CCR 176 within one year from the date of assignment (15 CCR 176; 15 CCR 1322). Annual and additional training shall be completed in accordance with 15 CCR 184.

Youth supervision staff members assigned to work in the facility before completing their required core training may do so only under the direct supervision of a fully trained youth supervision staff member (15 CCR 1322).

Transfer courses may be utilized to meet Juvenile Corrections Officer Core Course requirements when the youth supervision staff member has had the relevant probation or adult corrections training (15 CCR 176.1; 15 CCR 176.2).

Before exercising peace officer powers, youth supervision staff members shall successfully complete required training pursuant to Penal Code § 830 et seq. (15 CCR 1322).

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300.6 TRAINING REQUIREMENTS

In accordance with the Standards and Training for Corrections (STC) Program requirements related to Title 15 of the California Code of Regulations, it shall be the responsibility of the Training Manager to ensure that the following is maintained on file for all training provided by the Department:

- (a) A course outline or lesson plan
- (b) A roster signed and dated by those in attendance
- (c) The name of the person coordinating the training

The Training Manager shall ensure that copies of training records are placed in the staff member's training file and retained in accordance with established records retention schedules.

300.7 TRAINING RECORDS

An individual training file shall be maintained by the Training Manager or the authorized designee for each member. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas, and other documentation) for all members.

The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.334).

It shall be the responsibility of the involved members to provide their immediate supervisor or the Training Manager with evidence of completed training or education in a timely manner.

The Training Manager or supervisor shall ensure that copies of such training records are placed in the member's training file.

Training records shall contain:

- (a) Name of the member.
- (b) Date of hire.
- (c) Education and training background (education and training received prior to hire).
- (d) Type of training received.
- (e) Date the training was received and successfully completed.
- (f) Title of the training and name of the provider.
- (g) Test scores or training benchmarks.

The Training Manager shall also be responsible for documenting the waivers of the training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

300.8 INDIVIDUAL RESPONSIBILITY

All members assigned to attend training should attend as scheduled, unless excused by their Division Manager or the Training Manager.

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(a) Excused absences from mandatory training should be limited to:

1. Court appearances.
2. Authorized vacation.
3. Sick leave.
4. Physical limitations preventing the staff member's participation.
5. Emergency situations.

(b) When a member is unable to attend mandatory training, that member shall:

1. Notify the member's supervisor as soon as possible, but no later than one hour prior to the start of training.
2. Arrange through the supervisor and the Training Manager to attend the required training on an alternate date.

(c) All training programs, whether in-house or outside the facility, are considered on-duty work assignments and the following should apply:

1. Uniform is required unless otherwise indicated.
2. Members should participate during training.
3. Members shall display a professional demeanor.
4. Members shall adhere to the Drug- and Alcohol-Free Workplace Policy.

New-Hire Training Program

301.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for newly hired officers, and non-sworn support staff members, supervisors, and managers. The policy addresses the department training program and the probationary evaluation.

301.2 POLICY

It is the policy of this department to assign all newly hired officers to a structured juvenile detention facility training program designed to prepare new-hire officers to perform in a detention assignment in a safe, productive, and professional manner.

All newly hired non-sworn support staff members, supervisors, and managers shall receive structured department training commensurate with their job descriptions, assignments, and duties (see the Support Personnel Orientation and Training Policy).

301.3 TRAINING OBJECTIVES

The objectives of the department training program are to:

- (a) Improve the competency of staff members at all levels.
- (b) Ensure that all staff members can carry out the mission of the Department through a thoroughly demonstrated knowledge of department policies and procedures.
- (c) Increase the technical expertise and overall effectiveness of all department staff members.
- (d) Provide for the continued professional development of all department staff members.

301.4 RESPONSIBILITIES

The Division Manager or authorized designee is responsible for developing a facility training program designed to orient and familiarize all newly hired officers and non-sworn support staff members, supervisors, and managers to working in a detention assignment (see the Support Personnel Orientation and Training Policy).

Chemical Agents Training

302.1 PURPOSE AND SCOPE

This policy establishes the required training for officers to be authorized to carry and use chemical agents.

302.2 POLICY

The Department authorizes the use of selected chemical agents. Chemical agents are weapons used to minimize the potential for injury to officers, youths, and others. Chemical agents should only be used when such force reasonably appears justified and necessary.

302.3 CHEMICAL AGENT TRAINING

Only officers who have been trained and show adequate proficiency in the use of any chemical agent and knowledge of the Use of Force Policy are authorized to carry the device.

- (a) The Training Manager shall ensure that appropriate training for all chemical agents occurs at least annually.
- (b) All initial and proficiency training for chemical agents will be documented in the officer's training file.
- (c) Officers failing to demonstrate continuing proficiency with chemical agents or knowledge of the Use of Force Policy will lose their authorization to carry or use the devices and will be provided remedial training. If, after two remedial training sessions, officer fails to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy, the officer may be subject to discipline.
- (d) The Training Manager shall ensure that all personnel who are authorized to use chemical agents have also been trained in the proper medical treatment of persons affected by chemical agents. Training should include the initial treatment (e.g., providing the proper solution to cleanse the affected area) and knowing when to summon medical personnel for more severe effects.
- (e) The Training Manager shall ensure that any additional state-mandated training (e.g., training addressing medical conditions that would contraindicate certain chemical agents, training on decontamination procedures) is provided (see the Use of Force Policy).

302.4 REVIEW, INSPECTION, AND APPROVAL

Every chemical agent delivery device will be periodically inspected by the Institution Supervisor.

Prison Rape Elimination Act Training

303.1 PURPOSE AND SCOPE

This policy establishes an education and training process related to implementation of the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation (PREA Rule) (28 CFR 115.5 et seq.).

303.2 POLICY

The Tulare County Probation Department endeavors to comply with the training standards in the PREA Rule and to ensure that all staff members, volunteers, and contractors are aware of their responsibilities, and that staff members, volunteers, contractors, and youths are aware of the policies and procedures of the facility as they relate to PREA.

303.3 STAFF MEMBER TRAINING

All staff members who may have contact with youths shall receive department-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Manager shall ensure that staff members receive training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions that youths may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Training Manager shall be responsible for developing and administering this training, covering at a minimum (28 CFR 115.331; 28 CFR 115.332):

- (a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- (b) The dynamics of sexual abuse and sexual harassment in confinement.
- (c) The common reactions of youth victims of sexual abuse and sexual harassment.
- (d) Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility.
- (e) Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (f) An individual's right to be free from sexual abuse and sexual harassment.
- (g) The right of staff members and youths to be free from retaliation for reporting sexual abuse and sexual harassment.
- (h) How to detect and respond to signs of threatened and actual sexual abuse, and how to distinguish between sexual abuse and consensual sexual contact between youths.
- (i) How to communicate effectively and professionally with youths, including lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming youths (see the Transgender and Intersex Youths Policy).
- (j) How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.

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- (k) How to avoid inappropriate relationships with youths.
- (l) Relevant laws regarding the applicable age of consent.

Training shall be tailored according to the sex of the youths at the facility and the unique needs and attributes of youths in juvenile facilities. A staff member should receive additional training on security measures and the separation of male and female populations in the same facility if the staff member has been reassigned from a facility that houses only male or female youths.

Training should include written testing to validate knowledge and understanding of the material. The Training Manager shall document, through signature or electronic verification, that staff members have received and understand the training. The Professional Standards Unit will maintain training records on all those receiving training in accordance with procedures developed by the Training Manager.

The Training Manager shall ensure that staff members undergo an initial training within one year of hiring and biennial refresher training that covers the department's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.331). In years in which staff members do not receive refresher training, the department shall provide refresher information on current sexual abuse and sexual harassment policies.

303.4 VOLUNTEER AND CONTRACTOR TRAINING

All volunteers and contractors who may have contact with youths shall receive department-approved training on the prevention and detection of sexual abuse and sexual harassment within the juvenile detention facility.

The Training Manager shall ensure that the volunteers and contractors receive training and written testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the youths may have regarding sexual assault or abuse, and that they are familiar with the report and notification process. The Training Manager shall document, through signature or electronic verification, that volunteers and contractors have received and understand the training.

The Training Manager shall be responsible for developing and administering this training (28 CFR 115.331; 28 CFR 115.332).

303.5 SPECIALIZED MEDICAL TRAINING

All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all the staff member training listed above, as well as training that includes (28 CFR 115.335):

- (a) Detecting and assessing signs of sexual abuse and sexual harassment.
- (b) Preserving physical evidence of sexual abuse.
- (c) Responding effectively and professionally to youth victims of sexual abuse and sexual harassment.
- (d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

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The Training Manager shall maintain documentation that the facility's health care and mental health professionals have received the training referenced above, either from this department or elsewhere.

303.6 INVESTIGATION

Investigation shall be conducted by the Tulare County Sheriff's Department or other outside law enforcement agency.

Orientation and Training for Support Personnel and Civilian Staff

304.1 PURPOSE AND SCOPE

The purpose of this policy is to provide a framework for orientation and training for support personnel and civilian staff working in this juvenile detention facility.

304.2 POLICY

The Department will develop, approve, and conduct training to maintain and improve the effectiveness of the care delivered, as well as to maintain the safety and security of the juvenile detention facility.

304.3 ORIENTATION

All support personnel and civilian staff shall complete an orientation program prior to performing services at the juvenile detention facility on behalf of the Department. The orientation program may include:

- (a) A facility tour.
- (b) Health Insurance Portability and Accountability Act (HIPAA) and confidentiality policies.
- (c) Staff member responsibilities.
- (d) Youth rights and responsibilities.
- (e) Safety and security.
- (f) Emergency procedures.
- (g) Policy, procedures, and job description resources.
- (h) Guidelines for conduct with youths.
- (i) Nondiscrimination policies.
- (j) Procedures for reporting lost or stolen supplies and equipment.
- (k) Key control.

304.4 FACILITY-SPECIFIC TRAINING

The Training Manager should include appropriate support personnel and civilian staff in training and training exercises relating to facility safety and security, including but not limited to:

- (a) Emergency medical triage in the facility (see the First-aid, AED, and Emergency Services Policy).
- (b) Emergency evacuation plan routes and procedures.
- (c) Communication systems during facility emergencies.
- (d) Security during facility emergencies.

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- (e) Qualified health care professional response during staff member-down incidents.
- (f) Responding to critical facility emergencies.
- (g) Facility hostage policy and medical response tactics.
- (h) Medical emergency transportation procedures.
- (i) Media relations.
- (j) Reporting requirements for suspected abuse, neglect, or exploitation.
- (k) Prison Rape Elimination Act (PREA) compliance.

304.5 PERSONNEL WITH MINIMAL CONTACT WITH YOUTHS

Support personnel and civilian staff, including contractors, whose positions involve minimal contact with youths shall receive orientation and training commensurate with the scope of their work.

Minimal youth contact is defined as tasks that do not involve the supervision of youths, youth discipline, or specific tasks that involve custody and control of youths. Orientation and training topics may include but are not limited to:

- (a) Safety and security.
- (b) Juvenile Detention Manual policies and procedures.
- (c) Emergency procedures.
- (d) Job-specific training.
- (e) Zero-tolerance policy and the identification, response, and reporting requirements related to sexual abuse, Prison Rape Elimination Act (PREA) compliance, and harassment.
- (f) Reporting requirements for suspected abuse, neglect, or exploitation.

304.6 PERSONNEL WITH REGULAR CONTACT WITH YOUTHS

Support personnel, including contractors, whose positions involve regular or daily youth contact shall receive orientation and training commensurate with the scope of their work.

Regular youth contact is defined as tasks that involve the direct provision of services to youths (e.g., custody assistants, vocational supervisors, teachers, food services, chaplain) but that do not involve the supervision of youths in the areas of discipline and control. Orientation and training topics may include but are not limited to:

- (a) Safety and security.
- (b) Emergency procedures.
- (c) Staff member responsibilities.
- (d) Guidelines for conduct with youths.
- (e) Aspects and dynamics of the custody environment.
- (f) Restricted movement and access according to job function.

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- (g) Supervision of youths.
- (h) Suicide awareness and dynamics (see the Suicide Prevention and Intervention Policy).
- (i) Use of force.
- (j) Youth rules and regulations.
- (k) Youth rights and responsibilities.
- (l) Youth and adolescent behavior.
- (m) CPR and first aid.
- (n) Zero-tolerance policy, and the identification, response, and reporting requirements related to sexual abuse, PREA compliance, and harassment.
- (o) Reporting requirements for suspected abuse, neglect, or exploitation.

Briefing Training

305.1 PURPOSE AND SCOPE

This policy provides guidelines for briefing training and the exchange of important information between staff members and supervisors.

305.2 POLICY

Briefing is intended to facilitate the accurate flow of information to enhance coordination of activities, improve performance and safety, and outline the expected actions of staff members.

305.3 BRIEFING

Briefing training covers a wide range of topics selected by management/supervisory and training staff members.

The supervisor conducting briefing training is responsible for preparing the materials necessary for constructive training. Supervisors may delegate this responsibility to a subordinate staff members in their absence or for training purposes. The briefing training will be based on a structured program to provide topics related to but not limited to:

- (a) Juvenile Detention Facility policies and procedures.
- (b) Departmental directives that are not yet policy.
- (c) Reviewing recent incidents for training purposes.
- (d) Preparing for or responding to an unusual occurrence.
- (e) Statutory requirements or court orders.
- (f) Operation of new equipment, including computer software.
- (g) Notifying staff members of changes in schedules and assignments.
- (h) Any other topics as determined by the Chief Probation Officer or the authorized designee.

305.4 COMPUTER-BASED TRAINING OPTIONS

The Lexipol Daily Training Bulletins (DTBs) are a web-based system that provides training on the Tulare County Probation Department Juvenile Detention Manual and other important topics. Generally, 20 training bulletins are available each month. However, the number of DTBs may be adjusted by the Training Manager.

Staff members assigned to participate in DTBs should only use the passwords and login names assigned to them by the Training Manager. Staff members should not share their passwords with others and should frequently change their passwords to protect the security of the system. After each session, staff members should log off the system to prevent unauthorized access. The content of the DTBs is copyrighted material and shall not be shared with others outside of the Department.

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Staff members assigned to participate in the DTB program should complete each DTB at the beginning of their shifts or as otherwise directed by their supervisors. Staff members should not allow uncompleted DTBs to build up. Staff members may be required to complete DTBs missed during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the DTB system can be accessed from any internet-active computer, staff members shall only take DTBs as part of their on-duty assignments as there will be no authorization for taking or viewing DTBs while off-duty.

Supervisors will be responsible for monitoring the progress of staff members under their command to ensure compliance with this policy.

305.5 TRAINING RECORDS

The Training Manager will assist the Institution Supervisors with identifying topics for delivery during briefing training and all briefing training records will be maintained in the employee work site file and the briefing binder.

Training

306.1 PURPOSE AND SCOPE

The purpose of this policy is to establish training guidelines that will provide for the professional growth and continued development of facility staff members. By doing so, the Department will ensure its staff members possess the knowledge and skills necessary to professionally manage the youth population.

306.2 TRAINING RECORDS

An individual training file shall be maintained by the Training Manager or the authorized designee for each staff member. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas, and other documentation) for all staff members.

The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.334).

It shall be the responsibility of the involved staff members to provide their immediate supervisor or the Training Manager with evidence of completed training or education in a timely manner.

The Training Manager or supervisor shall ensure that copies of such training records are placed in the staff member's training file.

Training records shall contain:

- (a) Name of the staff member.
- (b) Date of hire.
- (c) Education and training background (education and training received prior to hire).
- (d) Type of training received.
- (e) Date the training was received and successfully completed.
- (f) Title of the training and name of the provider.
- (g) Test scores or training benchmarks.

The Training Manager shall also be responsible for documenting waivers of the training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

306.3 INDIVIDUAL RESPONSIBILITY

All staff members assigned to attend training should attend as scheduled, unless excused by their Division Manager or the Training Manager.

- (a) Excused absences from mandatory training should be limited to:
 1. Court appearances.
 2. Authorized vacation.

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Training

3. Sick leave.
 4. Physical limitations preventing the staff member's participation.
 5. Emergency situations.
- (b) When a staff member is unable to attend mandatory training, that staff member shall:
1. Notify the staff member's supervisor as soon as possible, but no later than one hour before the start of training.
 2. Arrange through the supervisor and the Training Manager to attend the required training on an alternate date.
- (c) All training programs, whether in-house or outside the facility, are considered on-duty work assignments and the following should apply:
1. Uniform or business casual attire is required unless otherwise indicated.
 2. Staff members should participate during training.
 3. Staff members shall display a professional demeanor.
 4. Staff members shall adhere to the Drug- and Alcohol-Free Workplace Policy.

Chapter 4 - Emergency Planning

Emergency Plan

400.1 PURPOSE AND SCOPE

This policy clarifies the role of the Tulare County Probation Department and the responsibilities of its staff members pertaining to large-scale emergencies and the State of California Emergency Plan.

400.2 POLICY

The Tulare County Probation Department will prepare for large-scale emergencies within and outside its jurisdiction through planning and mutual cooperation with other agencies.

The county Emergency Plan complies with the State of California's Emergency Services Act (Government Code § 8550 et seq.). This plan provides guidance for county emergency operations within and outside its borders as may be required.

400.2.1 TULARE CODES/ORDINANCES

An emergency management organization has been established by the county of Tulare. This ordinance has been approved by the County Council (Government Code § 8610).

400.3 ACTIVATING THE EMERGENCY PLAN

The Emergency Plan can be activated in a number of ways. For the Tulare County Probation Department, the Chief Probation Officer or the highest-ranking on-duty supervisor may activate the Emergency Plan in response to a major emergency.

Upon activation of the plan, the Chief Probation Officer or the authorized designee should contact the State Office of Emergency Services to assist with mutual aid response from local, state, and federal law enforcement agencies.

400.3.1 RECALL OF PERSONNEL

In the event that the Emergency Plan is activated, all employees of the Tulare County Probation Department are subject to immediate recall to service. Employees may also be subject to recall as deemed necessary by the Chief Probation Officer or the highest-ranking on-duty supervisor.

Failure to promptly respond to an order to report for duty may result in discipline.

400.4 LOCATION OF THE EMERGENCY PLAN

Copies of the Emergency Plan are available in the Juvenile Detention Facility Administrative Office, the Institution Supervisor's office, and Central Control. All supervisors should familiarize themselves with the Emergency Plan and the roles staff members will play when the plan is implemented. The Administrative Services Division Manager should ensure that department staff members are familiar with the roles they will play when the plan is implemented.

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400.5 EMERGENCY PLAN REVIEW

The Chief Probation Officer or the authorized designee shall review the Emergency Plan at least once every two years. The Chief Probation Officer or the authorized designee should appropriately address any needed revisions.

400.6 TRAINING

The Department should provide annual training on the Emergency Plan for all supervisors and other appropriate personnel. All supervisors should familiarize themselves with the Emergency Plan and personnel responsibilities when the plan is implemented. Training should incorporate a full or partial exercise, tabletop exercise, or command discussion.

Emergency Procedures - Facilities (Title 15, § 1327)

401.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a plan to appropriately respond to emergencies within the facility and to ensure all affected staff members receive timely training regarding emergency response. This policy is intended to protect the community, staff members, visitors, youths, and all others who enter the juvenile detention facility, while allowing the facility to fulfill its primary purpose (15 CCR 1327).

401.2 POLICY

It is the policy of this department to have emergency response plans in place to quickly and effectively respond to and minimize the severity of any emergency within the facility.

401.3 EMERGENCY PROCEDURES

The Chief Probation Officer or the authorized designee shall develop, publish, and periodically review and update facility-specific policies, procedures, and emergency response plans that shall include but not be limited to (15 CCR 1327):

- (a) Escapes, disturbances, and the taking of hostages.
- (b) Civil disturbances, active shooters, and terrorist attacks.
- (c) Fire and natural disasters.
- (d) Periodic testing of emergency equipment.
- (e) Mass arrests.
- (f) Emergency evacuation of the facility (see the Emergency Evacuation Plan Policy).
- (g) A program to provide all youth supervision staff members with an annual review of emergency procedures.
- (h) Other emergencies as needs are identified.

The facility emergency response plans are intended to provide all staff members with current methods, guidelines, and training for minimizing the number and severity of emergency events that may threaten the security of the facility or compromise the safety of staff members, youths, or the community.

The emergency response plans are intended to provide information on specific assignments and tasks for staff members. Where appropriate, the emergency response plans will include persons and emergency departments to be notified.

The emergency response plans should include procedures for continuing to house youths in the facility, the identification of alternative facilities outside the boundaries of the disaster or threat and the potential capacity of those facilities, youth transportation options, and contact information for allied agencies.

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Emergency Procedures - Facilities (Title 15, § 1327)

The emergency response plans shall be made available to all staff members, contractors, and volunteers working in the facility as needed. Confidential policies and procedures that relate to the security of the facility may be kept in a separate manual (15 CCR 1327).

Staff members should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate and contain the disturbance to the extent possible. Staff members should immediately notify the Chief Probation Officer through the chain of command of the incident

401.4 HUNGER STRIKE

Upon being made aware that one or more youths is engaging in a hunger strike, the staff member will notify the Institution Supervisor, who will notify the Chief Probation Officer or the authorized designee. The Chief Probation Officer or the authorized designee should evaluate the basis for the strike and seek an appropriate resolution.

The Chief Probation Officer or the authorized designee shall notify qualified health care professionals, the youth's parent/guardian, the youth's probation officer, the local authority having supervisory jurisdiction, and the youth's case worker of the incident and periodically provide updates on the status of the youth.

401.5 MUTUAL AID

The magnitude and anticipated duration of a facility emergency may necessitate interagency cooperation and coordination. The Division Manager should ensure that any required memorandums of understanding or other agreements are properly executed, and that any anticipated mutual aid is requested and facilitated for the safe keeping and transportation of youths during the facility emergency and evacuation process (see the Emergency Evacuation Plan Policy). For a large-scale emergency response, see the Emergency Evacuation Plan Policy and Emergency Staffing Policy (15 CCR 1327).

When another agency requests assistance from this department, the Institution Supervisor may authorize, if available, an appropriate number of personnel to assist. Staff members are reminded that their actions when rendering assistance must conform with applicable laws and be consistent with the policies of this department.

When mutual aid assistance is rendered, a report shall be prepared and submitted by the handling staff member unless otherwise directed by a supervisor.

401.6 EMERGENCY SUSPENSION OF REQUIREMENTS

The Chief Probation Officer or the authorized designee shall authorize only those regulations directly affected by the emergency to be suspended. When a suspension occurs for longer than three days, the Chief Probation Officer or the authorized designee shall notify the Board of State and Community Corrections in writing. In no event shall a suspension continue for more than 15 days without the approval of the chairperson of the board for a time specified by the chairperson (see the Emergency Suspension of Standards or Requirements attachment).

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401.7 FIRE AND LIFE SAFETY

Any time youths are housed in the juvenile facility, there shall be at least one wide-awake officer on-duty at all times who meets the Board of State and Community Corrections training standards for general fire and life-safety that relate specifically to the facility (15 CCR 1323).

Emergency Staffing

402.1 PURPOSE AND SCOPE

The facility must operate as a safe and secure environment at all times, regardless of staffing levels. Contingency plans must be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

The purpose of this policy is to establish roles and responsibilities for creating and implementing emergency staffing plans, providing emergency staffing training to supervisory and management personnel, and identifying an updated schedule and distribution list for the plan, as identified by the Chief Probation Officer or the authorized designee.

402.2 POLICY

It is the policy of this department to continue to operate a safe and secure facility in the event of a staffing emergency. Staffing emergencies that could negatively affect the good order of the facility may include but are not limited to an outbreak of infectious disease, staffing shortage, a natural disaster, or another disruption. The Chief Probation Officer or the authorized designee shall be responsible for ensuring that an appropriate emergency staffing plan exists.

Emergency Power and Communications

403.1 PURPOSE AND SCOPE

The Tulare County Probation Department facility must continue to operate as a safe and secure environment regardless of emergencies, including electrical outages. The purpose of this policy is to establish guidelines regarding backup power and communication systems and the inspection, preventive maintenance, and testing of the systems to ensure a seamless transition in the event of a loss of power.

403.2 POLICY

It is the policy of this department to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.3 EMERGENCY POWER

The facility shall have a sufficient emergency power source to operate communications; security and alarm systems in control centers; emergency lighting in corridors, stairwells, all youth housing areas, and security control points; and audio-visual monitoring systems.

403.3.1 PREVENTIVE MAINTENANCE

It is the responsibility of the Chief Probation Officer or the authorized designee to ensure that there is sufficient emergency power to operate all essential lighting, security equipment, critical life/safety equipment, and communications systems. The emergency power system should have sufficient fuel to allow the facility to operate continuously for a minimum of three days, if necessary, without external resources.

The emergency power system should be inspected, tested, and maintained as necessary. If the system fails, the Division Manager or the Institution Supervisor should contact the designated maintenance authority or repair company to obtain necessary repairs as soon as practicable. If the emergency power system cannot be repaired within eight hours, portable emergency generators should be secured as a temporary emergency power source until the primary system is repaired or replaced.

403.4 SAFETY AND SECURITY

Inoperable or malfunctioning safety and/or security equipment shall be immediately repaired or replaced. If safety and/or security equipment becomes inoperable or is damaged and it is not safe to operate a secure portion of the facility, that portion should be vacated and the youths housed elsewhere. Alternately, staffing should be increased sufficiently for the area to remain safe and secure until the repair can be completed.

403.5 INSPECTION AND TESTING

The Chief Probation Officer or the authorized designee is responsible for scheduled testing of emergency power systems. The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in

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accordance with the manufacturer's recommendations and in accordance with the California Building Code.

All emergency equipment and systems should be inspected by a qualified individual at least quarterly in accordance with the Physical Plant Compliance with Codes Policy.

Power generators should be inspected and tested by a qualified individual at least weekly.

All testing and inspections shall be documented and the results included in a report to the Chief Probation Officer or the authorized designee.

Emergency Evacuation Plan

404.1 PURPOSE AND SCOPE

The purpose of this policy is to promote planning and establish procedures, responsibilities, and training requirements for the staff members of the Tulare County Probation Department in case of fire and other emergency evacuations (see the Fire Safety Plan Policy and the Emergency Procedures - Facilities Policy).

404.2 POLICY

The community, staff members including volunteers and contractors, and youths should have a well-researched and validated evacuation plan that can be implemented in the event any portion of this facility requires evacuating due to an emergency (e.g., fire, smoke, flood, storm). All staff members should be knowledgeable about the evacuation plan, policy, and procedures.

404.3 EVACUATION PLAN

The Tulare County Probation Department maintains an evacuation plan to be implemented in the event of a fire, natural disaster, or other emergency (see the Fire Safety Plan Policy and the Emergency Procedures - Facilities Policy). At a minimum, the evacuation plan shall address:

- (a) Location of facility building and floor plans.
- (b) Population list of youths and their location in the facility.
- (c) Procedures for releasing youths from locked areas.
- (d) Relocation areas to be used for housing youths in the event of a full or partial evacuation.
- (e) Notifications and communication with local law enforcement, local and state emergency management agencies, and parents/guardians (see the Emergency Housing of Youths section and the Notifications section in the Emergency Procedures - Facilities Policy).
- (f) Training and drill requirements for staff members.
- (g) Reporting requirements.
- (h) Continuity of operations, including chain of command, food service alternatives, medical service provision, and alternative staffing plan.

The Chief Probation Officer or the authorized designee should ensure that the evacuation plan is maintained and updated as needed and is reviewed for accuracy at least annually by a qualified independent inspector and in coordination with the local fire authority.

A current copy of the evacuation plan shall be maintained in the Administrative Services office and in the command area of each annex facility.

404.3.1 EXITS

All facility exits should be marked with signs that clearly indicate the direction of traffic.

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Except for temporary reasons, such as maintenance or repairs, all exits to the facility shall remain free from obstacles at all times regardless of the frequency of use. It is the duty of all staff members to remove any obstructions that block, either partially or completely, staff members' ability to observe or use any exit.

404.3.2 EVACUATION PLANS AND ROUTES

Plans for evacuation routes will be posted in all public areas of the facility. All staff members will be familiar with evacuation routes for youths.

404.4 TRAINING DRILLS

The Chief Probation Officer or the authorized designee should ensure that evacuation plan drills are conducted at least annually, or more often if required by code, for each shift and at all facility locations. Drills will include staff members. The local fire agency may be invited to participate in one or more drills annually. Nonviolent and compliant youths may participate. Violent and/or dangerous youths or those known to be escape or flight risks will not be involved in the drills. During orientation and throughout their stay, youths should be informed of expectations for their behavior during any drill or actual emergency.

Drills should be designed to ensure that all staff members are proficient in their duties during each type of evacuation. Each drill should be documented as to its scope and participants. Upon completion of the drill, each staff member should complete a written test to document knowledge and to show proficiency in implementing the evacuation plan.

Fire Safety Plan (Title 15, § 1325)

405.1 PURPOSE AND SCOPE

The threat of fire and toxic smoke in the facility represents a significant risk to the safety and security of the community, staff members, youths, volunteers, contractors, and visitors. The purpose of this policy is to establish a process for creating, disseminating, and training all individuals in the facility on the emergency plans for fire safety and evacuation (see the Fire and Life-Safety Policy and the Juvenile Detention Manual Policy) (15 CCR 1325).

405.2 POLICY

It is the policy of the Chief Probation Officer that fire prevention and fire response strategies are a high priority. All staff members who work in the facility are responsible for reducing the risk of fires and for responding appropriately in the event of fire.

405.3 FIRE SAFETY PLAN

The Chief Probation Officer or the authorized designee shall, in consultation with State Fire Marshal or the local fire department that has jurisdiction over the facility, develop a fire safety plan. The fire safety plan shall include but is not limited to (15 CCR 1325):

- (a) A fire prevention plan to be included as part of this juvenile detention manual policy and related procedures.
- (b) Documented monthly fire and life-safety inspections by the designated facility staff member with a two-year retention of the inspection record.
- (c) Fire prevention inspections as required by Health and Safety Code § 13146.1(a) and (b).
- (d) An evacuation plan (see the Emergency Evacuation Plan Policy).
- (e) Documented fire drills at least quarterly.
- (f) A written plan for the emergency housing for youths in the case of fire.
- (g) Development of a fire suppression pre-plan in cooperation with the local fire department.
- (h) A plan for the cross-training of responders and facility staff members via drills, which should occur at least quarterly, if practicable.

Security Review (Title 15, § 1326)

406.1 PURPOSE AND SCOPE

This policy establishes minimum review criteria to evaluate the security measures taken at the facility and provides guidelines for the use of the results of the review (15 CCR 1326).

406.2 POLICY

The Tulare County Probation Department is dedicated to continuous improvement in the operation of this facility. It is the policy of the Department to conduct an annual facility security review.

406.3 CHIEF PROBATION OFFICER RESPONSIBILITIES

The Chief Probation Officer or the authorized designee, in cooperation with the Division Manager, shall develop policies and procedures to annually review, evaluate, and document the security measures of the facility. The review shall include evaluation of internal and external security measures, including but not limited to (15 CCR 1326):

- (a) Control of keys and electronic access devices.
- (b) Control of tools and culinary equipment.
- (c) Search protocols.
- (d) Visitation protocols.
- (e) Control of youth movement.
- (f) Staff member training.

The review should include data on these types of incidents:

1. Youth-on-youth assaults
2. Youth-on-staff member assaults
3. Major disturbances
4. Deaths in detention facility (natural/suicide/homicide/accidents)
5. Suicide attempts
6. Other relevant factors

Chapter 5 - Youth Management

Youth Admittance Process (Title 15, § 1350)

500.1 PURPOSE AND SCOPE

The Tulare County Probation Department has a legal and standardized process for the admittance of youths into this facility. This policy establishes guidelines to maximize the safety and security of the juvenile detention facility, youths, staff members, and others during the admittance process (15 CCR 1350).

500.2 POLICY

The admittance of youths into this juvenile detention facility shall be conducted in a respectful, humane, trauma-sensitive, and culturally relevant manner that is responsive to the language and literacy needs of youths.

This department shall use the following standardized procedures when receiving youths into this juvenile detention facility to ensure safety and security within the facility and that youths are afforded their applicable rights.

500.3 PRE-ADMISSION SCREENING

Each youth shall be screened prior to admission to ensure the youth is medically acceptable for admission (see the Youth Screening and Evaluations Policy) and that all necessary paperwork and documentation is present to qualify the youth for admission.

Any discrepancies or missing paperwork should be resolved before accepting the youth for admission from the arresting or transporting officer.

Prior to accepting custody of a youth who claims to have been arrested due to a mistake of the youth's true identity or a youth who claims that identity theft led to the issuance of petitions, warrants, indictments, complaints, Interstate Compact for Juveniles verifications, or court orders in the youth's name, staff members shall make reasonable efforts to investigate the youth's claim of identity fraud or mistake, including taking a statement from a parent/guardian as proof of the youth's age and identity. Staff members shall notify a supervisor when a youth makes a claim of mistaken identity or identity fraud.

500.3.1 IMMIGRATION DETAINERS

No youth should be held based solely on a federal immigration detainer under 8 CFR 287.7 (Government Code § 7284.6).

Absent a court order from the presiding judge of the juvenile court, the Department shall not disclose a juvenile case file or information related to a juvenile to federal immigration officials (Welfare and Institutions Code § 827; Welfare and Institutions Code § 831).

500.3.2 NOTICE TO YOUTHS

Youths in custody shall be given a copy of documentation received from U.S. Immigration and Customs Enforcement (ICE) regarding a hold, notification, or transfer request along with

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information as to whether the Department intends to comply with the request (Government Code § 7283.1).

If the Department intends to comply with a request to provide ICE with notification that a youth is being, or will be, released on a certain date, the same notification shall be provided in writing to the youth and to the youth's attorney or to one additional person the youth may designate (Government Code § 7283.1).

500.3.3 ICE INTERVIEWS

Before any interview between ICE personnel and a youth in custody for civil immigration violations, the Department shall provide the youth with a written consent form that explains the purpose of the interview, that the interview is voluntary, and that the youth may decline to be interviewed or may choose to be interviewed only with the youth's attorney present. The consent form must be available in the languages specified in Government Code § 7283.1.

500.3.4 IMMIGRATION INQUIRIES PROHIBITED

Staff members shall not inquire into a youth's immigration status for immigration enforcement purposes (Government Code § 7284.6).

500.3.5 INTERSTATE COMPACT FOR JUVENILES

When the admission staff member identifies a youth whose residence is in another state and the youth is wanted, the Institution Supervisor will notify the state's Department of Justice, Interstate Compact for Juveniles Office, which will coordinate the return/transfer of the youth to the youth's home state.

500.4 SEARCHES BEFORE ADMISSION

All youths and their property shall be searched for contraband by the admitting staff member before being accepted for admission (see the Searches Policy). All contraband items will be handled according to juvenile detention facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting officer for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting officer before the youth is accepted for admission. A description of the items returned to the transporting officer shall be documented on the youth's admission record.

Strip searches shall be conducted in accordance with the Searches Policy.

500.5 YOUTH ADMISSION PROCESS

A unique admission number shall be assigned specific to the admission for each youth. Photographs shall be taken. Fingerprints will be taken as needed.

During the admission process, staff members should attempt to gather a comprehensive record of each youth.

Each youth admitted to the juvenile detention facility shall be afforded:

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1. Screening for physical and behavioral health and safety issues, intellectual or developmental disabilities.
2. Screening for physical disabilities (see the Suicide Prevention and Intervention Policy, the Individualized Treatment Plans Policy, and the Youth Screening and Evaluations Policy).
3. Contact with the Regional Center for the Developmentally Disabled for youths who are suspected of or identified as having a developmental disability, pursuant to the Individualized Treatment Plans Policy.
4. Treatment consideration or something else consistent with procedures in the Transgender and Intersex Youths Policy.
5. Within two (2) hours of admission, an employee shall notify the Public Defender that the youth has been taken into custody.

500.5.1 LEGAL BASIS FOR DETENTION

Youths admitted to the facility and the youth's parent/guardian shall be notified of the official charge for the detention or the legal basis for the confinement, in a language they understand.

500.5.2 PROHIBITIONS

The Facility Division Manager or authorized designee is responsible for ensuring only youths who can be lawfully admitted into the facility are accepted. Those generally prohibited for admission include non-offenders transported to the juvenile detention facility due to no fault of their own (e.g., abuse, neglect, abandonment). Some status offenders may not be accepted for admission unless their detention is pursuant to the core requirements of the federal Juvenile Justice and Delinquency Prevention Act (JJDP) (see the Status Offenders and Non-Offenders Policy).

Youths younger than 12 will not be accepted into custody unless there are allegations of murder or certain sexual assaults (Welfare and Institutions Code § 602.1).

500.5.3 ESTIMATED LENGTH OF STAY

Youths admitted to the facility and the youth's parent/guardian shall be notified of the youth's estimated length of stay.

The Chief Probation Officer or the authorized designee shall develop program guidelines that include written screening criteria for inclusion and exclusion from juvenile camps, juvenile halls, and post-dispositional programs. The procedure shall include advising youths of the program guidelines (15 CCR 1350).

500.5.4 MEDI-CAL ELIGIBILITY AND ENROLLMENT

The Chief Probation Officer or the authorized designee shall establish procedures for collecting Medi-Cal eligibility information and enrolling eligible youths (see the Juvenile Detention Manual Policy).

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500.5.5 FOOD UPON ARRIVAL

The Institution Supervisor or the authorized designee is responsible for ensuring youths are offered food upon arrival at the facility (15 CCR 1350).

500.6 TRANSITION FROM RECEPTION TO GENERAL POPULATION

The Institution Supervisor is responsible for ensuring only youths who qualify are placed into general population or housing. Those being admitted with clearance paperwork but who are not ready for placement into general population shall be monitored for risk and needs under the Youth Screening and Evaluations Policy.

Youths placed into housing will be provided orientation under the Youth Orientation Policy.

500.6.1 YOUTH SEPARATION

Youths should be kept separate from the general population during the admission process. Newly admitted youths should be separated according to the facility's classification plan (see the Youth Classification Policy).

500.7 YOUTH PROPERTY CONTROL AND STORAGE

All personal belongings received from youths at the time of admission shall be inventoried, documented, and stored in a secure storage area (15 CCR 1350). A receipt should be signed by the youth and the admitting staff member and referenced to the admission number before the admission is completed. The original copy of the property receipt will be retained and placed in the youth's file and/or with the property.

Only authorized personnel may access the storage area and only to deposit or retrieve property, or to conduct duly authorized work, including maintenance and other duties as directed by the Division Manager or the authorized designee.

Inventoried items of rare or unusual value should be brought to the attention of a supervisor. The youth's signature should be obtained on the admission record and on any forms used to record money and property.

500.7.1 VERIFICATION OF A YOUTH'S MONEY

All money belonging to the youth and retained by the admitting staff member shall be verified in front of the youth.

500.8 TELEPHONE CALLS

Every youth detained in this facility shall be entitled to at least two free completed telephone calls within one hour of admittance in accordance with the provisions of the Welfare and Institutions Code § 627, unless physically impossible (15 CCR 1350). The calls may be of a duration that reasonably allows the person to make necessary arrangements for matters that the person may be unable to complete as a result of being detained. The calls are not intended to be lengthy conversations, and staff members may use their judgment in determining the reasonable duration of the calls. If it is determined that the person is the custodial parent with responsibility for a child,

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the person shall be entitled to make such additional telephone calls as reasonably necessary to arrange care for the child.

Every youth shall be advised that these telephone calls include one completed call to a parent, a guardian, a person standing in loco parentis, a responsible relative, or the youth's employer, and another completed call to an attorney (Welfare and Institutions Code § 627).

500.8.1 TELEPHONE CALL PROCEDURES

The Department will pay the cost of telephone calls.

Calls between the youth and the youth's attorney shall be deemed confidential and shall not be monitored, eavesdropped upon, or recorded (15 CCR 1350).

500.8.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for youths who are housed at this facility will be in accordance with the Youth Telephone Access Policy.

500.9 SHOWERING AND CLOTHING EXCHANGE

Youths should be allowed to shower before being dressed in clean juvenile detention facility clothing (15 CCR 1350). Showering should occur before a youth is transferred from the temporary holding area to general population housing (see the Youth Hygiene Policy).

Youth Classification (Title 15, § 1352)

501.1 PURPOSE AND SCOPE

This policy describes the Tulare County Probation Department's youth classification process, which is designed to identify security and health issues so that youths may be housed in this juvenile detention facility in such a way as to foster a safe and secure facility (15 CCR 1352).

501.2 POLICY

It is the policy of this department to properly classify youths housed in this juvenile detention facility according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made.

501.3 CLASSIFICATION PLAN

The Division Manager or the authorized designee shall create and maintain a classification plan to guide staff members in processing youths brought into the juvenile detention facility. The plan shall include an initial screening process and a process for determining appropriate housing assignments (28 CFR 115.341; 28 CFR 115.342; 15 CCR 1352).

The plan should include use of an objective screening instrument, procedures for deciding classification and housing assignments, intake and housing forms, and a process to ensure that all classification and housing records are maintained in each youth's permanent file. Such procedures shall (15 CCR 1352):

- (a) Provide for the safety of the youth, other youths, facility staff members, and the public by placing the youth in the appropriate, least restrictive housing and program settings. Housing assignments shall consider the need for single, double, or dormitory assignment or location within the dormitory.
- (b) Consider the facility populations and physical design of the facility.
- (c) Provide that a youth shall be classified upon admittance to the facility. Classification factors shall include but not be limited to the following:
 1. Age
 2. Maturity, sophistication
 3. Emotional stability
 4. Program needs
 5. Legal status
 6. Public safety considerations
 7. Medical and behavioral/mental health considerations (see the Health Assessments Policy)
 8. Gender and gender identity of the youth
- (d) Provide for periodic classification reviews, including provisions that consider the level of supervision and the youth's behavior while in custody.

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- (e) Provide that facility staff members shall not separate a youth from general population or assign a youth to a single-occupancy room based solely on the youth's:
 - 1. Actual or perceived race
 - 2. Ethnic group identification
 - 3. Ancestry
 - 4. National origin
 - 5. Color
 - 6. Religion
 - 7. Gender
 - 8. Sexual orientation
 - 9. Gender identity
 - 10. Gender expression
 - 11. Mental or physical disability
 - 12. HIV status
- (f) Not prohibit staff members from placing a youth in a single-occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation.
- (g) Ensure that facility staff members shall not consider lesbian, gay, bisexual, transgender, questioning, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The plan should also include an evaluation based on the following:

- 1. Physical size and stature
- 2. Current charges
- 3. Behavior during arrest or detention and admission process
- 4. Criminal, detention, and incarceration history
- 5. Level of emotional and cognitive development
- 6. Potential risk to safety of others or self
- 7. Special needs assessment for vulnerable youths
- 8. Suicidal ideation (see the Suicide Prevention and Intervention Policy)
- 9. Escape history and degree of escape risk
- 10. Prior assaultive or violent behavior
- 11. The need to be separated from other classifications of youths (e.g., violent offenders, gang affiliation, confidential informants)
- 12. Prior sexual abusiveness

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Youth Classification (Title 15, § 1352)

13. Previous sexual victimization
14. The youth's own perception of vulnerability
15. Any other criteria deemed appropriate by the Chief Probation Officer or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.341).

501.4 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent, and at-risk youths. It should occur early in the intake process to allow for appropriate supervision while the youth is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment and orientation is provided (see the Youth Separation Policy).

Youths should be interviewed by an intake staff member as soon as possible in the admission process.

501.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the youth will not be released from custody, a more in-depth classification of the youth will be conducted prior to receiving a housing assignment.

501.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and admission process, and an interview by the intake staff member. The review of initial classification documents and the questions, answers, and observations from the youth's interview and risk assessment will be documented, representing the treatment plan, security level, and housing assignment appropriate for each youth.

501.5.2 OVERRIDE

The Institution Supervisor has the authority to override the results when it appears necessary to assign more appropriate housing. The override capability exists to use the staff member's training and expertise in those instances when the results are not reflective of the youth's potential security or health risk. Reasons for the override must be documented and approved by the supervisor.

501.6 REVIEWS AND APPEALS

Once a youth is classified and housed, the youth may appeal the decision of the classification staff member. The appeal process shall begin at the Institution Supervisor. The decision by the supervisor may be appealed to the Division Manager or the authorized designee. The decision by the Division Manager or the authorized designee is final.

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501.6.1 PERIODIC CLASSIFICATION REVIEWS

Staff members assigned to the housing units should continually review the status of all youths who are housed in the living area. The review shall examine changes in the youth's behavior or circumstances and should either raise, lower, or maintain the classification status (15 CCR 1352).

Housing and program assignments for each transgender or intersex youth shall be reassessed at least twice each year to determine whether the youth has experienced any threats (see the Transgender and Intersex Youths Policy) (28 CFR 115.342).

Youth risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the youth's risk of sexual victimization or abusiveness (28 CFR 115.341).

501.6.2 STAFF MEMBER-REQUESTED REVIEW

At any point during a youth's detention, a staff member may request a review of the youth's classification. The reason for the review, the review itself, and the outcome of the review shall be documented in the youth's permanent file. Nothing in this section shall prohibit staff members from immediately moving a youth to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the youth must immediately document the action and notify the Division Manager or the authorized designee.

501.7 SINGLE-OCCUPANCY ROOMS

Staff shall not separate youth from the general population or assign youth to a single occupancy room based solely on the youth's 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. This section does not prohibit staff from placing youth in a single occupancy room at the youth's specific request or in accordance with Title 15 regulations regarding separation. (15 CCR 1352).

501.8 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of youths. To ensure that allocated space meets the current population needs, the Division Manager or the authorized designee should periodically meet with an Institution Supervisor to discuss the fixed resources (e.g., rooms, dorms, dayrooms) (15 CCR 1352).

501.9 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, program, education, and work assignments should be made in an effort to keep youths safe and free from sexual abuse.

Housing and program assignments of a transgender or an intersex youth shall include individualized consideration for the youth's health and safety and any related supervisory, management, or facility security concerns. A transgender youth's or an intersex youth's views regarding the youth's own safety shall be given serious consideration.

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Identification or status as lesbian, gay, bisexual, transgender, or intersex shall not be considered as an indicator of likelihood of being sexually abusive (28 CFR 115.342; 15 CCR 1352).

Lesbian, gay, bisexual, transgender, or intersex youths shall not be placed in particular housing, bed, or other assignments based on such identification or status (28 CFR 115.342).

Staff members shall consider any recommendations from the youth's health care provider. The decision to house youths in an area that does not match their gender identity, including any reason(s), shall be documented.

Youth Orientation (Title 15, § 1353)

502.1 PURPOSE AND SCOPE

This policy provides for the orientation of youths admitted into the juvenile detention facility. The purpose of the orientation is to inform youths of the juvenile detention facility routine, rules, youth rights, and services (15 CCR 1353).

502.2 POLICY

The Division Manager shall provide an effective method of orienting all incoming youths that includes a handbook for youths before placement in a living area. Provision shall be made to provide accessible orientation information to all youths, including those with disabilities, limited English proficiency, or limited literacy. Both written and verbal information shall be provided and supplemented with video orientation if feasible (15 CCR 1353).

502.3 ACCESS TO ORIENTATION

The orientation should take place before youths are moved to housing and should be an ongoing process in the housing unit so that the information is available to youths throughout their entire time in custody.

502.4 ORIENTATION

The Division Manager shall develop and implement written procedures to orient a youth prior to placement in a living area. Both written and verbal information shall be provided and supplemented with a video orientation (if feasible). Provisions shall be made to provide accessible orientation information to all detained youths, including those with disabilities, limited literacy, or English language learners. To assist with the youth's transition into the custody environment, the orientation shall include information that addresses (15 CCR 1353):

- (a) Facility rules, including contraband and searches, and disciplinary procedures.
- (b) The facility's system of positive behavior interventions and supports, including behavior expectations, incentives that youths will receive for complying with the facility rules, and consequences that may result when a youth violates the rules of the facility.
- (c) Age-appropriate information that explains the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, including (28 CFR 115.333):
 1. Zero-tolerance policy
 2. Prevention and intervention
 3. Instruction on how youths can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
 4. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
 5. Treatment and counseling provided for victims of sexual abuse or sexual harassment

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6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.353)
7. Information regarding confidentiality, monitoring, and mandatory reporting
 - (d) Identification of key staff members and their roles.
 - (e) The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve the issue.
 - (f) Access to legal services and information on the court process.
 - (g) Access to routine and emergency health, dental, and behavioral/mental health care.
 - (h) Access to education, religious services, and recreational activities.
 - (i) Housing/classification assignments.
 - (j) Opportunity for personal hygiene and daily showers, including the availability of personal care items.
 - (k) Rules and access to correspondence, visits, and telephone use.
 - (l) Availability of reading materials, programming, and other activities.
 - (m) Facility policies on the use of force, use of restraints, chemical agents, and room confinement.
 - (n) Immigration legal services.
 - (o) Emergencies including evacuation procedures.
 - (p) Nondiscrimination policy and the right to be free from physical, verbal, or sexual abuse and harassment by other youths and staff members.
 - (q) Availability of services and programs in a language other than English, if appropriate.
 - (r) The process for requesting different housing, education, programming, and work assignments.
 - (s) A process by which parents/guardians receive information regarding the youth's stay in the facility that, at a minimum, includes answers to frequently asked questions and provides contact information for the facility, medical, school, and mental health programs.
 - (t) A process by which youths may request access to the Minimum Standards for Juvenile Facilities in Title 15 of the California Code of Regulations.
 - (u) Contacting foreign consuls.
 - (v) Voting, including registering to vote.
 - (w) An approved list of items that youths are permitted to possess.
 - (x) An explanation and a copy of the youth's rights and responsibilities as specified in Welfare and Institutions Code § 224.71, and answers to the youth's questions and

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concerns regarding those rights and responsibilities (Welfare and Institutions Code § 224.72).

In addition to English, orientation information will be provided in the most commonly used languages for the youth population.

Interpretive services will be provided to youths who do not speak English or any of the other languages in which the orientation information is available.

A written and signed acknowledgement of the orientation and receipt of the handbook should be maintained in the youth's permanent file (28 CFR 115.333).

502.5 ORIENTATION FOR NON-READERS, VISUALLY IMPAIRED, AND DEAF OR HARD OF HEARING YOUTHS

Youths who cannot read, are visually impaired, or have intellectual, psychiatric, or speech disabilities or limited reading skills shall have materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.316).

Youths who are deaf or are hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by staff members to assist the youth in understanding the information.

502.6 POSTING OF YOUTH RIGHTS

The Division Manager or the authorized designee shall ensure that a listing of youth rights is posted in a conspicuous location, including classroom and living units (Welfare and Institutions Code § 224.72).

502.7 ACCESS TO YOUTH RIGHTS WRITTEN MATERIAL

A copy of youth rights shall be included in orientation packets provided to parents or guardians of wards. Copies of the rights of youths in English, Spanish, and other languages shall also be made available in facility visiting areas and, upon request, to parents or guardians (Welfare and Institutions Code § 224.72).

Youth Counts

503.1 PURPOSE AND SCOPE

Youth population counts are vital to the security of the facility, the safety of the staff members, and the welfare of the youths. This policy establishes guidelines for the frequency of youth counts, ensuring that all youths and their status can be accounted for at any time (see the Juvenile Detention Manual Policy).

503.2 POLICY

It is the policy of this department to account for all youths within and under the control of this facility through scheduled and other counts as needed.

503.3 PROCEDURE

The Division Manager or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Youth counts shall be conducted at least once every eight hours. Emergency counts may be conducted at the direction of the Institution Supervisor as needed.

Any discrepancy in the count should be immediately reported to the Institution Supervisor.

Youth Population Management (Title 15, § 1342)

504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system of youth population accounting that promotes the safety and security of the facility on a daily operational basis. It assembles data that enables the Department to forecast staffing and facility growth needs into the future and plan for the associated expenditures (15 CCR 1342).

504.2 POLICY

It is the policy of this facility that a youth population management system should be established and maintained to account for admitting, processing, providing services for, transferring, and releasing youths.

504.3 REPORTS

The Division Manager or the authorized designee is responsible for ensuring that detailed daily reports of the facility's youth population are completed and maintained by staff members. The reports shall reflect the average daily population of pre- and post-adjudicated youths with males and females listed separately.

The Chief Probation Officer or the authorized designee should maintain the data in an accessible format for historical purposes and to monitor average length of stay, analyze trends, and respond to funding opportunities (see the Administration Division Policy).

504.3.1 POPULATION ACCOUNTING

The Division Manager or the authorized designee shall collect and submit the required population and profile survey reports to the Board of State and Community Corrections within 10 working days after the end of each reporting period, in a format to be provided by the board (15 CCR 1342).

Youth Safety Checks (Title 15, § 1328)

505.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting periodic visual safety checks for all youths, and for creating and maintaining a log to document all safety checks (15 CCR 1328).

For additional requirements on safety checks, see the Room Confinement Policy, Safety Rooms, and the Suicide Prevention and Intervention Policy.

505.2 POLICY

It is the policy of the Tulare County Probation Department that staff members shall conduct periodic safety checks on all youths at a frequency determined by the custody status of the youth, the youth's housing classification, and applicable state law.

505.3 SAFETY CHECKS

The Division Manager shall develop and implement procedures that provide for the direct visual observation of youths (15 CCR 1328).

Staff members shall adhere to the following procedures when conducting youth safety checks (15 CCR 1328):

- (a) Safety checks shall be conducted at a minimum of every 15 minutes and more frequently if necessary. Safety checks shall be conducted at random or varied intervals so youths cannot predict when the checks will occur.
 1. Safety checks shall be conducted during hours when youths are asleep or when youths are in their rooms, confined in holding cells, or confined to their beds in a dormitory.
- (b) Safety checks shall be conducted by direct visual observation and should include observation of skin, breathing, and movement to confirm that movement is not of a dangerous or emergency-related nature.
- (c) An audio/visual electronic surveillance system designed to detect overt, aggressive, or assaultive behavior and to summon aid in emergencies may supplement the required visual observation safety checks but shall not replace the need for direct visual observation.
- (d) Safety checks shall be clearly documented on permanent logs in accordance with the Daily Activity Logs and Shift Reports Policy. The permanent logs shall be maintained in accordance with the Youth Records Policy.
- (e) Actual times of the safety checks shall be recorded by the staff member who conducted the check.
- (f) Log entries shall never be made before the actual safety check is conducted. Log entries made in this manner do not represent factual information and are prohibited.

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Youth Safety Checks (Title 15, § 1328)

Safety check log entries are not required when youths are continually monitored under direct supervision during group settings such as education, programming, or recreation activity, or otherwise are within sight of staff members and are not confined in holding rooms, sleeping rooms, or dorm settings. See the Youth Supervision Staff Member Orientation and Training Policy for additional requirements on supervision.

Case Management (Title 15, § 1355)

506.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the Department uses evidence-based assessment instruments and effective case planning methods that determine program needs for each youth while detained, and implements strategies to reduce recidivism by supporting successful reintegration into the community (15 CCR 1355).

506.2 POLICY

It is the policy of the Department to provide effective case management of youths while they are detained in the Tulare County Probation Department.

506.3 INSTITUTIONAL ASSESSMENT AND CASE PLAN

The Division Manager or the authorized designee shall develop and implement written procedures for assessment and case planning. The Division Manager shall ensure that initial and periodic risk and needs assessments essential for developing an individual case plan are conducted using information from the assessment results, detailed information obtained during the admission process, and any other relevant information deemed necessary to ensure effective case management (15 CCR 1355).

- (a) The risk and needs assessment is based on information collected during the admission process, subject to periodic review, which includes the youth's risk factors, needs, and strengths including but not limited to the identification of substance abuse history and dependency; educational needs, vocational, counseling, behavioral health history; consideration of known history of trauma (e.g., physical abuse, sexual abuse); and family dynamics (e.g., strengths, needs) (15 CCR 1355).
- (b) Case plan development shall follow the process outlined below (15 CCR 1355):
 1. A case plan shall be developed for each youth held for at least 30 days or more and created within 40 days of admission.
 2. The institutional plan shall include but not be limited to written documentation that provides:
 - (a) Objectives and time frames for the resolution of problems identified in the assessment.
 - (b) A plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented (see the Release Policy).
 3. Periodic evaluation of progress toward meeting the objectives, including periodic review and discussion of the plan with the youth.
 4. A transition plan, the contents of which shall be subject to existing resources, shall be developed for post-dispositional youth in accordance with the Release Policy.

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Case Management (Title 15, § 1355)

5. In as much as possible and if appropriate, the case plan and the transition plan shall be developed with input from the youth's family, supportive adults, the youth, and the regional center for the developmentally disabled. Trained department staff members should only administer assessment and screening instruments/tools designed specifically for youth populations at admission, during orientation to the facility, and during periodic reviews to collect information related to the youth's risk factors, program needs, strengths, and challenges.

The assessment findings shall be stored in the youth's case file and shared and coordinated with authorized recipients who have both the right to know and a need to know during case conferences to ensure proper programming placement and continuity of services consistent with the youth's individualized case plan.

506.4 CASE NOTES

Staff members shall document in the youth's case file notable behavior, including positive and negative interaction with peers, staff members, and authority figures; progress toward goals and objectives outlined in the youth's case management plan; and participation in groups, school, activities, and recreation. Documentation should occur at least every other day, preferably daily, and also include notations of non-eventful days.

Along with documentation, staff members are responsible for reporting their observations and concerns about a youth's behavior to other staff members on-duty.

506.5 COUNSELING AND CASEWORK

Any youth requesting services or believed to need counseling services shall be referred to qualified mental health personnel in a timely manner (see the Behavioral/Mental Health Services section in the Mental Health Services Policy, and the Counseling and Casework Services Policy).

For youths in crisis, see the Counseling and Casework Services Policy.

506.6 TRAINING

The Department shall provide annual training and review of all case management policies and procedures to ensure staff members remain current in their delivery of relevant programs and services.

Safety Rooms (Title 15, § 1359)

507.1 PURPOSE AND SCOPE

This policy establishes the requirement for placing and maintaining youths in safety rooms.

507.1.1 DEFINITIONS

Definitions related to this policy include:

Safety room - An enhanced protective/secure room designed to minimize the risk of injury or destruction of property used for youths who display problematic behavior that may cause immediate physical harm to themselves or others or destroy facility property.

507.2 POLICY

This facility will use safety rooms to protect youths from injury or to prevent the destruction of property by youths, in accordance with applicable law.

507.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or authorized designee, and where applicable, in cooperation with the Medical Director, shall develop and implement written policies and procedures governing the use of safety rooms, as described in 24 CCR 1230.1.13 (15 CCR 1359).

507.4 SAFETY ROOM PROCEDURES

A safety room shall be used to hold only those youths who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or who reveal the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment (15 CCR 1359).

- (a) The following guidelines apply when placing any youth in a safety room (15 CCR 1359):
 1. Youths shall be provided meals during each meal period. Meals will be served in accordance with the recommended nutrition standards. Meals will be served on paper plates or in other safe containers, and the youths will be monitored while eating the meals. Youths shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to youths in safety rooms will be documented on the safety room log.
 2. Youths in a safety room shall be given the opportunity to have fluids (e.g., water, juice) at least hourly. Staff members shall provide the fluids in paper cups. The youths shall be given sufficient time to drink the fluids prior to the cup being removed. Each time a youth is provided the opportunity to drink fluids, it shall be documented on the safety room log.
 3. Youths shall be provided reasonable access to a toilet.
 4. Youths should be permitted to remain normally clothed or provided a safety suit or other suitable clothing to provide privacy.

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5. Provide for approval of the Division Manager or the authorized designee, before a youth is placed into a safety room.
 6. Continuous direct visual monitoring/supervision shall be provided and the youth's behavior and any staff member interventions documented at least every 15 minutes, with the actual time recorded. Supervisors shall inspect the logs for completeness every two hours and document this action on the safety room log.
 7. The Institution Supervisor shall review the appropriateness of continued retention in the safety room at least every four hours.
 - (a) The reason for continued retention or removal from the safety room shall be documented on the safety room log.
 - (b) If confinement extends beyond four hours, staff members shall consult with medical and mental health personnel and develop an individualized plan to reintegrate the youth to general population.
 8. A medical assessment of the youth in the safety room shall occur immediately where appropriate, but no later than within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the youth in the safety room shall be conducted by a qualified health care professional and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.
 9. Documentation shall include the reason for placement and shall include attempts to use less restrictive means of control and decisions to continue and end placement.
- (b) The placement of a youth in a safety room shall be accomplished in accordance with the following (15 CCR 1359):
1. A 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 member.
 2. A safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff members.
 3. A safety room shall not be used to the extent that it compromises the mental and physical health of the youth.
- (c) A youth may be held up to four hours in a safety room. After the youth has been held in the safety room for a period of four hours, staff members shall do one or more of the following (15 CCR 1359):
1. Return the youth to general population.
 2. Consult with mental health or medical staff members.
 3. Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.
- (d) If confinement in the safety room must be extended beyond four hours, staff members shall develop an individualized plan that includes the requirements of the Room

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Confinement Policy and the goals and objectives to be met in order to integrate the youth to general population (15 CCR 1359).

Status Offenders and Non-Offenders

508.1 PURPOSE AND SCOPE

This policy addresses status offenders and non-offenders to ensure compliance with the Juvenile Justice Delinquency Prevention Act (JJJPA) (Welfare and Institutions Code § 207; Welfare and Institutions Code § 601).

508.1.1 DEFINITIONS

Definitions related to this policy include:

Non-offender - An abused, neglected, dependent, civil detainee, or alien juvenile in the custody of the Tulare County Probation Department (Welfare and Institutions Code § 300). This also includes any juvenile 11 years old or younger being held for any reason other than those meeting the exceptions in Welfare and Institutions Code § 602.

Sight and sound separation - Located or arranged to prevent physical, visual, or auditory contact.

Status offender - A minor alleged or adjudged to be a person described in Welfare and Institutions Code § 601.

508.2 POLICY

It is the policy of the Tulare County Probation Department that youths who are non-offenders or status offenders shall not be held in secure detention, and that status offenders shall not be kept at the juvenile detention facility in violation of the JJJPA.

508.3 NON-OFFENDERS

Non-offenders shall not be held by the Department in any secure detention facility (34 USC § 11133).

508.3.1 EXCEPTIONS

Juveniles 11 years old or younger may, only with Division Manager approval, be held by this department when taken into custody for any of the following offenses (Welfare and Institutions Code § 602):

- (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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The Division Manager should explore alternatives to custody in these cases that include the least restrictive alternatives that may be facilitated by behavioral health services or other alternative services (Welfare and Institutions Code § 602.1).

508.4 REQUIRED REPORTING

The Division Manager shall report monthly to the Board of State and Community Corrections on the appropriate form (Welfare and Institutions Code § 207). Information required shall include:

- (a) Each youth detained as described in the Welfare and Institutions Code § 601.
- (b) The place and length of the youth's custody.
- (c) The reasons why the detention was necessary.

508.5 SEPARATION

The Chief Probation Officer shall ensure required separation of youths classified as status offenders and non-offenders in accordance with Welfare and Institutions Code § 206:

- (a) Separate, segregated facilities may be provided in the juvenile detention facility or elsewhere.
- (b) The facilities required for non-offenders shall be nonsecure.

Staff Member and Youth Contact

509.1 PURPOSE AND SCOPE

Staff member interaction with youths in custody creates opportunities for staff members to demonstrate appropriate social interaction and provide positive adult role models for youths. Interaction with youths allows for continual assessment of the safety and security of the juvenile detention facility and the health and welfare of the youths. However, inappropriate interaction can undermine security and order and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between staff members and youths and is intended to promote a positive custody environment with high ethical standards of honesty, integrity, and impartiality and increase facility safety, discipline, and morale.

Violation of this policy may result in disciplinary action up to and including dismissal. Staff members who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor (see the Juvenile Detention Manual Policy).

509.2 POLICY

The Division Manager shall ensure that youths have adequate ways to communicate with staff members and that staff members communicate and interact with youths in a timely and professional manner.

509.3 GENERAL CONTACT GUIDELINES

Staff members are encouraged to interact with the youths under their supervision and are expected to take prompt and appropriate action to address health and safety issues discovered or brought to their attention.

All staff members should present a professional and command presence in their contact with youths. Staff members shall address youths in a civil and age-appropriate manner. Using profanity, and derogatory or discriminatory comments is strictly prohibited (see the Youth Nondiscrimination Policy).

Written communication (e.g., request forms, youth communication, grievances, rules infraction forms, disciplinary reports) should be answered in a timely manner, under the applicable policy. Such communication should be filed with the youth's records.

Staff members shall not dispense legal advice or opinions or recommend attorneys or other professional services to youths.

While profanity and harsh language are prohibited, the Department recognizes the necessity for staff members to give youths direction in a firm, determined, and authoritative manner to maintain proper supervision and control. Authoritative directions to youths are particularly appropriate when activities or events pose a threat to the safety or security of this facility.

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Staff Member and Youth Contact

509.3.1 OPERATIONAL GUIDELINES

Staff members should not be alone with youths of the opposite sex unless no other reasonable option is available. Staff members should avoid situations that create the appearance of impropriety, such as seclusion with a youth or inappropriate touching.

509.4 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between staff members and current youths, youths who have been discharged within the previous year, youth family members, or known associates has the potential to create conflicts of interest and security risks in the work environment.

Staff members shall not knowingly maintain a personal or business relationship with any persons described in this section unless written permission is received from the Division Manager.

Prohibited interactions include but are not limited to:

- (a) Communications of a sexual or romantic nature.
- (b) Salacious exchanges.
- (c) Sexual abuse, sexual assault, sexual contact, or sexual harassment.
- (d) Exchanging letters, phone calls, or other similar communications, such as texting.
- (e) Exchanging money or other items.
- (f) Extending privileges, or giving or accepting gifts, gratuities, or favors.
- (g) Bartering.
- (h) Any financial transactions.
- (i) Being present at the home of a youth for reasons other than an official visit without reporting the visit.
- (j) Providing a youth with the staff member's personal contact information, including social media accounts.

509.4.1 EXCEPTIONS

The Division Manager may grant an exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstances. In determining whether to grant an exception, the Division Manager should consider factors including but not limited to:

- (a) Whether a relationship existed before the custody of the youth.
- (b) Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- (c) Whether the relationship would be detrimental to the image and efficient operation of the facility.
- (d) Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of judgment in, the performance of duty.

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Staff Member and Youth Contact

509.5 REPORTING

Staff members shall promptly report all attempts by youths to initiate sexual acts or any salacious conversations, and report any correspondence from a youth or former detained youth to the Division Manager or the authorized designee.

Staff members shall report all attempts by youths to intimidate or instill feelings of fear to their supervisor.

Staff members shall promptly notify their immediate supervisor in writing if:

- (a) A family member or close associate has been admitted to the custody of the juvenile detention facility.
- (b) The staff member is involved in a personal or family relationship with a youth currently at our facility or with a youth who has been discharged within the previous year.

Limited English Proficiency Services

510.1 PURPOSE AND SCOPE

This policy provides guidance to staff members when communicating with individuals with limited English proficiency (LEP) (42 USC § 2000d).

510.1.1 DEFINITIONS

Definitions related to this policy include:

Authorized interpreter - A person who has been screened and authorized by the Department to act as an interpreter and/or translator for others.

Interpret or interpretation - The act of listening to a communication in one language (source language) and orally converting it to another language (target language), while retaining the same meaning.

Limited English proficiency (LEP) individual - Any individual whose primary language is not English and who has a limited ability to read, write, speak, or understand English. These individuals may be competent in certain types of communication (e.g., speaking, understanding) but still exhibit LEP for other purposes (e.g., reading, writing). Similarly, LEP designations are context-specific; an individual may possess sufficient English language skills to function in one setting, but these skills may be insufficient in other situations.

Qualified bilingual staff member - A staff member of the Tulare County Probation Department, designated by the Department, who has the ability to communicate fluently, directly, and accurately in both English and another language. Bilingual staff members may be fluent enough to communicate in a non-English language but may not be sufficiently fluent to interpret or translate from one language into another.

Translate or translation - The replacement of written text from one language (source language) into an equivalent written text in another language (target language).

510.2 POLICY

It is the policy of the Tulare County Probation Department to reasonably ensure that LEP individuals have meaningful access to services, programs, and activities of the Tulare County Probation Department while not imposing undue burdens on its staff members.

The Department will not discriminate against or deny any individual access to services, rights, or programs based on national origin or any other protected interest or right in accordance with the Juvenile Detention Manual Policy.

510.3 TYPES OF LEP ASSISTANCE AVAILABLE

Tulare County Probation Department staff members should never refuse service to an LEP individual who is requesting assistance, nor should they require an LEP individual to furnish an interpreter as a condition for receiving assistance. The Department will make every reasonable effort to provide meaningful and timely assistance to LEP individuals through a variety of services.

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The Department will utilize all reasonably available tools, when attempting to determine an LEP individual's primary language.

LEP individuals may accept department-provided LEP services at no cost, or they may provide their own.

Department-provided LEP services may include but are not limited to the assistance methods described in this policy.

510.4 WRITTEN FORMS AND GUIDELINES

Vital documents or those that are frequently used should be translated into languages most likely to be encountered. The LEP coordinator will make these translated documents available to staff members and other appropriate individuals, as necessary.

510.5 QUALIFIED BILINGUAL STAFF MEMBERS

Bilingual staff members may be qualified to provide LEP services when they have demonstrated through established department procedures a sufficient level of skill and competence to fluently communicate in both English and a non-English language. Staff members utilized for LEP services must demonstrate knowledge of the functions of an interpreter/translator and the ethical issues involved when acting as a language conduit. Additionally, bilingual staff members must be able to communicate technical and juvenile justice terminology and be sufficiently proficient in the non-English language to perform complicated tasks, such as conducting interviews, taking statements, collecting evidence, and conveying rights or responsibilities.

When a qualified bilingual staff member from this department is not available, personnel from other county departments identified by the Department as having the requisite skills and competence may be requested.

510.6 AUTHORIZED INTERPRETERS

Any person designated by the Department to act as an authorized interpreter and/or translator must have demonstrated competence in both English and the involved non-English language and must understand the functions of an interpreter that allow for correct and effective translation. A person providing interpretation or translation services may be required to establish the accuracy and trustworthiness of the interpretation or translation in a court proceeding.

Authorized interpreters must pass a screening process established by the County that demonstrates their skills and abilities.

510.6.1 SOURCES OF AUTHORIZED INTERPRETERS

The Department may contract with authorized interpreters who are available over the telephone. Staff members may use these services with the approval of a supervisor and in compliance with established procedures.

Other sources may include:

- (a) Qualified bilingual staff members of this department or personnel from other county departments.

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- (b) Individuals employed exclusively to perform interpretation services.
- (c) Contracted in-person interpreters, such as state or federal court interpreters, among others.
- (d) Interpreters from other agencies who have been qualified as interpreters by this department, and with whom the Department has a resource-sharing or other arrangement that they will interpret according to department guidelines.

510.7 RECEIVING AND RESPONDING TO REQUESTS FOR ASSISTANCE

The Tulare County Probation Department will take reasonable steps and will work with the Human Resources and Development Department to develop in-house language capacity by hiring or appointing qualified staff members proficient in languages representative of the community being served.

510.8 CUSTODIAL INTERROGATIONS

Miscommunication during detention interrogations may have a substantial impact on the evidence presented in a juvenile delinquency proceeding or criminal prosecution. Only qualified bilingual staff members or, if none is available or appropriate, authorized interpreters shall be used during custodial interrogations of LEP individuals. *Miranda* warnings shall be provided to suspects in their primary language by the qualified bilingual staff member or an authorized interpreter.

To ensure that translations during custodial interrogations are accurately documented and are admissible as evidence, interrogations should be recorded whenever reasonably possible.

510.9 INTAKE

When gathering information during the intake process, staff members should remain alert to the impediments that language barriers can create. In the interest of the youth's health and welfare, to protect the safety and security of the facility, and to protect individual rights, it is important that accurate medical screening and intake information be obtained. Staff members should seek the assistance of a qualified bilingual staff member whenever there is concern that accurate information cannot be obtained or that intake instructions may not be properly understood by an LEP individual.

510.10 COMPLAINTS

The Department shall ensure that LEP individuals who wish to file a complaint regarding a staff member of this department are able to do so. The Department may provide an authorized interpreter or translated forms, as appropriate. Complaints will be referred to the LEP coordinator.

Investigations into such complaints shall be handled in accordance with the Personnel Complaints Policy. Authorized interpreters used for any interview with an LEP individual during a complaint investigation should not be members of this department.

Any notice required to be sent to an LEP individual as a complaining party pursuant to the Personnel Complaints Policy should be translated or otherwise communicated in a language-accessible manner.

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510.11 TRAINING

To ensure that all staff members who may have contact with LEP individuals are properly trained, the Department will provide periodic training on this policy and related procedures, including how to access department-authorized telephonic and in-person interpreters and other available resources.

The Training Manager shall be responsible for ensuring new staff members receive LEP training. Those who may have contact with LEP individuals should receive refresher training at least once every two years thereafter. The Training Manager shall maintain records of all LEP training provided and will retain a copy in each staff member's training file in accordance with the established records retention schedule.

Control of Youth Movement

511.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for the safe and secure movement of youths between areas within the facility.

511.2 POLICY

All staff members should be vigilant in the control and movement of youths between areas within the facility. Control may be by direct or indirect visual observation. All staff members should consider all youth movement as a high-risk activity. Staff members should be aware of their surroundings at all times and take steps to prevent the possession and exchange of contraband.

511.3 CONTROL OF MOVEMENT

Staff members shall not allow youths to leave their assigned area or program unless they have approved activities, which may include but are not limited to the following:

- (a) Court
- (b) Receiving a visit
- (c) Law enforcement interview
- (d) Receiving behavioral/mental health, dental, or medical care
- (e) Attending educational classes or religious services
- (f) Release
- (g) Facility emergency
- (h) Any other reason deemed appropriate by staff members

511.4 MOVEMENT OF YOUTHS

Movement of one or more youths in the facility should be done upon youth identification and in an orderly manner, with youths walking in a single-file line. Staff members should have situational awareness during the movement of youths and should consider the design of the facility, areas of poor visibility, and the presence of other youths being moved. Staff members should be aware of areas where youths may have access to contraband items.

511.5 MOVEMENT SECURITY

While inside the facility, youths should be restrained during movement based on individual security classification and in accordance with the Use of Physical Restraints Policy.

Whenever a high-security youth cannot be restrained, the number of staff members present should be increased to ensure the safe movement of the youth.

Staff members supervising youth movement in the facility should be watchful in and around passageways and ensure that sally port doors are secured to prevent escape.

Management of Weapons and Control Devices

512.1 PURPOSE AND SCOPE

This policy will address the availability and control of weapons, chemical agents, and control devices.

512.2 POLICY

It is the policy of the Tulare County Probation Department that the presence and use of weapons in the facility will be tightly controlled and supervised to reduce the potential for injury. Officers will only carry and use weapons and control devices that they are trained and qualified to use.

512.3 FIREARMS AND WEAPONS LOCKER

There should be a secure weapons locker located outside of the secure perimeter of the juvenile detention facility.

Armed officers shall secure all firearms and control devices in gun lockers located at the entry points before entering the secure perimeter. Firearms and control devices shall not be stored inside the secure perimeter at any time. If it is necessary to load or unload a firearm, officers shall use the clearing barrels located outside the facility's secure perimeter to facilitate safe loading and unloading of firearms.

512.4 INVENTORY

The Division Manager should designate at least one properly trained officer to be responsible for maintaining all chemical agents in a safe and secure manner, and to inventory and report the condition and availability of the facility's chemical agents on a monthly basis.

To facilitate the inventory, all chemical agents shall be stored in a locked and secure location. A log sheet detailing the exact location of each item shall be maintained in the secure location at all times. The removal of any chemical agents shall be documented on the log sheet, including who removed the item, the date and time of removal, and the reason for removal. An additional log entry indicating the date and time of the item's return shall be made.

The Institution Supervisor and the Division Manager shall be immediately notified if any chemical agent is determined to be missing. An immediate and thorough search of the facility shall take place to locate the item (see the Juvenile Detention Manual Policy).

512.5 REVIEW, INSPECTION, AND APPROVAL

Every chemical agent will be periodically inspected for serviceability and expiration dates by a properly trained officer designated by the Division Manager. The Division Manager or authorized designee is responsible for ensuring outdated or unserviceable items are replaced (see the Juvenile Detention Manual Policy).

Use of Force (Title 15, § 1357)

513.1 PURPOSE AND SCOPE

This policy provides guidelines on the reasonable use of force. While there is no way to specify the exact amount or type of reasonable force to be applied in any situation, every staff member of this department is expected to use these guidelines to make such decisions in a professional, impartial, and reasonable manner (Government Code § 7286; 15 CCR 1357).

In addition to those methods, techniques, and tools set forth below, the guidelines for the reasonable application of force contained in this policy shall apply to all policies addressing the potential use of force, including but not limited to the Use of Physical Restraints Policy.

Retaliation prohibitions for reporting suspected violations are addressed in the Anti-Retaliation Policy.

513.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Any use of force that creates a substantial risk of causing death or serious bodily injury, including but not limited to the discharge of a firearm (Penal Code § 835a).

Feasible - Reasonably capable of being done or carried out under the circumstances to successfully achieve the arrest or lawful objective without increasing risk to the officer or another person (Government Code § 7286(a)).

Force - The application of physical techniques or tactics, chemical agents, or weapons to another person.

Force team technique - The force team technique ordinarily involves trained officers clothed in protective gear who enter the youth's area in tandem, each with a specific task, to achieve immediate control of the youth.

Serious bodily injury - A serious impairment of physical condition, including but not limited to the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of any bodily function or organ; a wound requiring extensive suturing; and serious disfigurement (Penal Code § 243(f)(4)).

Totality of the circumstances - All facts and circumstances known to the officer at the time, including the conduct of the officer and the individual leading up to the use of force (Penal Code § 835a).

Use of Force - An immediate means of overcoming resistance and controlling the threat of imminent harm to self or others.

513.1.2 POLICY DEVELOPMENT

The Division Manager shall include the Medical Director in developing written policies and procedures related to the use of force, which may include chemical agents (15 CCR 1357).

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513.2 POLICY

The use of force is a matter of critical concern, both to the public and to the public safety community. Officers are involved on a daily basis in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Officers must have an understanding of, and true appreciation for, their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of public safety duties.

The Tulare County Probation Department recognizes and respects the value of all human life and dignity without prejudice to anyone. Vesting officers with the authority to use reasonable force and to protect the public welfare requires monitoring, evaluation, and a careful balancing of all interests.

513.2.1 FAIR AND UNBIASED USE OF FORCE

Officers are expected to carry out their duties, including the use of force, in a manner that is fair and unbiased (Government Code § 7286(b)).

513.3 USE OF FORCE

Officers shall use only that amount of force that reasonably appears necessary given the facts and totality of circumstances known to or perceived by the officer at the time of the event to accomplish a legitimate government purpose such as to gain control of the individual; protect and ensure the safety of youths, juvenile detention facility staff members, and others; prevent serious property damage; prevent escape; obtain compliance with facility rules and staff member orders; or ensure the institution's security and good order (Penal Code § 835a).

The reasonableness of force will be judged from the perspective of a reasonable officer on the scene at the time of the incident. Any evaluation of reasonableness must allow for the fact that officers are often forced to make split-second decisions about the type and amount of force that reasonably appears necessary in a particular situation, with limited information and in circumstances that are tense, uncertain, and rapidly evolving.

Given that no policy can realistically predict every possible situation an officer might encounter, officers are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident. Officers may only use a level of force that they reasonably believe is proportional to the seriousness of the suspected offense or the reasonably perceived level of actual or threatened resistance (Government Code § 7286(b)).

It is also recognized that circumstances may arise in which officers reasonably believe that it would be impractical or ineffective to use any of the approved or authorized tools, weapons, or methods provided by this department. Officers may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be objectively reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate government purpose (15 CCR 1357).

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While the ultimate objective of every encounter is to avoid or minimize injury, nothing in this policy requires an officer to retreat or be exposed to possible physical injury before applying reasonable force (15 CCR 1357).

Force shall never be used as punishment, discipline, retaliation, or treatment (15 CCR 1357).

513.3.1 USE OF FORCE LIMITATIONS

Any immediate means of overcoming resistance and controlling the threat of imminent harm to any person including the youth should only be applied when deemed reasonable and necessary (15 CCR 1357). As used in this subsection, the term "reasonable and necessary" refers to the amount and type of force that an objective, similarly trained, experienced and competent officer, faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youths, staff members, others, and the facility (see the Definitions attachment).

Use of Force on youths known to be pregnant shall be limited in accordance with Penal Code § 6030(f) and Welfare and Institutions Code § 222 (see the Use of Physical Restraints Policy) (15 CCR 1357).

513.3.2 DE-ESCALATION

When circumstances reasonably permit, officers should use non-physical strategies and techniques to decrease the intensity of a situation, improve decision-making, improve communication, reduce the need for force, and increase voluntary compliance (e.g., summoning additional resources, formulating a plan, attempting verbal persuasion) (15 CCR 1357).

513.3.3 FACTORS USED TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether an officer has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit (Government Code § 7286(b)). These factors include but are not limited to:

- (a) The apparent immediacy and severity of the threat to staff members or others (Penal Code § 835a).
- (b) The conduct of the individual being confronted, as reasonably perceived by the staff member at the time (Penal Code § 835a).
- (c) Staff member/individual factors (e.g., age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of staff members available vs. individuals).
- (d) The conduct of the involved staff member leading up to the use of force (Penal Code § 835a).
- (e) The effects of suspected drug or alcohol use.
- (f) The individual's apparent mental state or capacity (Penal Code § 835a).
- (g) The individual's apparent ability to understand and comply with officer commands (Penal Code § 835a).
- (h) The proximity of weapons or dangerous improvised devices.

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- (i) The degree to which the individual has been effectively restrained and the individual's ability to resist despite being restrained.
- (j) The availability of other reasonable and feasible options and their possible effectiveness (Penal Code § 835a).
- (k) The seriousness of the suspected offense or reason for contact with the individual prior to and at the time force is used.
- (l) The training and experience of the staff member.
- (m) The potential for injury to staff members, youths, bystanders, and others.
- (n) Whether the individual appears to be resisting, attempting to evade arrest by flight, or is attacking the staff member.
- (o) The risk and reasonably foreseeable consequences of escape.
- (p) The apparent need for immediate control of the individual or a prompt resolution of the situation to maintain or restore order.
- (q) Whether the conduct of the individual being confronted no longer reasonably appears to pose an imminent threat to the staff member or others.
- (r) Prior contacts with the individual or awareness of any propensity for violence.
- (s) Any other exigent circumstances.

513.3.4 DUTY TO INTERCEDE

Any officer present and observing another law enforcement officer or another officer using force that is clearly beyond that which is necessary, as determined by an objectively reasonable officer under the circumstances, shall, when in a position to do so, intercede (as defined by Government Code § 7286) to prevent the use of unreasonable force (15 CCR 1357).

When observing or reporting force used by a law enforcement officer, each officer should take into account the totality of the circumstances and the possibility that other law enforcement officers may have additional information regarding the threat posed by the subject (Government Code § 7286(b)).

513.3.5 FAILURE TO INTERCEDE

An officer who has received the required training on the duty to intercede and then fails to intercede when required by law may be disciplined in the same manner as the officer who used force beyond that which is necessary (Government Code § 7286(b)).

513.3.6 DUTY TO REPORT EXCESSIVE FORCE

Any officer who observes a law enforcement officer or another staff member use force that potentially exceeds what the observing officer reasonably believes to be necessary shall immediately report these observations to a supervisor (Government Code § 7286(b)).

As used in this section, "immediately" means as soon as it is safe and feasible to do so.

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513.3.7 PAIN COMPLIANCE TECHNIQUES

Pain compliance techniques may be effective in controlling a physically or actively resisting individual. Officers may only apply those pain compliance techniques for which they have successfully completed department-approved training. Staff members utilizing any pain compliance technique should consider:

- (a) The degree to which the application of the technique may be controlled given the level of resistance.
- (b) Whether the individual can comply with the direction or orders of the staff member.
- (c) Whether the individual has been given sufficient opportunity to comply.

The application of any pain compliance technique shall be discontinued once the staff member determines that compliance has been achieved.

513.3.8 RESTRICTIONS ON THE USE OF A CHOKE HOLD

Officers of this department are not authorized to use a choke hold. A choke hold means any defensive tactic or force option in which direct pressure is applied to a person's trachea or windpipe (Government Code § 7286.5; 15 CCR 1357).

513.3.9 ADDITIONAL RESTRICTIONS

Terms such as "positional asphyxia," "restraint asphyxia," and "excited delirium" continue to remain the subject of debate among experts and medical professionals, are not universally recognized medical conditions, and frequently involve other collateral or controlling factors such as narcotics or alcohol influence, or preexisting medical conditions. While it is impractical to restrict officer's use of reasonable control methods when attempting to restrain a combative individual, officers are not authorized to use any restraint or transportation method which might unreasonably impair an individual's breathing or respiratory capacity for a period beyond the point when the individual has been adequately and safely controlled. Once the individual is safely secured, officers should promptly check and continuously monitor the individual's condition for signs of medical distress (Government Code § 7286.5).

513.3.10 USE OF FORCE TO SEIZE EVIDENCE

In general, officers may use reasonable force to lawfully seize evidence and to prevent the destruction of evidence. However, officers shall not use force solely to prevent a person from swallowing evidence or contraband.

513.3.11 MEDICAL CONSIDERATION

Once it is reasonably safe to do so, properly trained staff members will promptly provide or procure medical assistance for any individual injured or claiming to have been injured in a use of force incident (Government Code § 7286(b)).

A youth who has been the subject of a use of force shall be seen by medical and mental health staff members, even in cases where no emergency care appears necessary (15 CCR 1357).

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The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation within the facility (15 CCR 1358).

513.4 USE OF CHEMICAL AGENTS

Only those officers demonstrating proficiency in the use of any chemical agents are authorized to carry the device to use when such force reasonably appears justified and necessary. Oleoresin capsicum (OC) spray should not be used in the medical unit or other designated areas where youths are assigned to respiratory isolation or on any youth who is under control with or without restraints (15 CCR 1357).

Youths who have been affected by the use of chemical agents shall be promptly provided with the proper solution to decontaminate the affected areas.

If the youth refuses to decontaminate, such a refusal shall be documented. If a youth has been exposed in a room and not removed from the room where the exposure occurred, in-room decontamination shall be afforded to the youth, including:

- (a) Advice from staff members about how to decontaminate in the room.
- (b) Clean clothing if the youth's clothing was contaminated.
- (c) Monitoring of the in-room youth at least every 15 minutes on an irregular schedule, for a period of not less than 45 minutes, by officers.

Youths who have been exposed to chemical agents shall not be left unattended until it reasonably appears the youth is fully decontaminated or is no longer suffering any effects of the chemical agent (15 CCR 1357).

Chemical agents shall only be used in the facility as authorized by the Division Manager or the authorized designee and in accordance with the department's Chemical Agents Training Policy.

513.4.1 CHEMICAL AGENT LIMITATIONS

Chemical agents shall only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible (15 CCR 1357).

513.4.2 DIVISION MANAGER RESPONSIBILITIES

The Division Manager will develop procedures defining the role, notification, and follow-up required after use of force incidents involving the use of chemical agents for medical, behavioral/mental health staff members and notification to parents/guardians, including defining methods for decontamination, and documentation. The Division Manager shall identify the approved types, sizes, and methods of deployment of chemical agents (15 CCR 1357).

513.5 IMMEDIATE AND CALCULATED USE OF FORCE

An immediate use of force occurs when force is used to respond without delay to a situation or circumstance that constitutes an imminent threat to security or safety. For example, the immediate

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or unplanned use of force by an officer may be necessary to stop a youth from inflicting life-threatening self-injuries or to stop an assault on any other person, including other youths. The destruction of government property may require the immediate use of force by an officer in some circumstances. A verbal warning should be given before an immediate use of force unless the circumstances preclude it.

If there is no need for immediate action, officers should attempt to resolve the situation through voluntary compliance or, if it reasonably appears necessary, the calculated use of force. A calculated use of force is called for when a youth's presence or conduct poses a threat to safety or security and the youth is located in an area that can be controlled or isolated, or when time and circumstances permit advance planning, staffing, and organization.

The assistance of available non-custodial staff members (e.g., psychologists, counselors) should be considered when attempting to resolve a situation without confrontation.

A supervisor shall be present in any situation involving the calculated use of force. The supervisor shall notify the Division Manager or the authorized designee for approval and consultation prior to any calculated use of force action.

513.5.1 CONFRONTATION AVOIDANCE PROCEDURES

Prior to any calculated use of force, the supervisor shall confer with the appropriate persons to gather pertinent information about the youth and the immediate situation. Based on the supervisor's assessment of the available information, the supervisor should direct the officers to attempt to obtain the youth's voluntary cooperation and consider other available options before determining whether force is necessary.

The supervisor should consider including the following persons and resources in the process:

- (a) Mental health specialist
- (b) Qualified health care professional
- (c) Chaplain
- (d) Department Administration Division
- (e) Any other relevant resources

Regardless of whether discussions with any of the above resources are accomplished by telephone or in person, the purpose is to gather information to assist in developing a plan of action, such as the youth's medical/mental history (e.g., asthma or other breathing-related illness, hypoglycemia, diabetes), any recent incident reports, or situations that may be contributing to the youth's present condition (e.g., pending charges or sentencing, recent death of a loved one, relationship issues). The assessment should include discussions with staff members who are familiar with the youth's background, charges, and present status. This may provide insight into the cause of the youth's immediate agitation. It also may identify other staff members who have a rapport with the youth and could possibly resolve the incident peacefully, without the use of force.

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If force is determined to be necessary and other means of gaining control of a youth are deemed inappropriate or ineffective, then the force team technique should be used to control the youth and to apply restraints, if required.

Consideration should also be given to preventing exposure to communicable diseases in calculated use of force situations, and to ensuring that medical services personnel are available.

513.6 REPORTING THE USE OF FORCE

Every staff member use of force is an incident that shall be reported on the appropriate report form (15 CCR 1362).

The documentation will reflect the actions and responses of each staff member participating in the incident, as witnessed by the reporting staff member.

The report should include (15 CCR 1357):

- (a) A clear, detailed description of the incident, including any application of weapons or restraints.
- (b) The identity of all individuals involved in the incident (e.g., youths, staff members, others) to include any individuals consulted.
- (c) The staff member should articulate the factors perceived and why the staff member believed the use of force was reasonable under the circumstances.
- (d) Efforts made to temper the severity of a forceful response, and if there were none, the reasons why.
- (e) Description of any injuries to anyone involved in the incident, including the result of any medical checks that show the presence or absence of injury.
- (f) Documentation regarding the use of force including chemical agents (e.g., type of chemical agents deployed; location, date, and time of incident; decontamination procedures; notification to medical staff members and parents/guardians) (15 CCR 1357).

Any staff member directly observing the incident shall make a verbal report to a supervisor as soon as practicable and include as much of the aforementioned information as is known by the observing staff member.

Staff members shall submit the appropriate documentation prior to going off-duty, unless directed otherwise by a supervisor.

A video recording is required for all calculated use of force incidents and should include the introduction of all staff members participating in the process. The recording and documentation will be part of the investigation package. The supervisor should ensure the recording is properly processed for retention and a copy is forwarded with the report to the Division Manager.

The supervisor responsible for gathering the reports may allow a reasonable delay in preparation of a report in consideration of the immediate psychological and/or physical condition of the involved department staff member.

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The Institution Supervisor shall promptly notify the Division Manager of any incident involving a staff member employing deadly force, or any incident where a death or serious bodily injury may have been caused by a staff member.

513.6.1 REQUIRED NOTIFICATIONS

Any use of force by officer shall be reported immediately to a supervisor (Penal Code § 832.13). "Immediately" in this section means as soon as it is safe and feasible to do so. Supervisors should ensure that a written report of all use of force incidents that resulted in an injury, a serious threat of injury, or death is prepared and submitted to the Division Manager by the end of the shift (15 CCR 1362).

In addition to the notification of medical and mental health personnel, the Division Manager should ensure the parent or legal guardian of the youth is informed of any use of force, including the use of chemical agents (15 CCR 1357).

513.6.2 REPORTING TO CALIFORNIA DEPARTMENT OF JUSTICE

Statistical data regarding all officer-involved shootings and incidents involving use of force resulting in serious bodily injury is to be reported to the California Department of Justice as required by Government Code § 12525.2.

513.6.3 REPORT RESTRICTIONS

Officers shall not use the term excited delirium to describe an individual in an incident report. Officers may describe the characteristics of an individual's conduct, but shall not generally describe the individual's demeanor, conduct, or physical and mental condition at issue as excited delirium (Health and Safety Code § 24402).

513.7 SUPERVISOR RESPONSIBILITIES

A supervisor shall respond to a reported application of force resulting in visible injury, if reasonably available. When a supervisor is able to respond to an incident in which there has been a reported use of force, the supervisor is expected to (Government Code § 7286(b); 15 CCR 1357):

- (a) Ensure a crime scene is established to preserve and protect evidence, if appropriate.
- (b) Ensure that the chain of command is notified and that all necessary health and safety and security measures are initiated.
- (c) Obtain the basic facts from the involved staff members. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.
- (d) Ensure that the appropriate investigation authority is notified, if appropriate.
- (e) Ensure that any parties involved in a use of force situation are examined by medical staff members, regardless of whether any injuries are reported or detectable, and afforded medical treatment as appropriate.
- (f) When possible, separately obtain a recorded interview with all individuals upon whom force was used. If this interview is conducted without the person having voluntarily waived *Miranda* rights, the following should apply:

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1. The content of the interview should not be summarized or included in any related charges.
 2. The fact that a recorded interview was conducted should be documented in a property or other report.
 3. The recording of the interview should be distinctly marked for retention until all potential for civil litigation has expired.
- (g) Once any initial medical assessment has been completed or first aid has been rendered, ensure that photographs have been taken of any areas involving visible injury or complaint of pain, as well as overall photographs of uninjured areas.
1. These photographs should be retained until all potential for civil litigation has expired.
- (h) Identify any witnesses not already included in related reports.
- (i) Review and approve all related reports.
- (j) Determine if there is any indication that the individual may pursue civil litigation.
1. If there is an indication of potential civil litigation, the supervisor should complete and route a notification of a potential claim through the appropriate channels.
- (k) Evaluate the circumstances surrounding the incident and initiate an administrative investigation if there is a question of policy noncompliance or if for any reason further investigation may be appropriate.

In the event that a supervisor is unable to respond to the scene of an incident involving a reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

513.7.1 GRIEVANCES

Supervisors responding to, or reviewing, a reported use of force should provide the involved youth a grievance form and explain the process as needed. Grievances alleging excessive force should be referred to the Professional Standards Unit, as appropriate.

513.8 USE OF DEADLY FORCE

Where feasible, the officer shall, prior to the use of deadly force, make reasonable efforts to identify as a peace officer and warn that deadly force may be used, unless the officer has objectively reasonable grounds to believe the person is aware of those facts (Penal Code § 835a).

If an objectively reasonable officer would consider it safe and feasible to do so under the totality of the circumstances, officers shall evaluate and use other reasonably available resources and techniques when determining whether to use deadly force. To the extent that it is reasonably practical, officers should consider their surroundings and any potential risks to bystanders prior to discharging a firearm (Government Code § 7286(b)).

The use of deadly force is only justified when the officer reasonably believes it is necessary in the following circumstances (Penal Code § 835a):

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- (a) Officer may use deadly force to protect the officer or others from what the officer reasonably believes is an imminent threat of death or serious bodily injury to the officer or another person.
- (b) Officer may use deadly force to stop an escaping youth, or to stop a fleeing individual, when the officer has probable cause to believe that the individual has committed, or intends to commit, a felony involving the infliction or threatened infliction of serious bodily injury or death, and the officer reasonably believes that there is an imminent or future potential risk of serious bodily injury or death to any other person if the individual is not immediately apprehended.

Officers shall not use deadly force against a youth based on the danger that the youth poses regarding self-injury, if an objectively reasonable officer would believe the youth does not pose an imminent threat of death or serious bodily injury to the officer or to another person (Penal Code § 835a).

An "imminent" threat of death or serious bodily injury exists when, based on the totality of the circumstances, a reasonable officer in the same situation would believe that a youth has the present ability, opportunity, and apparent intent to immediately cause death or serious bodily injury to the officer or another person. Officer's subjective fear of future harm alone is insufficient as an imminent threat. An imminent threat is one that from appearances is reasonably believed to require instant attention (Penal Code § 835a).

513.9 REPORTING FORMAT, REVIEW, AND PROCEDURES

The Division Manager shall develop a "standardized" reporting format that includes procedures for reviewing and tracking use of force incidents by supervisory staff members, debriefing a particular incident with officers and/or youths for purposes of training as well as mitigating trauma that may have been experienced by department officers and/or youths (15 CCR 1357).

The Division Manager or authorized designee shall ensure that provisions are in place, providing for the documentation of each use of chemical agents incident, including the reasons for which chemical agents were used, efforts to de-escalate prior to the use, youth and staff member involvement, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of the use (15 CCR 1357).

The Division Manager or the authorized designee shall review and track all reports of use of force incidents. The review is to determine whether the use of force was in compliance with policy, procedure, and applicable law, and to determine if follow-up action or investigation is necessary.

The Division Manager or the authorized designee should also ensure that a review packet containing a copy of all pertinent reports and materials is prepared and forwarded to the Use of Force Review Committee (15 CCR 1357).

513.9.1 USE OF FORCE REVIEW COMMITTEE

The review committee shall meet and review all use of force cases monthly. It is the responsibility of the Division Manager or authorized designee to ensure these meetings occur. The committee will comprise the following members:

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- (a) The Division Manager
- (b) One supervisor assigned on a rotational basis
- (c) The Professional Standards Unit
- (d) One qualified health care professional
- (e) One use of force trainer
- (f) Other staff members as selected by the Chief Probation Officer

The committee should provide any recommendations for areas identified as needing training, changes in policy, or further investigation into incidents that may lead to employee discipline shall be addressed in a separate memorandum to the Training Manager and/or the Professional Standards Unit, as appropriate.

513.9.2 TRAUMA MITIGATION

The use of force committee should also make recommendations for mitigating the effects of trauma that may have been experienced by staff members and/or youths involved as appropriate (15 CCR 1357).

513.10 USE OF FORCE COMPLAINTS

The receipt, processing, and investigation of public complaints involving use of force incidents should be handled in accordance with the Personnel Complaints Policy (Government Code § 7286(b)).

513.11 TRAINING

The Division Manager shall work with the Training Manager to ensure legal and facility training mandates are met. This training shall include the following (see the Youth Supervision Staff Member Orientation and Training Policy and Chemical Agents Training Policy) (15 CCR 1357):

- (a) Initial and regular training in the use of force and chemical agents
- (b) Weapons training
- (c) Self-defense
- (d) Confrontation avoidance procedures:
 - 1. Communication techniques
 - 2. De-escalation techniques
 - 3. Communicating and interacting with the mentally ill
 - 4. Communicating and interacting with youths
 - 5. Application of restraints
- (e) Forced room extraction techniques
- (f) Use of Force team techniques
- (g) General restraint training (soft and hard restraints)

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- (h) Reporting procedures
- (i) Any additional state-mandated training (e.g., medical and behavioral health conditions that would affect the application of force, instruction on constitutional limitations) (Government Code § 7286(b); 15 CCR 1357)
- (j) Options when a particular use of force is ineffective
- (k) Specific use of force options that may or may not be used in the facility
- (l) Acceptable chemical agents and the methods of application
- (m) Signs or symptoms that should result in immediate referral to medical or mental health
- (n) Physical training force options that may require the use of perishable skills
- (o) Timelines the facility uses to define regular training

The Training Manager is responsible for establishing a process to identify officers who are restricted from training other officers for the time period specified by law because of a sustained use of force complaint (Government Code § 7286(b)).

513.11.1 TRAINING FOR CONTROL DEVICES

The Training Manager shall ensure that all staff members who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified, as necessary.

- (a) Proficiency training shall be monitored and documented by a certified control-device weapons or tactics instructor.
- (b) All training and proficiency for control devices will be documented in the staff member's training file.
- (c) Staff members who fail to demonstrate proficiency with the control device or knowledge of this policy will be restricted from carrying the control device until demonstrating proficiency. If a staff member cannot demonstrate proficiency with a control device or knowledge of this policy after remedial training, the staff member may be subject to discipline.

513.11.2 PERIODIC TRAINING

Staff members will receive periodic training on this policy and demonstrate their knowledge and understanding (Government Code § 7286(b)).

Supervisors should conduct and document regular periodic briefings concerning this policy and the storage and use of weapons and control devices. Any test sheets or documentation of performance should be forwarded to the Training Manager to be included in the staff member's training file.

513.12 POLICY REVIEW

The Chief Probation Officer or the authorized designee should regularly review and update this policy to reflect developing practices and procedures (Government Code § 7286(b)).

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513.13 POLICY AVAILABILITY

The Chief Probation Officer or the authorized designee should ensure this policy is accessible to the public (Government Code § 7286(c)).

513.14 PUBLIC RECORDS REQUEST

Requests for public records involving officer's personnel records shall be processed in accordance with Penal Code § 832.7 and the Personnel Records Policy and the Records Maintenance and Release Policy (Government Code § 7286(b)).

Use of Physical Restraints (Title 15, § 1358 and § 1358.5)

514.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application of, supervisory oversight of, and restrictions on the use of physical restraints on youths detained in this juvenile detention facility (15 CCR 1358; 15 CCR 1358.5).

514.1.1 DEFINITIONS

Definitions related to this policy include:

Restraint device - Any device that immobilizes a youth's extremities and/or prevents the youth from being ambulatory. Examples include handcuffs, leather restraints, and leg irons (15 CCR 1358).

514.2 POLICY

It is the policy of this department that physical restraints may be used only for youths who present an immediate danger to themselves or others, exhibit behavior that results in the destruction of property, or reveal the intent to cause self-inflicted physical harm. Physical restraints should be utilized only when it appears that less-restrictive alternatives would be ineffective in controlling the youth's behavior (15 CCR 1358).

514.3 USE OF PHYSICAL RESTRAINTS - GENERAL REQUIREMENTS

The Division Manager or the authorized designee shall ensure that the following apply to the use of physical restraints (15 CCR 1358):

- (a) Restraints shall only be applied by officers trained and authorized to use them, and in a manner consistent with their training.
- (b) Restraints used should be only those approved by the Department and should not have been altered from their original design.
- (c) Restraints shall be used only to prevent self-injury or injury to others, or serious property damage.
 1. The danger to themselves or others should be immediate.
- (d) A supervisor shall be notified as soon as practicable when restraints are used, or before they are applied, if time allows. A supervisor should monitor the situation until the restraints are removed.
 1. The Division Manager or the authorized designee shall also be notified as soon as practicable when restraints are applied, or before they are applied, if time allows.
 2. The Division Manager or the authorized designee shall approve the use, and continued use, of any restraints hourly.

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3. The Division Manager may delegate authority for the decision to place a youth in restraints or allow a youth to continue in restraints to a physician.
 - (e) Use of restraints shall be discontinued as soon as practicable when it is reasonably believed the need for them no longer exists.
 - (f) Restraints shall never be used to inflict pain, punishment, discipline, retaliation, harassment, compliance, or intimidation, or as a substitute for treatment.
 - (g) Plastic cuffs should be used only in unusual situations where handcuffs are not available.
 - (h) A supervisor should be notified of any restraints that are faulty or malfunctioning.
 - (i) Staff members shall conduct constant visual supervision of a restrained youth. Staff members shall also:
 1. Have the youth medically evaluated regarding the safety of placement and retention as soon as practicable, but within two hours. The youth shall be medically cleared for continued restraint use every three hours.
 2. Have the youth evaluated by a mental health professional to assess the need for mental health treatment as soon as practicable, but within four hours if the youth is still restrained.
 - (j) Restrained youths shall be protected from other youths, held in an area designated for restrained youths, and not left alone with other youths.
 - (k) Youths shall not be restrained to any fixed object, such as room furnishings or fixtures, nor shall their hands and feet be bound together behind the back (hog-tying).
 - (l) Restrained youths shall have access to water, meals, and toilet facilities when they can be reasonably accommodated.

More frequent checks and further authorizations are required in other special circumstances covered under this policy.

514.4 SPECIFIC DUTIES OF THE DIVISION MANAGER

The Division Manager shall include the Medical Director and the person assigned to direct mental health care in developing policies and procedures related to the use of restraints (15 CCR 1358).

The procedures should require an individual assessment of the need to apply restraints for movement or transportation within the Juvenile Detention Facility and should include consideration of less-restrictive alternatives; the youth's medical or mental health conditions (if known) that would contraindicate certain restraint devices and/or techniques; signs or symptoms that should result in immediate medical/behavioral/mental health referral; and trauma-informed approaches (15 CCR 1358.5).

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514.5 USE OF RESTRAINT DEVICES FOR MOVEMENT WITHIN AND OUTSIDE THE SECURE FACILITY

The following applies to the use of restraints for the standard transportation or movement of youths within and outside the secure facility (see the Control of Youth Movement Policy and Transportation of Youths Outside the Secure Facility Policy) (15 CCR 1358.5):

- (a) Restraints may be used when moving a youth from point to point within the secure facility, but restraints should be removed upon arrival.
- (b) Restraints should be used when transporting youths in a vehicle, but they should not be attached to anything in the vehicle or to another youth. Restraints shall only be used under the following circumstances (Welfare and Institutions Code § 210.6):
 - 1. Officer of the Department, in consultation with the transporting agency, has determined that restraints are necessary to an injury to the youth or another.
 - 2. The least restrictive form of restraint is used based on the facts.
 - 3. Officer shall document the reason a particular restraint device was selected and the circumstances leading to its application.
- (c) Restraints will not be used on pregnant youths during transport except as indicated below in the Pregnant Youths section of this policy.

514.6 SUBSTANTIALLY RESTRICTIVE RESTRAINTS

The following apply to restraint applications that prevent youths from standing upright and walking (e.g., four-point restraint, a stiff nylon or polyurethane blanket, nylon or polyurethane wrap) (15 CCR 1358):

- (a) Use should be restricted to those times when a youth is showing self-injurious behavior, and only when other less-restrictive interventions or other forms of restraint reasonably appear to be inappropriate or ineffective.
- (b) Prior Division Manager authorization is required for this level of restraint.
- (c) The restraints should be applied out of sight of other youths.
- (d) Restrained youths should be near health care professionals or specially trained staff members with supervisory responsibilities specific to the oversight of youths under these restraints.
- (e) Any application for longer than one hour requires a written recommendation from a health care professional or a mental health provider.
- (f) Any application for longer than two hours should be treated as a behavioral health crisis and shall result in an immediate referral to a mental health provider or a mental health facility for further assessment and possible treatment.
- (g) No application should exceed three hours in a 24-hour period, either all at once or collectively.
- (h) Constant visual supervision of the youth shall be maintained (may be from behind a window as long as clear audio contact is maintained, but observation should not be by video).

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- (i) Youths should be allowed five minutes at every 30-minute interval to move and stretch their arms and legs.
- (j) Restraints should not interfere with regularly prescribed medications, unless otherwise ordered by a physician.
- (k) A properly trained person should assess and document the youth's circulation, positioning, and breathing at least every 10 minutes.
- (l) Any key required for release should be kept readily available.
- (m) CPR-trained and equipped staff members should be available for immediate response.

514.7 DOCUMENTATION

All use of restraints other than those consistent with approved transportation protocol should be fully documented, including:

- (a) The name of the youth.
- (b) The officer who applied the restraints.
- (c) The circumstances leading to the application of restraints.
- (d) The date, time, and duration of the restraint.
- (e) Any less-intrusive interventions that were tried and proved unsuccessful in managing the youth's behavior.
- (f) The type of restraint.
- (g) The location of the restraint.
- (h) Whether any injury was involved and a description of any injuries.
- (i) The mental health evaluation and prescription for restraint, if applicable.
- (j) Observations of the youth's behavior.
 - 1. These shall be logged at least every 15 minutes.
- (k) Any staff member or health care provider interventions or unusual events.
 - 1. These shall be logged within 15 minutes of the intervention or event.
- (l) The date and time of safety checks.
- (m) The name and title of persons authorizing the application of and continued retention in restraints.
- (n) Reasons for continued restraint, documented at least every hour (15 CCR 1358).

Supervisors should review each documented use of restraints and evaluate whether policy was followed and whether training issues were raised.

514.8 ACQUISITION AND MAINTENANCE OF RESTRAINTS

The Division Manager's authorized designee is responsible for:

- (a) Verifying that only professionally manufactured restraints are acquired for use.

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- (b) Inspecting all restraints.
- (c) Documenting all inspections.
- (d) Repairing or replacing faulty or malfunctioning restraints.
- (e) Maintaining restraints according to manufacturer's guidelines.

514.9 PREGNANT YOUTHS

Restraints will not be used on youths who are known to be pregnant unless based on an individualized determination that restraints are reasonably necessary for the legitimate safety and security needs of the youth, the staff member, or the public. If restraints are necessary, the restraints shall be the least restrictive available and the most reasonable under the circumstances.

Youths who are known to be pregnant will not be handcuffed behind their backs, or placed in waist restraints or leg restraints (see the Pregnant/Postpartum Youths Policy) (Penal Code § 3407; Penal Code § 6030).

514.9.1 YOUTHS IN LABOR

No youth who is in labor, delivery, or recovery from a birth shall be restrained by the use of leg restraints/irons, waist restraints/chains, or handcuffs behind the body (see the Pregnant/Postpartum Youths Policy) (Penal Code § 3407; Penal Code § 6030).

No youth who is in labor, delivery, or recovering from a birth shall be restrained except when all of the following exist (see the Pregnant/Postpartum Youths Policy) (Penal Code § 6030):

- (a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the youth, the staff member of this juvenile detention facility, the medical facility, other youths, or the public.
- (b) A supervisor has made an individualized determination that such restraints are necessary to prevent injury.
- (c) There is no objection from the treating medical care provider.
- (d) The restraints used are the least restrictive type and are used in the least restrictive manner.

Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during labor, delivery, or recovery determines after delivery that the removal of restraints is medically necessary (see the Pregnant/Postpartum Youths Policy) (Welfare and Institutions Code § 222).

The supervisor should, within 10 days, make written findings specifically describing the type of restraints used, the justification, and the underlying extraordinary circumstances.

514.10 TRAINING

The Training Manager should facilitate initial and ongoing department-approved training on the use of restraints, to include:

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- (a) Proper use of restraints that officers are assigned to use.
- (b) Prohibitions regarding placing restraints around a youth's neck or applying them in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).
- (c) Risks associated with restraints and restraint methods.
- (d) Verifying proper application after restraints are placed on a youth and responding to complaints of pain or discomfort.
- (e) Specialized training for those officers who may restrain youths in a way that prevents standing upright and walking.
- (f) This policy.
- (g) Required authorizations for different types of restraints.
- (h) Medical conditions that would affect the application of force.
- (i) Approved restraint devices.
- (j) Signs or symptoms that should result in immediate referral to medical/behavioral/mental health personnel.
- (k) Availability of CPR equipment.
- (l) How to provide for the exercising of a restrained youth's arms and legs.

Searches (Title 15, § 1360)

515.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the facility by conducting searches, in balance with protecting the rights afforded by the U.S. Constitution. Searches shall be conducted in a manner that preserves the privacy and dignity of the person being searched (15 CCR 1360).

The introduction of contraband, intoxicants, or weapons into the Tulare County Probation Department facility poses a serious risk to the safety and security of staff members, youths, and the public. Any item that is not available to all youths may be used as currency by those who possess the item and allow them to have control over other youths. Any item that may be used to disengage a lock, other electronic security devices, or the physical plant itself seriously jeopardizes the safety and security of this juvenile detention facility. Carefully restricting the flow of contraband into the facility can only be achieved by thorough searches of youths and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from a youth.

515.1.1 DEFINITIONS

Definitions related to this policy include:

Contraband - Any object, writing, or substance that the possession of which would constitute a crime under the laws of the State of California, pose a danger within a juvenile facility, interfere with the orderly day-to-day operation of a juvenile facility, or violate facility rules.

Modified strip search - A search that requires a youth to remove or rearrange some of the youth's clothing. It does not include a visual inspection of the breasts, buttocks, or genitalia of the youth but may include a thorough tactile search of the youth's partially unclothed body. This also includes searching the youth's clothing once it has been removed.

Pat-down search - The typical type of search used by staff members within this facility to check others, including youths, for weapons or contraband. It involves a thorough patting down of clothing to locate any weapons or dangerous items that could pose a danger to staff members, the youth, or other youths.

Body cavity search - A search that includes a visual inspection and may include a physical intrusion into a body cavity. Body cavity means the stomach or rectal cavity of a youth, and the vagina of a female youth.

Strip search - A search that requires a youth to remove or rearrange some or all of the youth's clothing to permit a visual inspection of the youth's underclothing, breasts, buttocks, anus, or outer genitalia. This includes monitoring a youth while the youth is showering or changing clothes and the youth's underclothing, buttocks, genitalia, or breasts are visible to the monitoring staff member.

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515.2 POLICY

It is the policy of this department to ensure the safety and security of the juvenile detention facility, staff members, youths, and visitors by conducting effective and appropriate searches of youths, areas within the facility, and visitors in accordance with applicable laws (15 CCR 1360).

Searches shall not be used for intimidation, harassment, punishment, or retaliation.

515.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all youths upon entering the secure admission area of the facility. At a minimum, officers should conduct pat-down searches in circumstances that include:

- (a) When youths leave their housing units to participate in activities elsewhere in the facility and when they return.
- (b) During physical plant searches of entire housing areas.
- (c) When youths come into contact with other youths housed outside of their housing units, such as on work details or while attending school.
- (d) Any time the officer believes the youths may have contraband on their persons.

Male officers may not pat down female youths and female officers may not pat down male youths except in exigent circumstances or when conducted by a medical professional. Absent the availability of a same-sex officer, it is recommended that a witnessing officer be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (see the Prison Rape Elimination Act Policy) (28 CFR 115.315; 15 CCR 1360).

515.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES, AND BODY CAVITY SEARCHES

Officers will generally consider the reason for the search, the scope, intrusion, manner, and location of the search, and will utilize the least invasive search method to meet the need for the search.

515.4.1 STRIP SEARCHES AND MODIFIED STRIP SEARCHES

Strip searches shall be conducted as follows:

- (a) No youth shall be subjected to a modified strip search or strip search unless there is reasonable suspicion based on specific and articulable facts to believe the youth is concealing a weapon or contraband (Penal Code § 4030; Penal Code § 4031). Factors to be considered in determining reasonable suspicion include but are not limited to:
 1. The detection of an object during a pat-down search that may be a weapon or contraband and cannot be safely retrieved without a modified strip search or strip search.
 2. Circumstances of a current arrest that specifically indicate the person may be concealing a weapon or contraband. A felony arrest charge or being under the influence of a controlled substance should not suffice as reasonable suspicion absent other facts.
 3. Detention history (e.g., past possession of contraband while in detention, assaults on staff members, escape attempts).

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4. The person's actions or demeanor, such as a refusal to submit to a pat-down search.
 5. Criminal history (e.g., level of experience in a detention setting, including convictions for escape, possession of drugs or weapons, crimes of violence, being a fugitive or detainee for any of those offenses).
 6. An alert by a metal detector or drug detection device.
 7. Other reliable information that the person possesses drugs, weapons, or contraband.
- (b) No modified strip search or strip search of a youth shall be conducted without prior written authorization from the Institution Supervisor (Penal Code § 4030).
- (c) The officer conducting the modified strip search or strip search shall (15 CCR 1360):
1. Document the name and sex of the person subjected to the strip search.
 2. Document the facts that led to the decision to perform a strip search of the youth.
 3. Document the reasons less intrusive methods of searching were not used or were insufficient.
 4. Document the supervisor's approval.
 5. Document the time, date, and location of the search.
 6. Document the names, sex, and roles of any staff members present.
 7. Itemize in writing all contraband and weapons discovered by the search.
 8. Process all contraband and weapons in accordance with the Department's current evidence procedures.
 9. If appropriate, complete a crime report and/or disciplinary report.
 10. Ensure the documentation is placed in the youth's file. A copy of the written authorization shall be retained and made available to the youth or the youth's authorized representative upon request (Penal Code § 4030).
- (d) Cross-gender strip searches are prohibited except in exigent circumstances or when conducted by a medical professional. Such searches must be justified and documented in writing (15 CCR 1360).

515.4.2 BODY CAVITY SEARCHES

Body cavity searches shall be completed as follows:

- (a) No person shall be subjected to a body cavity search without approval of the Division Manager or the authorized designee, and only with the issuance of a search warrant. A copy of any search warrant and the results of the body cavity search shall be included with the related reports and made available, upon request, to the youth or the youth's authorized representative (except for those portions of the warrant ordered sealed by a court).

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- (b) Only a physician may conduct a body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the youth may conduct the search (Penal Code § 4031).
- (c) Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only the necessary officers needed to maintain the safety and security of the medical personnel shall be present (Penal Code § 4030; Penal Code § 4031).
- (d) Privacy requirements, including restricted touching of body parts and sanitary condition requirements, are the same as required for a strip search.
- (e) All such searches shall be documented, including:
 - 1. The facts that led to the decision to perform a body cavity search of the youth.
 - 2. The reasons less intrusive methods of searching were not used or were insufficient.
 - 3. The Division Manager's approval.
 - 4. A copy of the search warrant.
 - 5. The time, date, and location of the search.
 - 6. The medical personnel present.
 - 7. The names, sex, and roles of any staff members present.
 - 8. Any contraband or weapons discovered by the search.
- (f) Completed documentation should be placed in the youth's file. A copy of the written authorization shall be retained and made available to the youth or the youth's authorized representative upon request (Penal Code § 4030).
- (g) All contraband and weapons should be processed in accordance with the Department's current evidence procedures.
- (h) If appropriate, the staff member shall complete a crime report and/or disciplinary report.

515.4.3 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in a private area so that the search cannot be observed by persons not participating in the search (Penal Code § 4031).

Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by officers of the same sex as the youth being searched (Penal Code § 4030; Penal Code § 4031). Any cross-gender modified strip searches and cross-gender strip searches shall be justified and documented in writing (28 CFR 115.315; 15 CCR 1360).

Whenever possible, a second officer of the same sex should be present during the search for security purposes and to witness the discovery of evidence.

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The officer conducting a strip search shall not touch the breasts, buttocks, or genitalia of the person being searched (Penal Code § 4030; Penal Code § 4031).

The searching officer may consider whether the youth has a history of physical or sexual abuse and, when reasonable to do so, consider having the search conducted by a qualified health care professional.

515.5 TRANSGENDER AND INTERSEX YOUTH SEARCHES

Searches of transgender and intersex youths shall be done in accordance with the Transgender and Intersex Youths Policy (15 CCR 1360; 15 CCR 1352.5).

515.6 CONTRABAND SEARCHES

Officers shall always be alert to the possible presence of contraband and shall take immediate action to seize the contraband when practicable. There are several types of searches that contribute to contraband control and maintaining a safe and secure environment.

515.7 HOUSING UNIT SEARCHES

Housing unit searches shall occur as directed by a supervisor. These searches should include all living spaces occupied by youths. Housing unit searches should be scheduled in a manner that does not create a pattern where the youths can predict such searches. During a housing unit search:

- (a) All youths shall vacate their living areas and be searched by officers.
- (b) Youths should be escorted to a separate holding area, such as the recreation yard.
- (c) Officers shall search the living areas of the youths, including bedding, personal storage areas, bunks, and other areas with youth access.
- (d) Any weapons or contraband located shall be processed in accordance with the current evidence procedures, and the appropriate youth disciplined and/or criminal charges filed.
- (e) Officers shall attempt to identify the youth who possessed the contraband and file appropriate youth discipline and/or crime reports.
- (f) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized, discarded, and the appropriate youth disciplined.

At the conclusion of the housing unit search, closely supervised youth workers should clean the area. All authorized youth personal property shall be respected, and living areas should be returned to an orderly condition.

515.8 PHYSICAL PLANT SEARCHES

The following areas of this juvenile detention facility shall be periodically searched for contraband:

- (a) Recreation yards shall be searched for contraband before and after each youth group occupies the yard.
- (b) Holding rooms shall be searched before and after each youth occupies the room.

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- (c) Program areas, such as classrooms and multipurpose rooms, shall be searched after each use.
- (d) Laundry areas shall be searched before and after each youth group occupies the area.
- (e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives, and food items.
- (f) Youth visiting and public areas shall be frequently inspected for contraband.
- (g) The facility perimeter shall be searched at least once each shift for contraband.

515.8.1 CANINE-ASSISTED SEARCHES

It is the policy of this facility to use canines to assist officers in searching for contraband. Such searches shall occur only with the approval of a supervisor. Only canines trained in the detection of contraband, such as drugs, alcohol, and weapons, will be allowed within the secure perimeter of the facility. Canines trained solely in crowd control or to assist in physically subduing individuals will not be used in the facility.

Canines will generally be used to assist officers in general physical plant or living area searches. Contact between youths and canines should be kept to a minimum (see the Canines Policy).

515.9 CRIMINAL EVIDENCE SEARCHES

The Division Manager or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the facility or other area controlled by the facility officers, and there is a need to search for evidence related to the crime.

Any evidence collected in connection with an alleged crime shall be reported, documented, and stored to protect it from contamination, loss, or tampering, and to establish the appropriate chain of custody. A search for evidence may be conducted by officers whenever there is a need for such action.

Transportation of Youths Outside the Secure Facility

516.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the transportation of youths outside this juvenile detention facility and to ensure that the officers assigned to transportation duties are qualified and adequately trained.

This policy also provides guidelines for the Tulare County Probation Department to ensure compliance with the Interstate Compact for Juveniles (ICJ) when conducting the interstate movement of youths and providing supervision and safe return of youths to another state.

516.2 POLICY

It is the policy of the Tulare County Probation Department to provide safe, secure, and humane transportation for all youths as required by law.

During an interstate movement, this department shall provide supervision and secure transportation of youths to the appropriate airport departure terminal, bus terminal, or train station and oversee the boarding process.

516.3 OFFICE OF INTERSTATE COMPACT FOR JUVENILES

The ICJ is a contract between the states that regulates juveniles who are under court supervision or who have run away from home and left their state of residence. States ratifying the compact are bound by federal law to observe the terms of the agreement (see the Youth Admittance Process Policy).

This agency shall coordinate with the Department of Juvenile Justice Interstate Compact for Juveniles Office, in compliance with the Interstate Commission for Juveniles, for the movement of youths to and from sending and receiving states. The receiving state should coordinate and assume financial responsibility for all transportation arrangements for youths that include airlines, trains, and other means of ground transportation.

516.4 TRAINING

The Training Manager shall ensure that all officers charged with youth transportation duties receive training appropriate for the assignment.

Documentation of all training presented shall be retained in the officers' training files in accordance with established records retention schedules.

Release (Title 15, § 1351)

517.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the release of youths to ensure they are not released in error (15 CCR 1351).

517.2 POLICY

It will be the policy of the Tulare County Probation Department to provide for the timely, efficient, and legal release of youths.

517.3 RELEASE PROCEDURES

The Division Manager shall develop and implement written procedures for the release of youths from custody that provide for the following (15 CCR 1351):

- (a) Verification of the youth's identity/release papers.
- (b) Return of personal clothing and valuables.
 - 1. All personal property shall be returned to the youth during the release process. The youth must acknowledge receiving the property by signed receipt. Staff members shall promptly report any discrepancies to the Institution Supervisor.
 - 2. All facility property must be returned by the youth. Any missing or damaged facility property should be documented and promptly reported to the Institution Supervisor. The youth shall remain in custody until the Institution Supervisor determines whether additional criminal charges should be filed against the youth for the damage.
- (c) Notification of the youth's parent/guardian if the parent/guardian is not the person to whom the youth is being released.
- (d) Notification to the facility's health care provider of the release in accordance with the Transfer of Health Care Summary and Records Policy and the Mental Health Services Policy for coordination with outside agencies.
 - 1. All youths should be cleared by qualified medical health personnel prior to release (see the Health Assessments Policy).
- (e) Notification to the facility's school registrar of the release.
- (f) Notification to the facility's mental health care provider of the release.

517.4 FURLOUGH RELEASES

The Division Manager shall develop and implement written policies and procedures for the furlough of youths from custody. The release procedures in this policy shall apply (15 CCR 1351).

517.5 POST-DISPOSITION YOUTH

The Division Manager shall develop and implement policies and procedures for post-dispositional youth that coordinate transitional and reentry services, including but not limited to medical and behavioral health (e.g., substance abuse, psychological distress), education, probation

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supervision, and community-based services (see the Definitions attachment and the Case Management Policy) (15 CCR 1351).

517.6 STAFF MEMBER TRAINING

Staff members should receive training specific to the release of youths from custody before performing release duties. Individuals not specifically trained in the release of youths may perform youth release duties under the immediate supervision of a trained and qualified staff member.

Over-Detention and Inadvertent Release

518.1 PURPOSE AND SCOPE

This policy provides guidance to staff members and management if an over-detention or inadvertent release occurs.

518.1.1 DEFINITIONS

Definitions related to this policy include:

Inadvertent release - Any instance of a youth being mistakenly released.

Over-detention - Any instance of a youth being mistakenly detained beyond the scheduled release date.

518.2 POLICY

It is the policy of this department to reasonably ensure that over-detention and inadvertent releases do not occur. This department shall promptly review and address allegations of over-detention and inadvertent release.

518.3 OVER-DETENTION

Any staff member who discovers or receives information of an over-detention, or a complaint from a youth regarding over-detention (which could be discovered through a grievance), should immediately notify the on-duty Institution Supervisor (see the Youth Grievances Policy).

The Institution Supervisor should direct the juvenile detention facility staff member to immediately investigate to determine the correct release date of the youth and to report the findings to the Chief Probation Officer or the authorized designee.

Youths who are found to be over-detained shall be processed for immediate release in accordance with the Release Policy. The youth's parent/guardian, probation personnel, the juvenile court, and any other agency with jurisdiction shall be immediately contacted by the Institution Supervisor or the authorized designee. The Institution Supervisor or the authorized designee shall ensure that an entry is made to the daily activity log and a report is completed.

518.3.1 OVER-DETENTION GRIEVANCES

Any staff member who receives information or a complaint from a youth regarding over-detention should immediately notify the on-duty Institution Supervisor (see the Youth Grievances Policy) and assist the youth with completing a grievance form. The staff member should forward the completed form directly to the Institution Supervisor as soon as practicable.

The Institution Supervisor receiving a grievance regarding an over-detention should direct the Administration Division to immediately investigate to determine the correct release date of the youth and to report the findings to the Institution Supervisor.

If the Institution Supervisor decides not to release the youth, the Institution Supervisor should ensure the youth receives a grievance hearing as soon as practicable but within 24 hours of

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submitting the grievance. The hearing documentation should reflect efforts made to investigate the allegation (see the Youth Grievances Policy).

518.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the staff member making the discovery shall immediately notify the on-duty Institution Supervisor. The notification shall be documented in the daily activity log. The parent/guardian, assigned probation personnel, and any agency having jurisdiction shall be immediately notified. Local law enforcement also shall be contacted.

518.4.1 INADVERTENT RELEASE INVESTIGATION

In the case of an inadvertent release, the on-duty Institution Supervisor should immediately notify the Chief Probation Officer or the authorized designee and ensure a report is completed.

The Institution Supervisor should direct the Administration Division to immediately investigate to determine the cause of the inadvertent release.

The Division Manager or authorized designee will coordinate a response based upon the seriousness of the threat the youth may pose to the community, up to and including return to custody. The threat assessment should be based upon the youth's criminal history and the reason the youth is in custody, among other factors.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

If returned to the facility, the appropriate notifications should be made as soon as possible.

Biological Samples and Print Impressions (Title 15, § 1363)

519.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples or specimens, and thumb and palm print impressions from youths required by California law to provide such samples, specimens, and impressions to the Tulare County Probation Department as a result of being adjudicated for certain offenses (15 CCR 1363). This policy does not apply to biological samples, specimens, or print impressions collected at a crime scene or taken from a person in conjunction with a criminal investigation, nor does it apply to biological samples, specimens, or print impressions collected from those required to register, for example, as sex offenders.

519.2 POLICY

The Tulare County Probation Department will assist in the expeditious collection of required biological samples, specimens, and print impressions from youths in accordance with the laws of this state.

519.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE AND PRINT IMPRESSION COLLECTION

Youths who are in the custody of the Tulare County Probation Department and who have a previous adjudication for a felony offense, including an adjudication for an equivalent out-of-state offense, must submit a saliva sample and thumb and palm print impressions (Penal Code § 296.1).

519.4 PROCEDURE

When a youth is required to provide a saliva sample and thumb and palm print impressions, a trained staff member shall attempt to obtain the sample and print impressions in accordance with this policy.

519.4.1 COLLECTION

The following steps should be taken to collect a saliva sample and print impressions:

- (a) Verify that the youth is required to provide a sample and print impressions pursuant to Penal Code § 296.1.
 1. Verification includes checking the youth's criminal history record for a DNA collection flag or, during regular business hours, contacting the California Department of Justice (DOJ) designated laboratory to determine whether a biological sample and print impressions have been previously collected from the youth. There is no need to obtain a biological sample or print impressions if collection has been recorded.
- (b) Use the sample collection kit designated by the California DOJ to perform the collection and take steps to avoid cross-contamination.

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1. Collection should occur at intake, during the reception process, or as soon as administratively practicable (Penal Code § 296.1).
 - (c) Collect thumb and palm print impressions (Penal Code § 296).
 - (d) Document in the youth's file that the sample and print impressions were collected.
 - (e) Forward the sample and print impressions to the California DOJ as soon as practicable.

519.5 USE OF REASONABLE FORCE TO COLLECT BIOLOGICAL SAMPLES AND PRINT IMPRESSIONS

If a youth refuses to cooperate with the collection process, staff members should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples or print impressions except as authorized by court order. Methods to consider when seeking voluntary compliance include contacting (15 CCR 1363):

- (a) The youth's parole or probation officer when applicable.
- (b) The prosecuting attorney to seek additional charges against the youth for failure to comply or to otherwise bring the refusal before a judge (Penal Code § 298.1).
- (c) The judge at the youth's next court appearance.
- (d) The youth's attorney, parent/guardian, or custodian.
- (e) A chaplain.
- (f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any such actions are available.

The Institution Supervisor shall review and approve any use of force. The supervisor shall be present to supervise and document the use of force. Any refusal to submit a sample or print impression, and the steps taken in an attempt to obtain voluntary compliance should be documented in the youth's file.

519.5.1 VIDEO RECORDING

A video recording shall be made any time force is used to obtain a biological sample or print impression. When the use of force involves a cell extraction, the recording shall be directed at the cell extraction event (15 CCR 1363). Recordings should document all staff members participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the youth's file, and shall be retained by the Department for the length of time required by statute. Notwithstanding the use of the video as evidence in a court proceeding, the recording shall be retained administratively in accordance with the Department's established records retention schedule.

519.6 LEGAL MANDATES AND RELEVANT LAWS

Pursuant to Penal Code § 298.1 and the limitations contained in this policy, authorized law enforcement, officers including peace officers, may employ reasonable force to collect blood specimens, saliva samples, and thumb or palm print impressions from youths who are required to

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provide such samples, specimens, or impressions pursuant to Penal Code § 296 and who refuse following written or oral request (15 CCR 1363).

For the purpose of this section, "reasonable force" shall be defined as the force that an objective, trained, and competent officer, faced with similar facts and circumstances, would consider necessary and reasonable to gain compliance (15 CCR 1363).

The use of reasonable force shall be preceded by efforts to secure voluntary compliance. Efforts to secure voluntary compliance shall be documented and include an advisement of the legal obligation to provide the requisite specimen, sample, or impression and the consequences of refusal (15 CCR 1363).

The force shall not be used without the prior written authorization of the supervising staff member on duty. The authorization shall include information that reflects that the youth was asked to provide the requisite specimen, sample, or impression and refused (15 CCR 1363).

Screening for the Risk of Sexual Abuse (Title 15, § 1350.5)

520.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the screening and evaluation of youths to reduce the risk of sexual abuse by or upon youths housed in the juvenile detention facility (28 CFR 115.341; 15 CCR 1350.5).

520.2 POLICY

All youths shall be screened for signs of being at-risk for sexual abuse when they initially arrive at the juvenile detention facility and at periodic intervals to reduce the risk of sexual abuse by or upon youths.

520.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee is responsible for:

- (a) Developing and maintaining screening procedures for reducing the risk of sexual abuse by or upon a youth (15 CR 1350.5).
- (b) Implementing appropriate controls for the dissemination of assessment-related information within the facility to ensure that sensitive information is not exploited to a youth's detriment by staff members or other youths. (28 CFR 115.341; 15 CCR 1350.5).

520.4 STAFF MEMBER RESPONSIBILITIES

Department staff members shall ascertain screening information through conversations with the youth during the admitting process, medical and behavioral health screenings, and classification assessments, and by reviewing court records, case files, juvenile detention facility behavioral records, and other relevant documentation from a youth's files (28 CFR 115.341; 15 CCR 1350.5).

520.5 SCREENING FOR THE RISK OF SEXUAL ABUSE

Information obtained during the admitting and initial screening process and at periodic intervals shall be used to make housing, bed, program, education, and work assignments for youths with the goal of keeping youths safe and free from sexual abuse.

Youths shall be screened and assessed for signs of being at-risk of sexual abuse within 72 hours of admission to the juvenile detention facility and periodically throughout their confinement. Department staff members shall obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon another youth (also see the Prison Rape Elimination Act Policy) (28 CFR 115.341; 15 CCR 1350.5).

Such assessments shall be conducted using an objective screening instrument. At a minimum, the department shall attempt to ascertain the following information (28 CFR 115.341; 15 CCR 1350.5):

- (a) Prior sexual victimization or abusiveness

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- (b) Any gender nonconforming appearance or manner; or identification as lesbian, gay, bisexual, transgender, queer, or intersex, and whether the youth may therefore be vulnerable to sexual abuse
- (c) Current charges and offense history
- (d) Age
- (e) Level of emotional and cognitive development
- (f) Physical size and stature
- (g) Mental illness or mental disabilities
- (h) Intellectual or developmental disabilities
- (i) Physical disabilities
- (j) The youth's own perception of vulnerability
- (k) Any other specific information about the youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youths

Youths with an identified history of sexual victimization shall be offered a follow-up meeting with a medical or mental health provider within 14 days of intake screening (28 CFR 115.381).

Initial and periodic screening forms should be forwarded to a care liaison for review and maintained in accordance with department records retention schedules (see the Youth Records Policy and Records Maintenance and Release Policy).

Transgender and Intersex Youths (Title 15, § 1352.5)

521.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the respectful and equitable treatment of all transgender and intersex youths by creating a safe environment for all youths and ensuring that all youths have equal access to all available services, care, and treatment (15 CCR 1352.5).

521.1.1 DEFINITIONS

Definitions related to this policy include (28 CFR 115.5; 28 CFR 115.6):

Intersex youth - A youth whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female.

Sexual abuse - Sexual activity or voyeurism perpetrated by one or more persons upon another person who does not consent, is unable to refuse, or is coerced into the act by manipulation, violence, or by overt or implied threats.

Transgender youth - A youth whose gender identity (i.e., internal sense of feeling male or female) is different from the youth's assigned sex at birth.

521.2 POLICY

It is the policy of the Tulare County Probation Department to treat all youths in a respectful, courteous, and professional manner while maintaining safety and security. This department is opposed to, and prohibits without qualification, discrimination or harassment of any kind based on a youth's gender identity status and/or sexual orientation.

521.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee shall develop procedures to ensure the respectful and equitable treatment of transgender and intersex youths (15 CCR 1352.5).

The Division Manager or the authorized designee should create and maintain a classification plan to guide staff members in processing transgender or intersex youths brought into the juvenile detention facility.

The Division Manager shall ensure that (15 CCR 1352.5):

- (a) Staff members shall respect every youth's gender identity and shall refer to a youth by the youth's preferred name and gender pronoun, regardless of the youth's legal name. The Department prohibits the use of gang or slang names or names that otherwise compromise facility operations as determined by the Division Manager or the authorized designee. Any decision made on this basis shall be documented (see the Youth Admittance Process Policy).
- (b) Transgender and intersex youths shall be permitted to dress and present themselves in a manner consistent with their gender identity. The Division Manager or the authorized designee shall ensure that the juvenile detention facility maintains an

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inventory of clothing sufficient to supply youths with clothing and undergarments consistent with their gender identity.

- (c) Staff members shall house transgender and intersex youths in the area or room that best meets their individual needs and promotes their safety and well-being. Staff members may not automatically house youths according to their external anatomy and shall document the reasons for any decision to house youths in an area that does not match their gender identity. In making a housing decision, staff members shall consider the youth's preferences, as well as any recommendations from the youth's medical or behavioral/mental health provider (see the Youth Classification Policy).
- (d) The Division Manager shall ensure that transgender and intersex youths have access to medical and behavioral/mental health providers qualified to provide care and treatment to transgender and intersex youths.
 - 1. Any transgender or intersex youth showing signs of mental illness or a developmental disability should be referred to a behavioral/mental health care liaison, who will arrange for an appropriate referral.
 - 2. Licensure, certification, or registration of the juvenile detention facility's qualified health care professionals shall be maintained and consistent with community standards and the needs of transgender and intersex youths.
 - 3. Health Care Provider Designees shall be properly licensed, certified, or registered, and shall maintain their applicable licenses, certifications, or registrations, and ensure that current credentials are on file and available for review.
- (e) Consistent with the juvenile detention facility's reasonable and necessary security considerations and its physical plant, staff members shall make every effort to ensure the safety and privacy of transgender and intersex youths when they are using the bathroom or shower or dressing or undressing.
 - 1. Transgender and intersex youths shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.
 - 2. Staff members of the opposite sex shall announce their presence before entering a housing unit where transgender or intersex youths are housed.
 - 3. Transgender and intersex youths shall be given the opportunity to shower separately from other youths (28 CFR 115.342).

521.4 TRANSGENDER AND INTERSEX YOUTH CLASSIFICATION

The classification plan should include an initial screening process and a process for determining appropriate housing assignments (see the Youth Classification Policy) (28 CFR 115.341; 28 CFR 115.342). The plan should include use of an objective screening instrument, procedures for deciding classification and housing assignments, intake and housing forms, and a process to ensure that all classification and housing records are maintained in each transgender and intersex youth's permanent file.

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The classification plan should also include an evaluation by trained classification staff members to determine appropriate housing assignments that are based on a youth's actual and perceived gender or gender identity (see the Youth Classification Policy).

521.4.1 PERIODIC CLASSIFICATION REVIEWS

Housing and program assignments for each transgender and intersex youth shall be reassessed at least twice each year to determine whether the youth has experienced any threats. Housing and program reassessments shall take into consideration the level of supervision and the transgender or intersex youth's behavior while in custody (see the Youth Classification Policy) (28 CFR 115.342).

Each transgender and intersex youth's risk level shall be reassessed when required due to a referral, request, any incident of alleged sexual abuse, or receipt of any other specific information about a youth that may indicate heightened needs for supervision, or that increases the youth's risk of sexual victimization or abusiveness (28 CFR 115.341).

521.5 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, program, education, and work assignments should be made in an effort to keep transgender and intersex youths safe and free from sexual abuse (see the Youth Classification Policy).

521.5.1 SEXUAL ABUSE INCIDENT REVIEW

All reports of sexual abuse involving transgender and intersex youths shall be reviewed and investigated in accordance with the Prison Rape Elimination Act Policy.

521.6 TRANSGENDER AND INTERSEX YOUTH SEARCHES

Juvenile Detention Facility staff members shall not conduct physical searches of any youth for the sole purpose of determining the youth's anatomical sex (15 CCR 1352.5). If genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.315).

Whenever feasible, juvenile detention facility, staff members shall respect the youth's preference regarding the gender of the staff member who conducts the search of the youth (15 CCR 1352.5).

521.7 TRANSPORTATION OF TRANSGENDER AND INTERSEX YOUTHS OUTSIDE THE SECURE FACILITY

When possible, transgender and intersex youths should be transported with youths of the gender they identify with the most. All other transportation procedures should be in accordance with the Transportation of Youths Outside the Secure Facility Policy.

521.8 TRAINING

All staff members who may have contact with transgender and intersex youths shall receive department-approved training regarding how to communicate effectively and professionally with transgender and intersex youths.

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The Training Manager shall provide for training for staff members regarding how to conduct pat-down searches, modified strip searches, and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat-downs and searches, as well as searches of transgender and intersex youths (28 CFR 115.315).

The Training Manager should ensure that every staff member receives training and testing in prevention and intervention techniques for detecting and responding to incidents of sexual abuse and sexual harassment, and that they have sufficient knowledge to answer any questions that a transgender or intersex youth may have regarding sexual abuse and sexual harassment, and that they are familiar enough with the reporting process to take an initial report of sexual abuse or sexual harassment (see the Prison Rape Elimination Act Training Policy).

521.8.1 RETENTION OF TRAINING RECORDS

Staff member training records for training and education that addresses transgender and intersex youths shall be retained in accordance with established records retention schedules and for a minimum of two years (2 CCR 11024).

In-Custody Deaths and Serious Illness or Injury of a Youth (Title 15, § 1341)

522.1 PURPOSE AND SCOPE

This policy provides direction for notifications, reporting, and review of in-custody deaths, and notifications for serious illness or injury of a youth (15 CCR 1341).

522.1.1 DEFINITIONS

Definitions related to this policy include:

In-custody death - The death of any youth, for whatever reason (natural causes, suicide, homicide, accident), who is in custody at any facility of this department or is attending an in-custody court appearance.

Internal review (also known as **administrative review**) - An assessment of whether a facility's standards, training, or supervision are adequate, and whether changes should be made.

Provider mortality review - An assessment of the medical care, including mental health care, provided to a youth who later died in custody. It should analyze the care provided, or care that should have been provided, to prevent the death. A medical provider mortality review should address areas where improvements can be made.

Psychological autopsy - An assessment performed for suicide deaths to illuminate the stressors that could have contributed to the suicide. It is usually conducted by a psychologist or other qualified mental health professional.

522.2 POLICY

It is the policy of this department to follow state and local guidelines regarding notifications and reporting in the event of an in-custody death or serious illness or injury of a youth and to review in-custody deaths in order to avoid preventable deaths.

522.3 RESPONSIBILITIES

The Public Health Director, in cooperation with the Division Manager and the behavioral/mental health director, shall develop written procedures to ensure there is a medical and operational review of every in-custody death of a youth. The written procedures shall also include guidelines for making required notifications to necessary parties (15 CCR 1341).

The Division Manager or the authorized designee, in cooperation with the Public Health Director, shall develop written procedures for the notification to necessary parties in the event of the serious illness or injury of a detained youth (15 CCR 1341).

522.4 NOTIFICATIONS FOR IN-CUSTODY DEATHS

Upon determining that a death of any youth has occurred while in the custody of this department, the Chief Probation Officer is responsible for ensuring that all appropriate investigative authorities, including the Tulare County Sheriff-Coroner, are notified without delay.

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The Chief Probation Officer shall also promptly ensure that any other notifications required by policy or direction are made. The Division Manager shall observe all pertinent laws and allow appropriate investigating and reviewing agencies full access to all facts surrounding the death.

If the deceased youth is housed in this facility under a bed rental agreement with another agency, the Division Manager shall notify that agency so it can assume responsibility for making required notifications.

The Division Manager or the authorized designee shall notify the Juvenile Court and any other court of jurisdiction and ensure notification to the youth's parent/guardian, or person standing in loco parentis, and the youth's attorney of record (15 CCR 1341).

The Division Manager or the authorized designee shall report in writing to the California Attorney General within 10 days after the death, all facts known concerning the death as provided by Government Code § 12525. A copy of this written report shall also be provided to the California Board of State and Community Corrections (BSCC) within 10 calendar days after the death (15 CCR 1341).

Upon receiving a report of the death of a youth from the Division Manager, the BSCC may inspect and evaluate the juvenile detention facility within 30 calendar days. Any inquiry made by the BSCC shall be limited to the standards and requirements set forth in these regulations (15 CCR 1341).

Pursuant to Article 37 of the Vienna Convention on Consular Relations 1963, in the case of the death or serious injury or illness of a foreign national, any required notifications will be made to the appropriate consulate post as soon as practicable.

The deceased youth's personal belongings shall be disposed of in a responsible and legal manner. All property and records shall be retained according to established records retention schedules.

During an investigation or review, all inquiries regarding the death shall be referred to the Public Information Officer. Staff members shall not make a public comment.

522.4.1 IN-CUSTODY DEATH REVIEW TEAM

The Chief Probation Officer, in cooperation with the Public Health Director, is responsible for establishing a team of qualified staff members to conduct an internal review of every in-custody death. The review team shall include (15 CCR 1341):

- (a) The Chief Probation Officer and/or the Division Manager.
- (b) The Public Health Director.
- (c) The Medical Director.
- (d) Other health care and supervision staff members relevant to the incident.

Additional members of the death review team may include, as appropriate:

1. Investigative staff members.
2. Medical Director, qualified medical/mental health care professionals, supervisors, or other staff members and individuals who are relevant to the incident.

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3. Professional Standards Unit investigators.
4. Local law enforcement.
5. Child welfare agency representatives.

522.4.2 IN-CUSTODY DEATH REVIEW

The in-custody death review should be initiated immediately, though it may take time to obtain all the relevant information for proper analysis. The provider mortality review should be completed within 30 days. Depending on the nature of the death, the administrative review and/or psychological autopsy may take longer than 30 days to complete; however, every effort should be made to complete the review in a timely manner so that necessary improvements can be implemented as soon as possible.

The review team shall evaluate the in-custody death to determine whether laws, regulations, and policies and procedures were followed, and whether any policies or procedures should be changed. A report shall be prepared by the review team of any findings of the review.

In conducting a death review, the Chief Probation Officer or the authorized designee should immediately collect all relevant information, including but not limited to:

- (a) Intake records.
- (b) Medical/mental health records.
- (c) Youth requests, complaints, and grievances.
- (d) Visitor logs.
- (e) Phone calls and any electronic communications.
- (f) Inspection logs, notes, and corrective actions.
- (g) Safety check logs.
- (h) Daily activity logs and shift reports.
- (i) Program attendance logs.
- (j) Classification records.
- (k) Use of force and use of physical restraints reports.
- (l) Staff member rosters.
- (m) Staff member statements or interviews (e.g., incident reports).
- (n) Witness statements or interviews.
- (o) Video footage.
- (p) Youth records.
- (q) Court records.
- (r) Information about criminal charges (more relevant for suicide).
- (s) Toxicology reports.

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- (t) Tulare County Sheriff-Coroner reports, including the autopsy report.
- (u) Any other relevant records, reports, or interviews.

These materials should be well-organized with a written factual overview of the relevant events in the timeline leading up to the death and the response in the time frame after the death. The overview should be prepared with the expectation that the material will be reviewed by the Chief Probation Officer, outside agencies, lawyers, policy makers, and state and federal court judges. In the case of suicide, this material should be provided to the medical or mental health professional who will be preparing the psychological autopsy.

Notification should be sent to all relevant individuals instructing them to preserve all records related to the decedent's detention.

Chapter 6 - Youth Due Process

Youth Discipline (Title 15, § 1390)

600.1 PURPOSE AND SCOPE

This policy addresses limitations on discipline for youths who fail to comply with juvenile detention facility rules.

600.2 POLICY

It is the policy of this department to protect youths from abuse and violations of their rights by limiting certain actions taken as discipline in response to youths who violate juvenile detention facility rules.

600.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee shall develop and implement written procedures for youth discipline that shall promote acceptable behavior and include the use of positive behavior interventions and supports (15 CCR 1390).

The Division Manager or the authorized designee shall establish juvenile detention facility rules of conduct and disciplinary penalties to guide the conduct of youths. Such rules and penalties shall include both major rule violations and minor rule violations, be stated simply and affirmatively, and be made available to all youths. Provision shall be made to provide accessible information to youths with disabilities, limited English proficiency, or limited literacy (see the Youth Discipline Process Policy) (15 CCR 1390).

600.4 LIMITATIONS ON DISCIPLINARY ACTIONS

The U.S. and California constitutions expressly prohibit all cruel or unusual punishment. Discipline shall be imposed at the least restrictive level that promotes the desired behavior and shall not include corporal punishment, group punishment, or physical or psychological degradation (see the Youth Discipline Process Policy). Limitations on discipline include (15 CCR 1390 and 28 CFR 115.378):

- (a) In no case shall any youth be deprived of a bed and bedding supplies.
- (b) In no case shall any youth or group of youths be delegated the authority to punish any other youth or group of youths.
- (c) In no case shall a safety room be used for disciplinary purposes.
- (d) In no case shall any restraint device be used for disciplinary purposes.
- (e) Full Nutrition shall not be withheld as a disciplinary measure.
- (f) The right to send and receive mail shall not be withheld as a disciplinary measure.
- (g) In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure.
- (h) No youth may be deprived of the implements necessary to maintain an acceptable level of personal hygiene, including but not limited to a daily shower or access to a drinking fountain, a toilet, personal hygiene items, and clean clothing.

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Youth Discipline (Title 15, § 1390)

- (i) Discipline may be imposed for sexual activity between youths. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced.
- (j) No discipline may be imposed for sexual contact with staff members unless there is a finding that the staff member did not consent to such contact.
- (k) No youth may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred.
- (l) No confinement without an opportunity for at least one hour of exercise daily outside of the immediate living quarters may be imposed unless the Division Manager or the authorized designee determines and documents that this opportunity will jeopardize the physical safety of the youth or others or the security of the facility.
- (m) No youth may be subject to a substantial change in heating, lighting, or ventilation.
- (n) No youth may be subject to restrictions on access to clean clothing, or the use of hygienic facilities.
- (o) No youth shall be deprived of clean and sanitary living conditions.
- (p) Restrictions shall not be placed on medical and dental care services as a disciplinary measure.
- (q) Restrictions shall not be placed on a youth's access to government officials as a disciplinary measure.
- (r) Restrictions shall not be placed on a youth's access to grievance proceedings as a disciplinary measure.
- (s) No youth may be prohibited from contact with the youth's parents/guardians as a disciplinary measure.
- (t) No youth may be deprived of education, counseling, rehabilitative programming, or religious services as a disciplinary measure.

Youth Discipline Process (Title 15, § 1391)

601.1 PURPOSE AND SCOPE

This policy addresses the application of juvenile detention facility rules and disciplinary sanctions for youths who fail to comply. Criminal acts may be referred to the appropriate law enforcement agency (15 CCR 1391).

601.2 POLICY

It is the policy of this department to maintain written juvenile detention facility rules that promote acceptable behavior, safety, security, order, and discipline and to impose disciplinary sanctions in a fair and equitable manner.

601.3 YOUTH DISCIPLINE

The Division Manager or authorized designee shall develop and implement written procedures for the administration of discipline and ensuring that youth rules and disciplinary sanctions are developed, distributed, reviewed annually, and revised as needed, which shall include but not be limited to:

- (a) Designating staff members authorized to impose discipline on youths for violation of the rules (15 CCR 1391).
- (b) Prohibiting the delegation of discipline on any youth.

The administration of any form of discipline shall use trauma-informed approaches and positive behavior interventions (15 CCR 1391).

Youths cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited should be accessible to all youths. Youth rules shall be translated into the languages that are understood by the youths (see the Youth Orientation Policy).

Disciplinary procedures governing youth rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, pre-hearing and post-hearing disciplinary actions, pre-hearing and post-hearing removal from general population, and pre-hearing and post-hearing separation from other youths (15 CCR 1391).

Youths who are subject to discipline as a result of rule violations shall be afforded the procedural due process required by federal and state law. All youths will be made aware of the rules of conduct for which they will be held accountable, as well as any defined penalties for rule violations. Staff members will not engage in arbitrary actions against youths. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied.

601.4 MINOR RULE VIOLATIONS

Minor rule violations are violations that do not affect the safety, security, and good order of the facility or disrupt the normal operation of a housing unit (15 CCR 1391).

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Youth Discipline Process (Title 15, § 1391)

Minor rules are in place to guide youths in behaving respectfully and to promote an environment conducive to rehabilitation (15 CCR 1391).

Minor rule violations may be handled informally by counseling, advising the youth of expected conduct, or by imposing a minor sanction (15 CCR 1391).

Staff members are authorized to recommend informal discipline for minor rule violations.

Any staff member imposing informal discipline shall document the information in writing in the youth's case file (15 CCR 1391).

A youth may request that a supervisor review the imposed sanction. The supervisor should respond to the request within a reasonable time (generally within two hours) and shall have final authority as to the imposition of informal discipline (15 CCR 1391).

601.5 MAJOR RULE VIOLATIONS

Major rule violations are considered a threat to the safety, security, or efficiency of the juvenile detention facility, its staff members, youths, or visitors. Staff members witnessing or becoming aware of a major rule violation shall take immediate steps to stabilize and manage the situation, including notification of a supervisor as soon as practicable. The supervisor shall assess the situation and initiate any emergency action, if necessary, and notify the Institution Supervisor (15 CCR 1391).

The staff member who learned of the rule violation shall write and submit a disciplinary report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift.

The discipline process for a youth accused of a major rule violation includes (15 CCR 1391):

- (a) A fair hearing in which the discovering staff members or investigating supervisor presents factual evidence supporting the rule violation and the disciplinary action.
- (b) Written notice of the violation to the youth before a disciplinary hearing, to allow the youth time to prepare a defense.
- (c) Assignment of an impartial hearing officer.
- (d) The limited right to call witnesses and/or present evidence on the youth's behalf.
- (e) The assistance of a staff member upon the youth's request.
- (f) The appointment of a staff member to serve as an assistant or representative in cases where the youth may be incapable of self-representation.
- (g) The provision of accommodations to any youth with disabilities, limited literacy, or limited English proficiency (see the Limited English Proficiency Services Policy).
- (h) A formal written decision that shows the evidence considered by the hearing officer, the reasons for any sanctions, and an explanation of the appeal process.
- (i) Reasonable sanctions for violating rules that relate to the severity of the violation.
- (j) The opportunity to appeal the finding.

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601.6 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can include counseling, loss of certain privileges associated with a rewards-based behavior management system, restitution for damaging property, and room confinement (see the Room Confinement Policy and the Youth Separation Policy for additional guidance) (15 CCR 1391).

To the extent that therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse are available, the facility shall consider whether to require a youth being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.378(d)).

Discipline shall be commensurate with the nature and circumstances of the offense committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youths with similar histories (28 CFR 115.378(b)).

Youths shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the youth engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for youth-on-youth sexual abuse (28 CFR 115.378(a)).

The Chief Probation Officer or the authorized designee shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

601.6.1 STATE LAW GUIDELINES FOR DISCIPLINARY SANCTIONS

Violations that result in a removal from a camp or commitment program, but not a return to court, shall follow the due process provisions in this policy (15 CCR 1391).

601.7 TRAINING

The Division Manager or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff members and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Training Manager is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer's role in ensuring that those protections are provided (see the Youth Supervision Staff Member Orientation and Training Policy).

Room Confinement (Title 15, § 1354.5)

602.1 PURPOSE AND SCOPE

This policy provides guidance on removing youths from the general population for safety and security reasons (15 CCR 1354.5).

602.1.1 DEFINITIONS

Definitions related to this policy include:

Room confinement - The placement of a youth in a locked room with minimal or no contact with persons other than juvenile detention facility staff members and attorneys. Room confinement does not include confinement of a youth in a locked single-person room or cell for a brief period lasting no longer than two hours when it is necessary for required institutional operations (Welfare and Institutions Code § 208.3).

602.2 POLICY

It is the policy of the Tulare County Probation Department to protect the rights and safety of youths who are removed from the general population of youths for safety and security reasons.

602.3 SEPARATION APPROVAL

Youths who are accused of a major rule violation may be removed from the general population of youths with the Institution Supervisor's approval if there is a threat to safety or security of other youths, staff members, or visitors. The Division Manager or authorized designee shall be contacted as soon as possible for approval of the separation.

The Division Manager or the authorized designee shall, within four hours including weekends and holidays, review the status of any youth in separation to determine whether continued separation from the general population is appropriate (Welfare and Institutions Code § 208.3).

602.4 ROOM CONFINEMENT

Removal of a youth from the general population should be done only in rare situations as a short-term response to dangerous actions of that youth if the youth poses an immediate threat of self-harm or an immediate threat to the safety of youths or staff members.

The Division Manager shall develop and implement written procedures addressing the placement of a youth in room confinement, which shall be accomplished in accordance with the following guidelines (Welfare and Institutions Code § 208.3; 15 CCR 1354.5):

- (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 youth or staff member.
- (b) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff members.
- (c) Room confinement shall not be used to the extent that it compromises the mental and physical health of the youth.

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Room Confinement (Title 15, § 1354.5)

602.4.1 INCREASED MONITORING

Safety checks of youths in room confinement should be performed by an assigned officer at random intervals not to exceed 15 minutes unless more frequent checks have been required by a supervisor or health care professional.

Safety checks shall be documented in writing and shall include reasonably observed behavioral or other concerns (see the Youth Safety Checks Policy).

602.4.2 MATTRESSES AND BEDDING

Youths in room confinement may have their mattress or bedding removed temporarily only if the youth is either:

- (a) Actively damaging the mattress or bedding.
- (b) Using the mattress or bedding in a manner that presents a threat to safety or security, including but not limited to obstructing a doorway or window or folding the mattress to use as a makeshift stepstool.

The reason for mattress or bedding removal shall be documented.

Bedding items may only be withheld from youths kept separate from other youths with supervisor approval and only during non-sleeping hours.

602.4.3 MEALS

Youths in room confinement may receive meals in their rooms. The meals should meet the same nutritional guidelines as meals served to other youths in custody, unless the youth is being served a prescribed medical or religious diet.

602.4.4 ROOM CONFINEMENT DURATION

Room confinement duration shall be in accordance with 15 CCR 1354.5:

- (a) A youth may be held up to four hours in room confinement. After the youth has been held in room confinement for a period of four hours, staff members shall do one or more of the following (Welfare and Institutions Code § 208.3):
 1. Return the youth to general population.
 2. Consult with behavioral/mental health or medical personnel.
 3. Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.
- (b) If room confinement must be extended beyond four hours, staff members shall do each of the following:
 1. Document the reason for room confinement and the basis for the extension, the date and time the youth was first placed in room confinement, and when the youth is eventually released from room confinement.
 2. Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.

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Room Confinement (Title 15, § 1354.5)

3. Obtain documented authorization by the Division Manager or the authorized designee every four hours thereafter.

602.4.5 EXCEPTIONS

The following examples are exceptions to the room confinement guidelines outlined above (15 CCR 1354.5):

- (a) This policy is not intended to limit the use of single-person rooms or cells for housing youth in juvenile facilities and does not apply to normal sleeping hours.
- (b) This policy does not apply to youth or wards in court holding facilities or adult facilities. Nothing in this policy shall be construed to conflict with any law providing greater or additional protections to youth.
- (c) This policy does not apply during an extraordinary emergency circumstance that requires a significant departure from normal institutional operations, including a natural disaster or facility-wide threat that poses an imminent and substantial risk of harm to multiple staff members or youths. This exception shall apply for the shortest amount of time needed to address this imminent and substantial risk of harm (see the Emergency Procedures - Facilities Policy).
- (d) This policy does not apply when a youth is placed in a locked cell or sleeping room to treat and protect against the spread of a communicable disease for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for an illness (see the Youth Separation Policy).
- (e) This policy does not apply when a youth is placed in a locked cell or sleeping room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner, when the youth is not required to be in an infirmary for illness.

602.4.6 TOILET ACCESS

During any period of room confinement, youths shall be provided reasonable access to toilets at all hours, including during normal sleeping hours (Welfare and Institutions Code § 208.3).

602.5 STAFF MEMBER RESPONSIBILITIES

Staff members assigned to monitor youths who have been removed from the general population and placed in room confinement should document any reasonably observed unusual behavior or failure to comply with facility rules.

Youth Separation (Title 15, § 1354)

603.1 PURPOSE AND SCOPE

This policy describes the Tulare County Probation Department's youth separation process, which is designed to appropriately identify and address security and health issues so youths may be held in such a way as to foster a safe and secure facility (see the Youth Classification Policy) (15 CCR 1354).

603.2 POLICY

It is the policy of this department to properly separate youths housed in this juvenile detention facility according to security and health risks identified during intake, classifications, and throughout a youth's stay to ensure safety and security in the facility.

603.3 SEPARATION

Male and female youths shall be housed to ensure visual and physical separation.

603.3.1 LOCATIONS AND ACCOMMODATIONS

Youths may be separated from other youths only in approved locations within the juvenile detention facility with appropriate accommodations.

603.4 YOUTH SEPARATION REQUIREMENTS

The Division Manager or the authorized designee shall develop and implement written procedures that address the separation of youths for reasons that include but are not limited to (15 CCR 1354):

- (a) Medical and mental health conditions.
- (b) Assaultive behavior.
- (c) Disciplinary consequences.
- (d) Protective custody.

Decisions to separate youths should include consideration of the following:

1. Positive youth development
2. Trauma-informed care

When the objective of the separation is discipline, see the Youth Discipline Policy (15 CCR 1354).

Youths shall not be denied normal privileges during separation except when necessary to accomplish the objective of separation (15 CCR 1354).

This section does not prohibit officers from placing a youth in a single-occupancy room at the youth's specific request or in accordance with Youth Classification Policy guidelines regarding separation.

When youth separation results in room confinement, the separation shall occur in accordance with Welfare and Institutions Code § 208.3 and 15 CCR 1354.5.

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Youth Separation (Title 15, § 1354)

There shall be a daily review of separated youths to determine if separation remains necessary, unless more frequent review is required (15 CCR 1354).

603.5 SINGLE-OCCUPANCY ROOMS

Single-occupancy rooms may be used to house categories of youths identified in the Youth Classification Policy (15 CCR 1354).

603.6 SEPARATING YOUTH FROM THE GENERAL POPULATION

No youth should be separated from the general population unless an assessment of available alternatives has been made and the classification supervisor has determined that there are no available alternative means to keep the youth and other youths safe. The basis for safety concerns and the reasons no alternative means of separation are available shall be documented.

Youths may only be separated from the general population until an alternative means to keep all youths safe can be made.

During any period of separation, youths may not be denied daily large muscle exercise and legally required educational programming or special education services. Separated youths should not be denied access to other programs and work opportunities as reasonably possible (28 CFR 115.342).

Separated youths shall also receive daily visits from a medical or mental health care provider (28 CFR 115.342; 15 CCR 1354).

Youths with Disabilities

604.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of youths with disabilities detained by this department in accordance with the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (29 USC § 794).

604.1.1 DEFINITIONS

Definitions related to this policy are found in the Accessibility - ADA Compliance Policy.

604.2 POLICY

It is the policy of the Tulare County Probation Department that youths with disabilities have equal access to services, programs, and activities by being provided with reasonable accommodations and appropriate auxiliary aids to assist with effective communications.

The Tulare County Probation Department will not discriminate against youths with disabilities or deny them access to services, rights, or programs based on their disabilities (see the Juvenile Detention Manual Policy).

604.3 COMMUNICATIONS

Staff members are responsible for taking reasonable steps to ensure their communications with youths with disabilities are as effective as communications with other youths. Staff members should consider all information reasonably available to them when determining how to communicate with a youth with a disability, including (28 CFR 35.160):

- (a) The youth's preferred method of communication.
- (b) The nature of the disability (e.g., deafness vs. hard of hearing, blindness vs. low vision).
- (c) The nature of the contact (e.g., emergency vs. non-emergency, custodial vs. consensual contact).
- (d) The availability of auxiliary aids. The fact that a particular aid is not available does not eliminate the obligation to reasonably ensure access. However, in an emergency, availability may factor into the type of aid used.

Staff members should not always assume that effective communication is being achieved, and when there is any doubt, staff members should ask the youth to communicate back or otherwise demonstrate understanding.

604.3.1 INCIDENTS

In an effort to ensure that the rights of youths who are deaf or have a hearing or speech impairment are protected during any formal interview or interrogation that takes place in the juvenile detention facility, this department will provide interpreter services before beginning an interview or interrogation, unless exigent circumstances exist or the youth has made a clear indication that the youth understands the process and desires to proceed without an interpreter.

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A video remote interpreting service should be considered, where appropriate, if a live interpreter is not available.

If *Miranda* warnings are required under the circumstances, these should be provided to the youth through a qualified interpreter or by providing a written *Miranda* warning card.

To ensure that communications during criminal investigations are accurately documented and are admissible as evidence, interrogations should be recorded whenever reasonably possible.

604.3.2 INTERPRETERS

When an interpreter is necessary for effective communication (28 CFR 35.160):

- (a) A youth with a disability will not be required to provide an interpreter.
- (b) Except in an emergency involving an imminent threat to the safety or welfare of any person and when there is no interpreter reasonably available, staff members shall not use another youth as an interpreter.
- (c) Staff members should not rely on any adult other than a qualified interpreter unless the youth agrees and specifically requests assistance from the adult and reliance on that adult is appropriate under the circumstances.

604.3.3 STAFF MEMBER INTERPRETER LIMITATIONS

Except for staff members hired or contracted specifically to serve as qualified sign language interpreters, staff members should not serve as sign language interpreters except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no other interpreter reasonably available (28 CFR 35.160).

604.4 ACCOMMODATION REQUESTS

Staff members should assist a youth with a disability by accommodating the youth consistent with any guidelines related to the youth's disability (see the Individualized Treatment Plans Policy). If there are no current guidelines in place, staff members receiving a request for accommodation of a disability should direct the youth to provide the request in writing or assist the youth in doing so. The written request should be brought to the on-duty supervisor as soon as practicable, but during the staff member's current shift.

Generally, requests should be accommodated if the accommodation would not raise a safety concern or affect the orderly function of the juvenile detention facility. The formal written request should still be submitted to the on-duty supervisor.

Requests for accommodation should be reviewed by a supervisor as soon as practicable, but within 24 hours of the request being made. The reviewing supervisor should evaluate the request and, if approved, notify the Division Manager, and any other staff members as necessary to meet the accommodation. The supervisor should make a record of the accommodation in the youth's file.

A supervisor who does not grant the accommodation, either in part or in full, should forward the request to the Division Manager within 48 hours of the request being made. The Division Manager,

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or authorized designee assisted by legal counsel, should make a decision regarding the request within five days of the request being made.

604.5 DOCUMENTATION

Staff members should document all requests for accommodations or auxiliary aids and their action taken in response to each request, including denials.

If the youth's preference of auxiliary aid is not honored, the reason another method of communication was used should be included.

604.6 TRAINING

The The Division Manager or authorized designee should work with the Training Manager to provide periodic training on such topics as:

- (a) Policies, procedures, forms, and available resources for youths with disabilities.
- (b) Working effectively with interpreters, telephone interpretive services, and related equipment.

Management staff members, even if they do not interact regularly with individuals with disabilities, should receive training as appropriate to understand and reinforce this policy.

Counseling and Casework Services (Title 15, § 1356)

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and casework services to youths housed in this juvenile detention facility. Mental health care for youths is covered in the Mental Health Services Policy (15 CCR 1356).

Mental health care for youths with signs of mental illness or a developmental disability is covered in the Availability and Standards of Care Policy.

605.2 POLICY

It is the policy of this department to provide counseling and casework services to any youth who requests services or is determined to need them.

605.3 DIVISION MANAGER RESPONSIBILITY

The Division Manager is responsible for (15 CCR 1356):

- (a) Developing and maintaining procedures to facilitate the availability of appropriate counseling and casework services for all youths (15 CCR 1356). Services shall include:
 1. Assistance with needs or concerns that may arise.
 2. Access to available resources to meet the youth's needs.
 3. Assistance in requesting contact with parent/guardian, other supportive adults, attorney, clergy, probation officer, or other public official.
- (b) Developing and maintaining procedures to refer youths in need of counseling services when requested by the youth, the youth's parent/guardian, or juvenile detention facility staff members.
- (c) Coordinating with the Medical Director to develop and maintain procedures to document counseling or casework services provided to youths.
- (d) Coordinating with the Medical Director to develop and maintain procedures to identify personnel who will provide counseling and casework services, which should include consideration of training, qualifications, and applicable licensing requirements.
 1. Services may be provided by medical and mental health personnel assigned to the facility, the chaplain or religious volunteers (see the Religious Programs Policy), staff members assigned to the facility who have specific training and expertise in this area, or other qualified professionals.

605.4 REQUESTS AND REFERRALS

Staff members shall ensure that request forms are available and provided to youths who request counseling services. All youth requests for counseling shall be forwarded to the appropriate provider (15 CCR 1356).

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Counseling and Casework Services (Title 15, § 1356)

Staff members observing signs of suicidal thoughts or tendencies in a youth should proceed according to the Suicide Prevention and Intervention Policy.

605.5 REQUIRED COUNSELING SERVICES

Staff members who reasonably believe that a youth has been a victim of sexual abuse should inform the youth of the availability of counseling as provided in the Prison Rape Elimination Act Policy and should proceed with any reporting and other applicable requirements in accordance with the Prison Rape Elimination Act Policy.

605.6 NON-CRISIS COUNSELING

The Department shall, when reasonably practicable, make counseling services and/or case management services available to assist youths who are being released into the community.

605.7 TRAINING

Staff members who interact with youths should receive training on identifying behavior and other signs in youths that may indicate a need for counseling or casework services. Training should include familiarizing all staff members with all counseling programs available and the process for referring youths for counseling.

Diplomats

606.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to certain youths who are family members of individuals assigned to foreign diplomatic missions and consular posts.

606.2 POLICY

The Tulare County Probation Department will treat youths who are family members of foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Department will investigate all claims of immunity and accept custody of the youth when appropriate.

606.3 DIPLOMATIC AND CONSULAR IMMUNITY

606.3.1 AVAILABILITY OF RESOURCES

The contact information for the U.S. Department of State Bureau of Diplomatic Security should be readily available.

606.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When a youth who claims diplomatic or consular immunity is brought to the Tulare County Probation Department, the receiving staff member shall first inform the Division Manager and then generally proceed as follows:

- (a) Do not accept custody of the youth from the transporting officer. The youth should not be brought inside the Tulare County Probation Department.
- (b) Do not handcuff the youth, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.
- (c) If the youth has already been accepted into custody, inform the youth that the youth will be detained until the youth's identity and immunity can be confirmed. Attempt to obtain a U.S. Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.
- (d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

It will be the responsibility of the Division Manager to communicate the claim of immunity to the on-duty supervisor of the arresting agency (if not the Tulare County Probation Department).

The Division Manager may assist another agency in determining the person's immunity status. The Division Manager is responsible for ensuring appropriate action is taken based upon information received regarding the youth's immunity status.

606.3.3 REPORTING

If the youth's immunity status has been verified, the Division Manager shall contact the Department of State.

Foreign Nationals

607.1 PURPOSE AND SCOPE

This policy addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody.

607.2 POLICY

The Tulare County Probation Department will honor the laws related to foreign nationals who are detained by making proper parent/guardian and consular notifications.

607.3 CONSULAR NOTIFICATIONS FOR FOREIGN NATIONALS

607.3.1 CONSULAR NOTIFICATION LIST AND CONTACTS

The Division Manager will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to department staff members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing youths of rights related to consular notification should also be posted.

607.3.2 CONSULAR AND PARENT/GUARDIAN NOTIFICATION

Department staff members assigned to intake shall:

- (a) If the youth is a foreign national, determine whether the youth's country is on the U.S. Department of State's mandatory notification list.
- (b) If the country is not on the list for mandatory notification, attempt to contact the youth's parent/guardian to see if the parent/guardian wants consular officers notified of the detention. If there is reason to believe the youth may be the victim of abuse or trafficking and contacting the parent/guardian or consular officers would put the youth in danger, contact the appropriate court for a determination of whether notification should be made.
- (c) If the country is not on the list for mandatory notification and the youth's parent/guardian requests that consular officers be notified; and if the Department is unable to locate the youth's parent/guardian within 72 hours; or the court orders notification:
 1. Notify the nearest embassy or consulate of the youth's country of the arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
 2. Forward any communication from the youth and/or parent/guardian to the consular officers without delay.
- (d) If the country is on the list for mandatory notification:
 1. Notify the nearest embassy or consulate of the youth's country, without delay, of the youth's detention by faxing the appropriate notification form. If no

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Foreign Nationals

- fax confirmation is received, a telephonic notification should be made and documented.
2. Tell the youth and the parent/guardian that this notification has been made and inform the youth without delay that the youth may communicate with the youth's consular officers.
 3. Forward any communication from the youth and the youth's parent/guardian to the consular officers without delay.
 4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation in the youth's file.

Department staff members should never discuss anything with consulate personnel beyond the required notifications, such as whether the youth is requesting asylum. Requests for asylum should be forwarded to the Division Manager, who shall contact the Department of State.

Youth Rights - Protection from Abuse

608.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that youths are afforded a safe, healthy environment free from abuse, physical punishment, harassment, intimidation, and theft or other loss of property (see the Juvenile Detention Manual Policy).

608.2 POLICY

It is the policy of this department to make every reasonable effort to protect youths from abuse, physical punishment, injury, harassment, intimidation, or loss or damage to personal property by other youths or staff members. Staff members shall take reasonable actions to safeguard vulnerable youths from others, maintaining open communication with youths, and shall use the classification policies and procedures to make housing decisions that will provide for youth safety. Abuse of youths by staff members or other youths will not be tolerated.

608.3 RESPONSIBILITY

It shall be the responsibility of all facility staff members to adhere to policies, procedures, and practices to protect youths. These procedures include but are not limited to:

- (a) Following the classification guidelines for youth housing.
- (b) Closely supervising youth activities and interceding as needed to prevent violence, harassment, or abuse of youths.
- (c) Using force only when necessary and to the degree that is reasonable.
- (d) Reporting all youth injuries, investigating the cause of reported injuries, and documenting these efforts in an incident report.
- (e) Enforcing all rules and regulations in a fair and consistent manner.
- (f) Preventing youths from conducting kangaroo courts or dispensing discipline on any other youth.
- (g) Conducting required safety checks of all youth housing areas (see the Youth Safety Checks Policy).
- (h) Checking all safety equipment for serviceability and reporting any defective equipment to the appropriate supervisor or the Division Manager.
- (i) Referring sick or injured youths to a qualified health care professional without unnecessary delay.
- (j) Maintaining high standards of cleanliness throughout the juvenile detention facility.
- (k) Documenting all abuse protection efforts in facility logs and incident reports as applicable.
- (l) Accepting, documenting, and reviewing all grievances (see the Youth Grievances Policy).

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Youth Rights - Protection from Abuse

608.4 TRAINING

The Training Manager shall be responsible for developing and delivering a training curriculum to all staff members on the topic of protecting youths from abuse (see the Youth Supervision Staff Member Orientation and Training Policy). A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each staff member's training file.

Prison Rape Elimination Act

609.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect, and respond to sexual abuse and sexual harassment (28 CFR 115.311).

For additional state guidance, see the Juvenile Detention Manual Policy and the Sexual Assaults Policy.

609.1.1 DEFINITIONS

Definitions related to this policy include:

Intersex youth - A youth 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 disorders of sex development.

Sexual abuse - Sexual activity or voyeurism by one or more persons upon another person who does not consent, is unable to refuse, or is coerced into the act by manipulation, violence, or by overt or implied threats. Sexual abuse includes any of the following acts if the youth does not consent, is coerced into such acts by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
2. Contact between the mouth and the penis, vulva, or anus
3. Penetration, however slight, of the anal or genital opening of another person by a hand, finger, object, or other instrument
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation (28 CFR 115.6)
5. Voyeurism (see the Definitions attachment) (28 CFR 115.6)

Sexual abuse also includes abuse by an employee, staff member, contractor, or volunteer as follows, with or without consent of the youth:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
2. Contact between the mouth and the penis, vulva, or anus
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire

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5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above
7. Any display by staff members, contractors, or volunteers of their uncovered genitalia, buttocks, or breast in the presence of a youth

Sexual harassment - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth that are directed toward another; repeated verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6).

Transgender youth - A youth whose gender identity (i.e., internal sense of feeling male or female) is different from the youth's assigned sex at birth.

609.2 POLICY

This department has zero tolerance regarding sexual abuse and sexual harassment in this facility. This department will take appropriate affirmative measures to protect all youths from sexual abuse and sexual harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment (see the Juvenile Detention Manual Policy).

609.3 PRESERVATION OF ABILITY TO PROTECT YOUTHS

The Department shall not enter into or renew any collective bargaining agreement, memorandum of understanding, or other agreement that limits the department's ability to remove alleged staff member sexual abusers from contact with any youths pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.366).

609.4 PREA COORDINATOR

The Division Manager shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee department efforts to comply with the PREA standards. The PREA coordinator shall review facility policies, procedures, and practices, and make appropriate compliance recommendations to the Division Manager (28 CFR 115.311).

The PREA coordinator's responsibilities shall include:

- (a) Developing a written plan to coordinate response among staff member first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the department's approach to identifying imminent sexual abuse toward youths and preventing and detecting such incidents (28 CFR 115.311; 28 CFR 115.365; 28 CFR 115.362).

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- (b) Ensuring that within 10 days of intake, youths are provided with comprehensive, age-appropriate education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the department's policies and procedures for responding to such incidents. The Department shall maintain documentation of youth participation in these educational sessions (28 CFR 115.333).
- (c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, to protect youths from sexual abuse. This includes maintaining the minimum required youth supervision staff member-to-youth ratios, documenting deviations from the staffing plan and the reasons for those deviations, and reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider (28 CFR 115.313):
 1. Generally accepted juvenile detention and correctional/secure residential practices.
 2. Any judicial findings of inadequacy.
 3. Any findings of inadequacy from federal investigative agencies.
 4. Any findings of inadequacy from internal or external oversight bodies.
 5. All components of the facility's physical plant, including blind spots or areas where staff members or youths may be isolated.
 6. The composition of the youth population.
 7. The number and placement of supervisory staff members.
 8. Institution programs occurring on a particular shift.
 9. Any applicable state or local laws, regulations, or standards.
 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
 11. Any other relevant factors.
- (d) Ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the department's ability to protect youths from sexual abuse (28 CFR 115.318).
- (e) Ensuring that any contract for the confinement of youths includes the requirement to adopt and comply with the PREA standards, including obtaining incident-based and aggregated data, as required in 28 CFR 115.387. Any new contract or contract renewal shall provide for department contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.312).
- (f) Making reasonable efforts to enter into agreements with community service providers to provide youths with confidential emotional support services related to sexual abuse. The facility shall provide youths with access to outside victim advocates for emotional support services related to sexual abuse by giving youths the mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state,

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or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between youths and these organizations and agencies in as confidential a manner as possible. The facility shall inform youths, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.353).

- (g) Implementing a process by which youths are provided with reasonable and confidential access to their attorneys (or other legal representation), and with reasonable access to parents or legal guardians (28 CFR 115.353).
- (h) Implementing a process by which youths may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Department, and by which the outside entity or office is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to the Division Manager, allowing the youth anonymity (28 CFR 115.351).
- (i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this department, using a standardized instrument and set of definitions. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.387).
 - 1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the DOJ.
 - 2. The data shall be aggregated at least annually.
- (j) Establishing a process to monitor the conduct and treatment of youths or staff members who have reported sexual abuse, and the conduct and treatment of detainees who were reported to have suffered sexual abuse.
- (k) Ensuring that the following are published on the department's website or by other means, if no website exists:
 - 1. Department policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.322)
 - 2. Information on how to report sexual abuse and sexual harassment on behalf of a youth (28 CFR 115.354)
- (l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.393).
- (m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.313).

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- (n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Tulare County Probation Department informed of the progress of the investigation (28 CFR 115.371).
- (o) Ensuring the Department conducts follow-up criminal background records checks at least once every five years on staff members or contractors who may have contact with youths or has in place a system for otherwise capturing such information (28 CFR 115.317).

609.5 REPORTING SEXUAL ABUSE, HARASSMENT, AND RETALIATION

Any employee, including medical and mental health staff members, department representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against youths or staff members shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.361). Staff members may also privately report sexual abuse and sexual harassment of youths (e.g., report to the Division Manager) (28 CFR 115.351).

Youths may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff members shall accommodate all youth requests to report allegations of sexual abuse or sexual harassment. Staff members shall accept reports made verbally, in writing, anonymously, or from third parties, and shall promptly document all verbal reports. The facility shall provide youths with reasonable access to tools necessary to make a written report (28 CFR 115.351).

Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.361).

609.5.1 REPORTING TO OTHER FACILITIES

If there is an allegation that a youth was sexually abused while confined at another facility, the Division Manager shall notify the head of that facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but not later than 72 hours after receiving the allegation. The Division Manager shall ensure that the notification has been documented. The Division Manager shall also notify the appropriate investigative agency (28 CFR 115.363).

609.5.2 ADDITIONAL REPORTING REQUIREMENTS FOR YOUTH VICTIMS

Upon receiving any allegation of sexual abuse of a youth (28 CFR 115.361):

- (a) All staff members shall comply with mandatory child abuse reporting laws (Penal Code § 11166).
- (b) The Division Manager or authorized designee shall report the allegation to the victim's parents or legal guardians unless the Department is in possession of official documentation that the parents or legal guardians should not be notified.

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- (c) If the victim is under the guardianship of the child welfare system, the Division Manager shall report the allegation to the victim's caseworker (instead of parents or legal guardians).
- (d) If a juvenile court retains jurisdiction over the victim, the Division Manager shall also report the allegation to the victim's attorney or other legal representative within 14 days of receiving the allegation.

609.6 RETALIATION

All youths and staff members who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing unit, and support services for youths or staff members who fear retaliation, shall be utilized (28 CFR 115.367).

The Division Manager or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of youths or staff members who report sexual abuse or sexual harassment, as well as youths who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider youth disciplinary reports, housing or program changes, negative staff member performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Youth monitoring shall also include periodic status checks. The Division Manager should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.367).

609.7 FIRST RESPONDERS

If an allegation of youth sexual abuse is made, the first staff member to respond shall (28 CFR 115.364):

- (a) Separate the parties.
- (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff member first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.382).
- (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- (d) If time allows for collection of physical evidence, request that the alleged victim and ensure that the alleged abuser do not take any actions that could destroy physical

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evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).

If the first responder is not a staff member, the responder shall make the request that the alleged victim refrain from any actions that could destroy physical evidence and then immediately notify officer.

Should an investigation involve youths who have disabilities or who have limited English proficiency, the Department shall not rely on youth interpreters, youth readers, or other types of youth assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise youth safety, the performance of first responder duties, or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.316).

609.8 SEXUAL ABUSE VICTIMS

Youths who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.382). Depending on the severity of the injuries, transportation may occur by officer or by ambulance, in either case with appropriate security to protect the officer, the youth, and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Department shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Department, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511, to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.321).

609.9 EXAMINATION, TESTING, AND TREATMENT

Examination, testing, and treatment shall include the following:

- (a) Forensic medical examinations shall be performed as evidentiary or medically appropriate, at no cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Department shall document its efforts to provide SAFEs or SANEs (28 CFR 115.321). See the Sexual Assaults Policy and Collection of Forensic Evidence Policy for additional state guidance regarding examinations and treatment.
- (b) If requested by the victim, a victim advocate, a qualified department officer, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person

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- will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.321).
- (c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.382).
 - (d) Counseling as part of the treatment of sexually transmitted diseases, if appropriate, shall be provided.
 - (e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.382; 28 CFR 115.383). This shall be done in a timely manner.
 - (f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.383). This shall be done in a timely manner.
 - (g) Victims shall be provided with follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody (28 CFR 115.383).
 - (h) Treatment services shall be provided to the victim at no cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.382; 28 CFR 115.383).
 - (i) The Public Health Director or mental health staff member shall obtain informed consent from youths before reporting information to juvenile detention facility staff members about prior sexual victimization that occurred somewhere other than an institutional setting, unless the youth is younger than 18 (28 CFR 115.381).
 - (j) Sharing medical and mental health information related to sexual victimization that occurred in an institutional setting shall be limited to medical and mental health staff members and juvenile detention facility staff members to the extent necessary to inform treatment plans and security or management decisions (28 CFR 115.381).
1. Youths shall be informed at the initiation of services of the duty to report and the limits of confidentiality (28 CFR 115.361).

609.10 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation, or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.322). Administrative investigations shall include an effort to determine whether the staff member's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed department-approved training on sexual abuse and sexual harassment investigations shall be assigned to investigate these cases (28 CFR 115.371).

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When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to a youth's sexual orientation, sex, or gender identity. Investigators should not assume that any sexual activity among youths is consensual.

The departure of the alleged abuser or victim from the employment or control of the juvenile detention facility or Department shall not provide a basis for terminating an investigation (28 CFR 115.371).

If the investigation is referred to another agency for investigation, the Department shall request that the investigating agency follow the requirements as provided in 28 CFR 115.321 (a) through (e). The referral shall be documented. The Department shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.371). If criminal acts are identified because of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.371).

Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youths, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.321).

Youths alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.371).

609.10.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Division Manager or, if the allegations may reasonably involve the Division Manager, to the higher authority. The higher authority or the authorized designee shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of evidence (28 CFR 115.371; 28 CFR 115.372).

The staff member shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff members who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.376).

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609.10.2 REPORTING TO YOUTHS

The Division Manager or the authorized designee shall inform a youth victim in writing whether an allegation has been found to be substantiated, unsubstantiated, or unfounded. If the Department did not conduct the investigation, the Department shall request relevant information from the investigative agency in order to inform the youth.

If a staff member is the accused (unless the Department has determined that the allegation is unfounded), the youth shall also be informed whenever:

- (a) The staff member is no longer assigned to the youth's housing unit or employed at the facility.
- (b) The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another youth is the accused, the alleged victim shall be notified whenever the Department learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the youth is in custody, the youth shall be asked to sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.373).

609.11 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF MEMBERS AND YOUTHS

Sexual abuse and sexual harassment between staff members, volunteers, or contract personnel and youths is strictly prohibited (28 CFR 115.311; 28 CFR 115.376). The fact that a youth may have initiated a relationship or sexual contact is not a defense to violating this policy.

Any incident involving allegations of staff member-on-youth sexual abuse or sexual harassment shall be referred to the Professional Standards Unit for investigation.

609.11.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with youths. The contractor or volunteer shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.377).

609.12 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.386). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate. The review team shall:

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- (a) Consider whether the investigation indicates a need to change policy, procedure, or practice to better prevent, detect, or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- (d) Assess the adequacy of staffing levels in the area during different shifts.
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff members.
- (f) Prepare a written report of the team's findings including but not limited to determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Chief Probation Officer and the PREA coordinator.

The Division Manager or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

609.13 DATA REVIEWS

This department shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, practices, and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the department's progress in addressing sexual abuse.

The reports shall be approved by the Division Manager and made available through the department's website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.388).

All aggregated sexual abuse data from Tulare County Probation Department facilities and private facilities with which it contracts shall be made available to the public at least annually through the department's website. Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers (28 CFR 115.389).

609.14 RECORDS

All case records and reports associated with a claim of sexual abuse or sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical

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and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with confidentiality laws.

The Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Department, plus five years unless the abuse was committed by a youth and applicable law requires a shorter period of retention (28 CFR 115.371).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state, or local law requires otherwise (28 CFR 115.389).

Youth Nondiscrimination

610.1 PURPOSE AND SCOPE

The constitutional rights of youths regarding discrimination are protected during incarceration. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). This policy is intended to guide staff members toward nondiscriminatory administrative decisions and to detail a process for complaint and discrimination investigations.

610.2 POLICY

All decisions concerning youths housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility.

610.3 DISCRIMINATION PROHIBITED

Discriminating against youths based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited (see the Juvenile Detention Manual Policy).

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to youths in a nondiscriminatory manner.

The Division Manager should periodically conduct interviews with youths and staff members to identify and resolve potential problem areas related to discrimination before they occur.

610.4 REPORTING DISCRIMINATION

Youths who wish to report an allegation of discrimination may communicate with facility management in any way, including:

- (a) Confidential correspondence addressed to the Chief Probation Officer or the authorized designee, or other government official, including the courts or legal representatives.
- (b) Verbally to any supervisor or other staff member of this facility.

610.4.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff members shall promptly forward all written discrimination allegations by youths to the Institution Supervisor. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

Unless the complaint submitted by the youth is clearly identified as confidential and addressed to the Chief Probation Officer or the authorized designee, or other official, the Institution Supervisor shall review the complaint and attempt to resolve the issue. The Institution Supervisor shall document the circumstances of the allegation and what actions, if any, were taken to investigate

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or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Division Manager for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

- (a) The youth's classification
- (b) The youth's criminal history
- (c) Current and past behavior and disciplinary history
- (d) Housing availability
- (e) The availability of programs
- (f) The ability to safely provide the requested services

Youth Grievances (Title 15, § 1361)

611.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which youths may file grievances and receive a formal review regarding the conditions of their confinement (15 CCR 1361).

611.1.1 DEFINITIONS

Definitions related to this policy include:

Conditions of confinement - Any condition of a youth's confinement in the facility, including health care services; classification decisions; program participation; telephone, mail, or visiting procedures; food; clothing; bedding; mistreatment; and harassment or violations of the Youth Nondiscrimination Policy (15 CCR 1361).

611.2 POLICY

It is the policy of this department that any youth may file a grievance relating to conditions of confinement including but not limited to health care services, classification decisions, program participation, telephone, mail, or visiting procedures, food, clothing, bedding, mistreatment, harassment, or violations of the Youth Nondiscrimination Policy (15 CCR 1361).

Retaliation for use of the grievance system is prohibited.

611.3 ACCESS TO THE GRIEVANCE SYSTEM

All youths shall be provided with a grievance process for resolving complaints arising from juvenile detention facility matters with at least one level of appeal. There shall be no time limit on filing grievances.

Youths will receive information about the grievance procedure during the intake/orientation process. Information will also be contained in the youth handbook. Information regarding the grievance process will be provided to youths in the language they understand.

The information shall include (15 CCR 1361):

- (a) A grievance form, free access, and instructions for registering a grievance.
- (b) Instructions for resolving the grievance at the lowest appropriate staff member level.
- (c) The appeal process to the next level of review.
- (d) A provision for a written response to the grievance that includes the reasons for the decision.
- (e) Required time frames for responses.
- (f) A provision for resolving questions of jurisdiction within the juvenile detention facility.
- (g) Consequences for abusing the grievance system.
- (h) A provision for confidential filing or delivery to any staff member.

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Youth Grievances (Title 15, § 1361)

611.4 YOUTH GRIEVANCE PROCEDURES

The Division Manager or authorized designee shall develop and implement written procedures whereby any youth may appeal and have resolved grievances relating to any condition of confinement including but not limited to health care services, classification decisions, program participation, telephone, mail, or visiting procedures, food, clothing, bedding, mistreatment, harassment, or violations of the Youth Nondiscrimination Policy. There shall be no time limit on filing grievances (15 CCR 1361).

Staff members shall attempt to informally resolve all grievances at the lowest level (15 CCR 1361). All attempts to resolve a grievance shall be documented in the youth's file. If there is no resolution at this level, the youth may file a grievance.

A youth may help another youth prepare a grievance. Staff members may take reasonable steps to help the youth prepare a grievance if requested (15 CCR 1361).

Upon receiving a completed youth grievance, the staff member shall document receipt of the grievance, gather associated paperwork and reports, and forward it to a supervisor as soon as reasonably practicable.

611.4.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Youths may request to submit the grievance directly to a supervisor, mail it directly to the Division Manager, or deposit the grievance in a locked box within their housing unit.

A parent/guardian may also mail a grievance via the United States Postal Service to the Division Manager, submit it directly to a supervisor, or deposit the grievance in a locked grievance box located in the visitation area.

611.4.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed youth grievance form, the supervisor shall ensure that the grievance is investigated and resolved or denied in a timely manner.

Findings relating to the investigation will be forwarded to the Institution Supervisor. Any appeals shall be forwarded through the chain of command with the Division Manager as the final level of appeal.

Grievances related to health and safety issues shall be addressed immediately. A review and initial response to other grievances shall be provided to the youth within three business days (15 CCR 1361).

Resolution of grievances should occur within 10 business days, unless circumstances dictate a longer time frame. Youths shall be notified of any delay (15 CCR 1361).

611.4.3 APPEALS TO GRIEVANCE FINDINGS

Any appeal of a grievance submitted by a youth shall be heard by a person not directly involved in the circumstances that led to the grievance. Youths may appeal the finding of a grievance to the Division Manager as the final level of appeal within five days of receiving the findings of the original grievance. The Division Manager will review the grievance and either confirm or deny it. If

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the Division Manager confirms the grievance, the Division Manager will initiate corrective actions. In either case, the youth shall receive a written response to the appeal (15 CCR 1361).

611.4.4 RECORDING GRIEVANCES

The Division Manager should maintain a grievance log in a central location accessible to all supervisors. The supervisor who originally receives a grievance shall record the grievance along with its finding on the grievance log. Periodic reviews of the log should be made by the Division Manager or the authorized designee to ensure that grievances are being handled properly and in a timely manner.

The original grievance should be retained in a file maintained by the Division Manager or the authorized designee, and shall be retained in accordance with established records retention schedules. A copy of each grievance should be filed in the youth's official record and maintained throughout the youth's incarceration.

611.4.5 STATE REQUIREMENTS

At any level of the grievance process, the Division Manager shall ensure (15 CCR 1361):

- (a) The youth may elect to be present to explain the youth's version of the grievance to a person not directly involved in the circumstances that led to the grievance.
- (b) Provisions exist for a staff member representative to assist the youth.
- (c) Provisions exist for concerns of parents/guardians, staff members, or other parties to be addressed and documented within 14 days.
- (d) Youths have the option to confidentially file the grievance or to deliver the form to any youth supervision staff member working in the facility.

611.5 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.352):

- (a) Youths may submit a grievance regarding an allegation of sexual abuse at any time.
- (b) Third parties, including fellow youths, staff members, family members, attorneys, and outside advocates, are permitted to assist youths in filing such grievances and to file such grievances on behalf of youths. Staff members who receive a grievance filed by a third party, other than a parent or legal guardian, on behalf of a youth shall inquire whether the youth wishes to have the grievance processed and shall document the youth's decision, and may condition the processing of the grievance on the youth's consent. Staff members who receive a grievance filed by a parent or legal guardian of a youth shall process the grievance with or without the consent of the youth.
- (c) Grievances may be submitted to any staff member and need not be submitted to the staff member who is the subject of the complaint.
- (d) Staff members receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Institution Supervisor for investigation. Youths and staff members are not required to attempt to informally resolve grievances related to sexual abuse.

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- (e) The Institution Supervisor should ensure that grievances related to sexual abuse are investigated and resolved within 10 days of the initial filing, unless additional time is necessary (15 CCR 1361). If a grievance is not resolved within 90 days, the Institution Supervisor may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the youth shall be notified in writing and provided a date by which a decision will be made.
- (f) At any level of the process, including the appeal, if the youth does not receive a response within the allotted time, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.
- (g) Youths may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the youth filed the grievance in bad faith.
- (h) The facility shall provide youths with access to forms, writing implements, computers, or other tools necessary to make a written report (28 CFR 115.351).

611.5.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Youths who believe they are, or any other youth is, at substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the youth and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Institution Supervisor, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the youth is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.352).

611.6 TRAINING

The Training Manager shall ensure that all staff members receive initial and periodic training regarding all aspects of this policy. All training delivered should include testing to document that the staff member understands the subject matter.

Youth Voting

612.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible youths the opportunity to vote during elections, pursuant to election statutes. (Elections Code 2105.6)

612.2 POLICY

The Department will assist youths who wish to vote in an election.

612.3 PROCEDURES

Prior to each election, the Division Manager will designate an officer to be a liaison between the Department and the local Registrar of Voters. The designated officer will be responsible for assisting youths who have requested to vote. Postage shall be provided to youths who cannot afford to mail an absentee ballot.

Youths should be advised of voting methods during the youth orientation.

Chapter 7 - Medical/Mental Health

Health Authorities (Title 15, § 1400)

700.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing collaboration between the Division Manager, the Public Health Director, and the Medical Director to maintain adequate health care for youths (15 CCR 1400).

700.2 POLICY

The Department will collaborate with the designated Public Health Director and the Medical Director to provide adequate care for youths who are being held in the juvenile detention facility.

700.3 DESIGNATED HEALTH AUTHORITIES

The Division Manager shall ensure that health care services are provided to all youths. The juvenile detention facility shall have a designated Public Health Director who will work in cooperation with the behavioral Mental Health Director and the Division Manager, pursuant to a written agreement, contract, or job description. When the Public Health Director is not a physician, there shall be a designated Medical Director who shall develop policy in health care matters involving clinical judgments (15 CCR 1400).

A qualified physician will also be designated according to an agreement or job description as the juvenile detention facility's Medical Director. The Medical Director may also be the Public Health Director.

700.3.1 RESPONSIBILITIES OF THE PUBLIC HEALTH DIRECTOR

The Public Health Director is responsible for (15 CCR 1400):

- (a) Developing policy for health care administration.
- (b) Identifying health care providers for the defined scope of services (see the Patient Treatment Decisions Policy).
- (c) Establishing written agreements with health care providers as necessary to provide youths access to health care.
- (d) Developing mechanisms to assure that those agreements are properly monitored.
- (e) Supervising all health care provided to youths.
- (f) Working with the Medical Director and the Division Manager or the authorized designee to establish or approve procedures that are consistent with this Juvenile Detention Manual chapter, reasonable standards of care, and legal standards (see the Health Care Service Procedures Manual Policy).
- (g) Establishing systems for coordination among health care service providers (15 CCR 1400).

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700.4 DESIGNATED CARE PROVIDERS (DESIGNEES)

The Public Health Director may designate qualified health care professionals (e.g., physicians, nurses, counselors, dentists, specialists) as required in the Scope of Health Care Policy. The Public Health Director is responsible for:

- (a) Ensuring designees are properly licensed, certified, or registered, that they maintain their applicable licenses, certifications, or registrations, and that current credentials are on file and available for review (see the Health Care Staff Member Qualifications Policy and the Transgender and Intersex Youths Policy).
- (b) Ensuring appropriate protocols and standing orders are developed, and that all protocols and standing orders are understood by designees.
- (c) Defining the extent of health care provided within the facility and delineating those services that shall be available through community providers (see the Scope of Health Care Policy).
- (d) Establishing procedures for parents/guardians to authorize and arrange for medical/mental/remedial treatment when permissible (see the Scope of Health Care Policy).

A designee may include an agency or entity, such as a clinic, hospital, public mental health organization, or off-site medical office.

Scope of Health Care (Title 15, § 1402)

701.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the development and implementation of written procedures concerning the scope of health care services for youths (15 CCR 1402).

701.2 POLICY

It is the policy of this department to provide adequate health care services for youths who are being held in the juvenile detention facility.

701.3 SCOPE OF HEALTH CARE

The Public Health Director, in cooperation with the Division Manager, shall develop and implement written procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers (15 CCR 1402).

- (a) Each facility shall provide the following:
 - 1. At least one health care provider to provide treatment (see the Health Authorities Policy).
 - 2. Health care services that meet the minimum requirements of state regulations at a level to address emergency, acute symptoms and/or conditions and avoid the preventable deterioration of health while in confinement (see the Health Authorities Policy).
- (b) When health care services are delivered within the juvenile detention facility, the health care staff members, space, equipment, supplies, materials, and resource manuals shall be adequate for the level of care provided.
- (c) Consistent with security requirements and public safety, the department shall make provisions 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 youths that is permitted under law.

Youth Screening and Evaluations (Title 15, § 1430)

702.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for screening and evaluating youths for health care issues (15 CCR 1430).

This policy is limited to screening and evaluations. Subsequent care and treatment are addressed in the Availability and Standards of Care Policy and other related policies.

702.2 POLICY

The Department recognizes that youths shall be medically screened and cleared when they initially arrive at the juvenile detention facility and evaluated at regular intervals so all youths receive adequate health care.

702.3 MEDICAL CLEARANCE/INTAKE HEALTH AND SCREENING

The Public Health Director, in cooperation with the Division Manager and behavioral/mental health director, shall establish procedures for a documented intake health screening to be conducted immediately upon a youth's entry to the facility. Procedures shall also define when a health evaluation and/or treatment shall be obtained before acceptance for booking (15 CCR 1430).

For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals fewer than 96 hours, the Public Health Director, working with the Medical Director and the Division Manager or the authorized designee, shall establish procedures for a medical evaluation and clearance. This evaluation and clearance shall include screening for communicable diseases (15 CCR 1430).

The Medical Director shall establish criteria defining the types of apparent health conditions that would preclude accepting a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth (15 CCR 1430).

Intake staff members shall ensure that youths who are unconscious, semi-conscious, profusely bleeding, severely disoriented, known to have ingested substances, intoxicated to the extent that they are a threat to anyone's safety, in alcohol or drug withdrawal, or otherwise urgently in need of medical attention are immediately referred to an outside facility for medical attention and to receive clearance for booking (15 CCR 1430).

The juvenile detention facility requires written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking (15 CCR 1430).

In situations such as those noted above, written medical clearance and, when possible, a medical evaluation with progress notes are required for admission to the facility (15 CCR 1430).

Procedures for an intake health screening shall consist of a defined systematic inquiry and observation of every youth booked into this facility. The screening shall be conducted immediately

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upon entry to the facility and may be performed by either health care staff members or trained youth supervision staff members (15 CCR 1430).

This includes youths transferred from another facility. Findings shall be recorded on the appropriate form. The screening form shall include the name of the screener, date and time of the screening, and information and observations regarding (15 CCR 1430):

- (a) Current and historical medical, dental, and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility, including:
 1. Current and historical use of medication, alcohol, and drugs, including types, amounts and frequency used, method of use, date and time of last use, and history of any problems after ceasing use.
 2. Suicide risk and behavioral/mental health assessment (see the Suicide Prevention and Intervention Policy).
 3. Intoxication.
- (b) Health conditions that require treatment while the youth is in the facility, including:
 1. Allergies.
 2. Pregnancy and associated issues.
- (c) Identification of a need for special accommodations (e.g., physical or developmental disabilities, gender identity, medical holds), including:
 1. Special needs, such as a learning disability, that would significantly impair a youth's ability to adapt to the juvenile detention facility environment.
 2. Risk of sexual abuse (see the Youth Classification Policy and the Prison Rape Elimination Act Policy).
- (d) Other health care information as designated by the Medical Director or the Public Health Director.

Any youth 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 members (see the Management of Communicable Diseases - Youths Policy) (15 CCR 1430).

Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process (15 CCR 1430). Any youth who cannot adequately answer the initial medical screening questions shall be referred to a qualified health care professional to determine whether the youth should be examined by an on-site qualified health care professional or, if one is not available, whether the youth should be transported to receive a medical clearance before acceptance into the juvenile detention facility.

Youths who refuse to answer these questions should be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff members to make appropriate decisions about housing and care.

Availability and Standards of Care (Title 15, § 1411)

703.1 PURPOSE AND SCOPE

This policy will provide overall guidance for the continued care of youths who need health care.

703.2 POLICY

The Department is committed to providing humane and age-appropriate conditions of confinement by ensuring that youths receive adequate care to meet their health care needs.

703.3 YOUTH ACCESS TO HEALTH CARE AND TREATMENT

The Public Health Director, in cooperation with the Division Manager, shall develop written procedures to provide youths with unimpeded access to health care. Youths may access health care in the following ways (15 CCR 1411):

- (a) Sick call will be conducted as follows:
 1. As directed by the Public Health Director.
 2. Scheduled so that a youth's custody status (e.g., at court, work assignment, other release program) does not preclude access to care.
- (b) Youths may request emergency or non-emergency health care as provided in the Requests for Health Care Services Policy.
- (c) Any staff member who becomes aware of, or who observes, a youth who may be in need of health care may access the sick call procedures on behalf of the youth.
- (d) Youths may question or complain about their care or denial of care through the grievance system. Health care-related grievances are to receive priority attention and should be forwarded to a supervisor immediately. Grievances should be promptly forwarded by the supervisor to the qualified health care professional, unless the youth is complaining about the care provided by that person.
 1. A supervisor shall be notified as soon as practicable when a youth makes a claim of being denied emergency care for an emergency health condition.
 2. All youths' care-related complaints shall be reviewed daily by a medical staff member (see the Requests for Health Care Services Policy).
- (e) Youths may be treated by their personal physician, dentist, or mental health care provider at their own expense, with the approval of the Public Health Director and the youth's parents/guardians (see the Scope of Health Care Policy).
- (f) Costs, including those related to security procedures, will not be used as justification for withholding necessary or emergency health care.
- (g) Any staff member who becomes aware of a youth in need of first aid or emergency care will immediately provide such care or arrange for the youth to receive care (see the First-aid, AED, and Emergency Services Policy).

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- (h) Provisions shall be made to provide opportunities for both written and verbal communications for health care requests to those with disabilities, limited English proficiency, or limited literacy (see the Limited English Proficiency Services Policy).

703.4 YOUTH PRIVACY

Youth information, treatments, and discussions regarding treatment should be held in private and in a manner that prevents such discussions from being observed or overheard by anyone not involved in the treatment, discussion, or safety and security of the facility (see the Confidentiality of Youth Health Care Records Policy).

703.5 RESPONSIBILITIES

Clinical judgments involving health care are the responsibility of the health care professional qualified to make such a decision.

Staff members shall accept clinical judgments and not deny access to care by making, assuming, or ignoring a clinical decision.

Staff members and qualified health care professionals should work together to coordinate security and health care needs. Qualified health care professionals and staff members should communicate with each other about youth health care needs that may significantly impact the health, safety, or welfare of the youth or others. Information regarding ongoing treatment plans should be communicated to staff members to the extent necessary to coordinate and cooperate in the ongoing care of the youth.

Communication between staff members and qualified health care professionals regarding health care needs that may affect housing, program participation, or other conditions of confinement should be documented. Health care restrictions shall not limit a youth's participation in school, work assignments, exercise, or other programs (see the Individualized Treatment Plans Policy).

703.5.1 STAFF MEMBER OBSERVATIONS

Staff members who observe a youth with obvious signs of medical or dental needs and/or mental/behavioral health issues, including the presence of trauma-related behaviors, injury, or illness, shall inquire about the possible health issue and communicate relevant information with qualified health care professionals (see the Requests for Health Care Services Policy).

703.6 MEDICAL CARE

The treating qualified health care professional shall develop a written treatment plan for each youth requiring ongoing treatment, including any need for off-site treatment or a specialist.

The juvenile detention facility shall have first-aid kits and Automated External Defibrillators (AEDs) readily available to staff members in the housing and admission areas and any other location approved by the Public Health Director (see the First-aid, AED, and Emergency Services Policy).

703.6.1 ELECTIVE PROCEDURES

Elective procedures will generally not be provided to youths. A determination regarding whether a procedure is elective or a component of a current, medically necessary standard of treatment

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will be made only by the Medical Director. Procedures that are elective may be approved by the Division Manager or the authorized designee after verification that the youth or the youth's parent/guardian will pay all associated costs (see the Scope of Health Care Policy). Parent/guardian consent for elective procedures is required if the youth is under the age of 18.

703.6.2 PREGNANT YOUTHS

Medical care, prenatal care, postpartum care, and counseling services (mental health, social, drug and alcohol use, and religious) will be available to pregnant youths (see the Pregnant/Postpartum Youths Policy and Intoxicated Youths and Youths with Substance Use Disorders Policy).

703.6.3 FOLLOW-UP CARE

The Medical Director or the authorized designee should review all discharge and other orders issued for youths released from an emergency room visit or hospital stay, and should issue health care orders for any ongoing in-custody care.

The Public Health Director should ensure that youths receive education and instruction for any self-care that may be required to meet their individual health care needs.

703.6.4 HEALTH EDUCATION

Youths should be encouraged to maintain healthy lifestyles. The juvenile detention facility should provide health education and wellness information through classes, audio and video presentations, brochures, and pamphlets (see the Youth Health Education Policy).

703.6.5 REPRODUCTIVE AND SEXUAL HEALTH SERVICES

The Division Manager shall develop procedures to assure that reproductive health services are available to all youths. These procedures are to be developed in conjunction with the Medical Director and in accordance with current public health guidelines (see the Reproductive and Sexual Health Services Policy).

703.7 MENTAL HEALTH CARE

Staff members should refer any youth showing signs of mental illness or a developmental disability to the appropriate health care provider (see the Mental Health Services Policy and Youths with Developmental Disabilities Policy).

703.8 DENTAL CARE

Emergency dental care will be provided to youths. Emergency dental care will be available to all youths 24 hours a day. Severe dental pain qualifies as an emergency (see the Dental Care Policy).

703.9 EMERGENCY CARE

Emergency health care shall be available to all youths 24 hours a day. No youth shall be deprived of care for emergency medical, mental health, or dental treatment due to the time of day or night (see the Requests for Health Care Services Policy).

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703.10 FACILITY DIAGNOSTIC SERVICES

Diagnostic services provided at the juvenile detention facility shall be properly licensed or certified and comply with applicable state and federal requirements. Diagnostic services include X-ray or digital imaging as well as laboratory testing, such as blood or urine tests. The Public Health Director should ensure that applicable licenses or certifications are maintained.

Procedures and instruction manuals should be available for each type of service.

703.11 OFF-SITE CARE PROVIDERS

The Public Health Director should ensure written agreements are maintained with any community care providers who regularly provide health care services to youths. The agreements should require providers to deliver a summary of any treatment provided, recommended or necessary follow-up care, and prescription medication recommendations, and should identify any health care needs that may affect housing, program participation, or other conditions of confinement.

703.12 TRANSPORTING YOUTHS FOR HEALTH CARE

Youths shall be safely transported to all health care appointments outside the juvenile detention facility in accordance with the Transportation of Youths Outside the Secure Facility Policy. When a youth is being transported outside the juvenile detention facility:

- (a) Transporting officers should have instructions regarding any medication or accommodation that may be necessary during transport.
- (b) Patient confidentiality shall be maintained during transport.
- (c) Any health care records should be transported securely by officers.
- (d) The date and time of the appointment will not be told to the youth.

703.13 EVIDENCE COLLECTION

A youth's treating or regular care provider should not assist in evidence collection for purposes of prosecution, discipline, or any other adversarial proceeding. However, evidence may be collected from a victim of sexual assault with the consent of the victim (see the Prison Rape Elimination Act Policy). Forensic medical services for the purpose of reporting and prosecution shall be performed in accordance with the Collection of Forensic Evidence Policy and the Sexual Assaults Policy.

Qualified health care professionals from this facility are prohibited from being involved in psychological evaluations for use in adversarial proceedings.

Special Medical Care for Youths

704.1 PURPOSE AND SCOPE

The purpose of this policy is to address youths who may have special medical care needs.

704.2 POLICY

It is the policy of the Department for custody staff members to work cooperatively with qualified health care professionals to ensure that youths with special medical care needs are provided adequate care.

704.3 CHRONIC DISEASE CARE

The Public Health Director should work with the Medical Director and the Division Manager to develop programs or procedures to assist youths with chronic diseases.

The Medical Director should identify the common chronic diseases at the juvenile detention facility and the youths who would benefit from special medical care. The Medical Director should maintain a list of these youths to facilitate the implementation of any treatment plan and follow-up care.

704.4 COORDINATED CARE

The Public Health Director should work with the Medical Director and the Division Manager to ensure that youths with special medical care needs are properly identified so that custody staff members can assist as necessary with any treatment plans.

704.5 INFIRMARY CARE

Infirmary housing may be provided for diagnosis, illness, or treatment that requires limited observation and/or management and does not require admission to a health care facility.

The Public Health Director should work with the Medical Director and the Division Manager to develop protocols for infirmary care.

Patient Treatment Decisions (Title 15, § 1401)

705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for clinical decisions in the treatment of youths housed in the juvenile detention facility (15 CCR 1401).

705.2 POLICY

The Department will designate the Public Health Director and the Medical Director, who will develop and approve procedures for making clinical treatment decisions for youths who are being held in the juvenile detention facility.

705.3 PATIENT TREATMENT DECISIONS

Clinical decisions regarding the treatment of individual youths must be made by a licensed health care professional operating within the scope of that individual's license and within department policy defining health care services (15 CCR 1401).

Safety and security policies and procedures that are applicable to youth supervision staff members also apply to health care staff members (15 CCR 1401).

Mental Health Services (Title 15, § 1437)

706.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing mental health services to youths housed in the juvenile detention facility. Counseling and casework services for youths are addressed in the Counseling and Casework Services Policy (15 CCR 1437).

Mental health care for youths with signs of mental illness or a developmental disability is covered in the Availability and Standards of Care Policy and the Youths with Developmental Disabilities Policy.

706.2 POLICY

It is the policy of this department to provide mental health services to any youth who requests services or is determined to need them.

706.3 BEHAVIORAL/MENTAL HEALTH SERVICES

The Public Health Director and Medical Director, in cooperation with the behavioral/mental health director and the Division Manager, shall establish policies and procedures to provide behavioral/mental health services to youths.

Behavioral/mental health services shall include but not be limited to:

- (a) Screening for:
 - 1. Behavioral/mental health problems at intake performed by either a behavioral/mental/medical health staff member or trained youth supervision staff member.
 - 2. History of recent exposure to trauma that may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss).
 - 3. Current traumatic stress symptoms.
 - 4. Pregnancy needs.
- (b) Assessment by a behavioral/mental health provider when indicated by the screening process.
- (c) Therapeutic services and preventive services where resources permit.
- (d) Crisis intervention and the management of acute psychiatric episodes.
- (e) Stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting.
- (f) Initial and periodic medication support services.
- (g) Assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, or irrational, violent, or self-destructive behaviors shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.

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- (h) Transition planning for youths 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.
- (i) Appropriate care of youths with developmental disabilities.
- (j) Behavioral/mental health care for transgender and intersex youths by qualified health care providers (see the Transgender and Intersex Youths Policy).

706.3.1 VOLUNTARY SERVICES

Absent an emergency, unless the juvenile detention facility has been designated as a Lanterman-Petris-Short facility and youths meet the criteria for involuntary commitment under the Lanterman-Petris-Short Act, all services shall be provided on a voluntary basis (Welfare and Institutions Code § 5000 et seq.). Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552 (15 CCR 1437).

706.4 REQUESTS AND REFERRALS

Staff members shall ensure that request forms are available and provided to youths who request counseling services. All youth requests for counseling shall be forwarded to the appropriate provider (see the Counseling and Casework Services Policy).

Any staff member who observes behavior in a youth that may indicate a need for crisis intervention or mental health services shall notify the appropriate provider. The provider shall assess the need and area of counseling and facilitate counseling services as soon as practicable, with consideration given to facility security, scheduling, and available resources (see the Transfers to Behavioral/Mental Health Treatment Facilities Policy).

Staff members observing signs of suicidal thoughts or tendencies in a youth should proceed according to the Suicide Prevention and Intervention Policy.

706.5 TRAINING

Staff members who interact with youths should receive training on identifying behavior and other signs in youths that may indicate a need for counseling, crisis intervention, or behavioral/mental health services. Training should include familiarization with all counseling programs available and the process for referring youths for counseling.

Transfers to Behavioral/Mental Health Treatment Facilities (Title 15, § 1437.5)

707.1 PURPOSE AND SCOPE

This policy provides guidelines so the Department may appropriately address the transfer of youths to a behavioral/mental health facility (see the Health Assessments Policy and Transfer of Health Care Summary and Records Policy for additional guidance) (15 CCR 1437.5).

707.2 POLICY

The Department is committed to providing humane and age-appropriate conditions of confinement by ensuring that youths receive the care and treatment necessary to address their behavioral/mental health care needs, including transfer to a treatment facility when necessary.

707.3 TRANSFER TO BEHAVIORAL/MENTAL HEALTH TREATMENT FACILITIES

The Public Health Director and the Medical Director, in cooperation with the behavioral/mental health director and the Division Manager, shall establish procedures for transferring youths to a behavioral/mental health treatment facility. These procedures shall include but are not limited to (15 CCR 1437.5):

- (a) Youths who appear to be a danger to themselves or others, or to be gravely disabled due to a mental health condition, shall be evaluated either pursuant to applicable statute or by on-site health care staff members to determine if treatment can be initiated at the juvenile detention facility.
- (b) Provisions for timely referral, transportation, and admission to licensed mental health facilities and follow-up for youths whose psychiatric needs exceed the treatment capability of the juvenile detention facility.

Management of Communicable Diseases - Youths (Title 15, § 1410)

708.1 PURPOSE AND SCOPE

This policy provides general guidelines to minimize the risk of youths contracting and/or spreading communicable diseases, as well as guidelines for diagnosing and treating communicable diseases among the youth population.

708.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms present in and transmissible through human blood, bodily fluid, or tissue, or by breathing or coughing. These diseases commonly include but are not limited to hepatitis B virus (HBV), HIV, and tuberculosis.

Exposure - When an eye, the mouth, a mucous membrane, or non-intact skin comes into contact with blood or other potentially infectious materials or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing, or coughing (e.g., tuberculosis); or when an individual is in an area that was occupied by such a person. If uncertain, the Medical Director will determine whether an incident meets the definition of an exposure.

708.2 POLICY

The Tulare County Probation Department is committed to addressing the risks associated with communicable diseases among the youth population.

708.3 PROCEDURE

The Public Health Director and the Medical Director, in cooperation with the Division Manager and the county health officer, shall prepare procedures related to communicable diseases that include (15 CCR 1410):

- (a) Exposure prevention and decontamination procedures.
- (b) Procedures for when and how youths may obtain medical attention if there is an exposure or suspected exposure.
- (c) Procedures related to mitigating the risks associated with communicable disease in the youth population. These will include but are not limited to:
 1. Proper health screening of incoming youths (see the Youth Screening and Evaluations Policy).
 2. Identification of relevant symptoms.
 3. Referral for medical evaluation.
 4. Appropriate testing during detention.
 5. Investigations of suspected exposures.

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6. Appropriate medical attention and precautions to be used by all staff members, including separating or isolating youths appropriately (see the Youth Screening and Evaluations Policy).
 7. Sanitation and youth hygiene efforts, including the sanitation of medical equipment.
 8. Control of vermin and parasites, such as mice, lice, and bedbugs.
 9. Reporting communicable diseases and suspected exposures to the proper authorities.
- (d) Compliance with all relevant laws or regulations related to communicable diseases, including:
1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
 2. Coordinating with community-based resources for follow-up treatment of youths exposed to communicable diseases (15 CCR 1410).
 3. Developing strategies for handling communicable disease outbreaks (15 CCR 1410).
 4. Coordinating with the Exposure Control Officer (ECO) and the county health officer to develop and provide appropriate health education and disease prevention programs to youths. The education program shall be updated as necessary to address current health priorities and to meet the needs of the youth population (see the Youth Health Education Policy).

The Medical Director shall work with the Division Manager or the authorized designee and the ECO to periodically review and update these procedures as appropriate and necessary to reflect the communicable disease priorities identified by the county health officer and recommended public health interventions (15 CCR 1410).

708.4 EXPOSURE PREVENTION AND MITIGATION

708.4.1 SUSPECTED EXPOSURE OF A YOUTH

Staff members who learn that a youth may have been exposed should, as soon as practicable:

- (a) Take steps to reduce exposure to other youths and begin decontamination procedures.
- (b) Use precautions related to exposure prevention as applicable to the situation (e.g., gloves, face masks).
- (c) Contact a qualified health care professional to care for the youth as needed and obtain recommendations regarding isolation or quarantine of the youth.
- (d) Notify the appropriate supervisor and the Division Manager.

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708.4.2 SUPERVISOR RESPONSE AND REPORTING REQUIREMENTS

The responding supervisor shall investigate every exposure or suspected exposure of a youth as soon as reasonably practicable following notification. The supervisor shall ensure the youth receives appropriate medical assistance and that steps are taken to protect other youths and staff members.

All incidents involving a suspected exposure shall be thoroughly documented.

708.4.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT

Any exposed youth shall have the opportunity to have a medical evaluation immediately after an exposure, plus follow-up evaluations as necessary. Testing a person for communicable diseases when that person was the source of an exposure may be sought when appropriate. Source testing is the responsibility of the Medical Director.

708.5 YOUTH CONFIDENTIALITY

Any information regarding youths and possible communicable diseases shall be considered confidential health care records (see the Health Care Records Policy and the Confidentiality of Youth Health Care Records Policy).

Suicide Prevention and Intervention (Title 15, § 1329)

709.1 PURPOSE AND SCOPE

This policy is intended to reduce the risk of youth suicide through risk identification and appropriate intervention (15 CCR 1329).

709.2 POLICY

The Department will develop a suicide prevention plan to identify and monitor potentially suicidal youths and appropriately intervene.

709.3 STAFF MEMBER RESPONSIBILITIES

The intake process shall include communication with the arresting officer and family, or guardians, regarding the youth's past or present suicidal ideations, behaviors, or attempts.

Any staff member who identifies a youth who displays suicidal signs shall immediately notify a supervisor and the appropriate medical/behavioral/mental health staff member as described in the Health Authorities Policy. The youth shall be provided direct visual supervision by a staff member until a behavioral/mental health professional can be consulted regarding the level of supervision.

The Division Manager or the authorized designee shall determine the supervision level of all suicidal youths in consultation with the behavioral/mental health professional (15 CCR 1329).

The Institution Supervisor will assist with contacting a behavioral/mental health professional and implementing precautionary steps, as provided in this policy.

709.4 SUICIDE PREVENTION PLAN

The Public Health Director in cooperation with the behavioral/mental health administrator and the Division Manager shall develop procedures which delineate a suicide prevention plan. The plan shall consider the needs of youths experiencing past or current trauma. Suicide prevention responses should be respectful and facilitated in the least invasive manner consistent with a youth's level of suicide risk. The plan shall address these protocols and procedures (15 CCR 1329):

- (a) Suicide prevention training as required in the Youth Supervision Staff Member Orientation and Training Policy and the Juvenile Corrections Officer Core Course
- (b) Screening, identification assessment, and precautionary protocols
 1. All Youth shall be screened for risk of suicide at intake and as needed during detention
 2. All youth supervision staff members who perform intake processes shall be trained in screening youth for suicide
 3. All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff members for a suicide risk assessment

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4. Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment
- (c) Process for referral to behavioral/mental health staff members for assessment and/or services
- (d) Procedures for monitoring youths identified at risk for suicide
- (e) Safety interventions:
 1. Procedures to address intervention protocols for youth identified at risk for suicide which may include but not be limited to:
 - (a) Housing considerations
 - (b) Treatment strategies including trauma-informed approaches
 2. Procedures to instruct youth supervision staff members how to respond to youth who exhibit suicidal behaviors.
- (f) Communication:
 1. The intake process shall include communication with the arresting officer and family/guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.
 2. Procedures for clear and current information sharing about youth at risk for suicide with youth supervision staff members, healthcare, and behavioral/mental health staff members.
- (g) Communication and debriefing of critical incidents related to suicides or attempts:
 1. Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.
 2. Process for a debriefing event with affected staff members.
 3. Process for a debriefing event with affected youth.
- (h) Documentation process shall be developed to ensure compliance with this regulation
- (i) Facility inspections
- (j) Trauma-informed approaches for treatment strategies
- (k) Other precautionary practices

Youths identified as at risk for suicide shall not be denied the opportunity to participate in facility programs, services, and activities available to other non-suicidal youths, unless denial is deemed necessary for the safety of the youth or the security of the facility. Any deprivation of programs, services, or activities for youths at risk for suicide shall be documented and approved by the Division Manager (15 CCR 1329).

709.5 PRECAUTIONARY STEPS

Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral health assessment (15 CCR 1329).

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Suicide Prevention and Intervention (Title 15, § 1329)

The following youths should be placed on suicide watch:

- (a) Any youth who has recently expressed suicidal thoughts
- (b) Any youth who has a recent history of self-injurious behavior
- (c) Any youth who has recently attempted to commit suicide or recently committed an act in furtherance of suicide

Before placing a suicidal youth in any room, youth supervision staff members should carefully inspect the area for objects that may pose a threat to the youth's safety, and remove them if deemed necessary.

Physical restraints should only be used as a last resort. The decision to use or discontinue use of restraints should be made in consultation with the Institution Supervisor and a qualified health care professional.

If safety rooms or other temporary holding areas are not available, immediate arrangements should be made to transfer the youth to a designated medical or mental health facility.

Until the youth is evaluated by a behavioral/mental health professional, the youth shall be subject to continuous direct visual observation. The Medical Director or the authorized designee will determine when the youth no longer requires continuous direct visual observation.

A youth will be removed from suicide watch when the Medical Director or a behavioral/mental health professional determines the youth no longer poses a threat of self-harm, with the approval of the Division Manager. The youth shall be referred to classification for an appropriate housing assignment. The fact that the youth was on suicide watch shall be communicated to housing youth supervision staff members whenever and wherever a youth is assigned, throughout the youth's detention.

709.6 OBSERVATION LOGS

Observation logs shall be maintained and documented in at least 10-minute intervals for all youths on suicide watch. The Institution Supervisor and the Medical Director, or their authorized designees, must observe the youth at least once every five hours and make notations in the observation log. Each staff member who is required to observe the youth shall make notations in the observation log, including the time of observation and a brief description of the youth's behavior (15 CCR 1329).

709.7 DOCUMENTATION

Staff members shall document, in accordance with the Safety Rooms Policy and Daily Activity Logs and Shift Reports Policy, any time a youth's suicide watch status and housing assignment changes, and the reasons for not providing clothing, personal items, and issued items as applicable (see the Report Preparation Policy) (15 CCR 1329).

The youth's health care record should be updated to reflect all contacts, treatment, and any other relevant information.

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709.8 SUICIDE ATTEMPTS

Any suicide attempt is a medical emergency, and life-saving measures shall be initiated by a trained staff member until the staff member is relieved by a qualified health care professional, who shall initiate appropriate medical evaluation and intervention.

The Medical Director or the authorized designee should be notified when referral and transportation to an emergency room or local hospital are required.

Staff members should preserve and collect evidence as necessary. The parent/guardian, court of jurisdiction, and involved probation officer shall be notified of the suicide attempt.

709.8.1 SUICIDES

All deaths resulting from suicide should be investigated and documented in accordance with the In-Custody Deaths and Serious Illness or Injury of a Youth Policy.

709.9 DEBRIEFING OF CRITICAL INCIDENTS RELATED TO SUICIDE OR ATTEMPTS

Any suicide or attempted suicide requires a staff member debriefing. Information will be communicated to the oncoming Institution Supervisor and staff members to apprise them of the incident and actions taken. Such debriefing will be appropriately documented and shall be reviewed by administration, security, and the Medical Director.

Critical incident stress management debriefings for involved staff members and youths to discuss post-incident thoughts and reactions should be provided.

709.10 TRANSFER AND RELEASE

Ongoing care of suicidal youths during transfers and after release should be considered. When a youth is being transferred for observation or treatment, a staff member should complete the necessary forms, documenting the reasons why the youth is believed to be suicidal. The completed forms should accompany the released youth to the designated facility.

When a youth with a history or risk of suicide is transferred, the transporting officer should ensure that the suicide threat or other danger is clearly communicated to personnel at the receiving facility.

Youths who are at risk for suicide and are being released should be encouraged to work with local or area behavioral/mental health resources and shall be provided with the appropriate contact information.

Pharmaceutical Management (Title 15, § 1438)

710.1 PURPOSE AND SCOPE

This policy contains guidance for medication services that are provided by this department (15 CCR 1438).

710.2 POLICY

Medications shall be securely stored and delivered and administered to youths in a safe and timely manner. The Department will follow all federal and state laws regarding medications and controlled substances.

The Department will never discipline a youth by use or deprivation of medication.

710.3 DELIVERY AND ADMINISTRATION

For all juvenile facilities, the Public Health Director, in consultation with a pharmacist and in cooperation with the Division Manager, shall develop and implement written procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs (15 CCR 1438).

Such policies, procedures, space and accessories shall include but not be limited to the following (15 CCR 1438):

- (a) Securely lockable cabinets, closets, and refrigeration units (see the Security and Control section of this policy) (15 CCR 1438).
- (b) A means for the positive identification of the recipient of the prescribed medication (15 CCR 1438).
- (c) Administration and Delivery of medicines to youth as prescribed when ordered by a physician or other legally authorized professional (15 CCR 1438).
- (d) The authorized staff member delivering medication shall confirm the identification of the youth receiving the medication and shall watch to ensure the youth has taken/ingested the medication (15 CCR 1438).
- (e) Each delivery and administration shall be documented. The delivering staff member shall document all prescription medication administration and by whom, including instances when it has not been administered and by whom. If prescription medication is not administered, the delivering staff member shall cite the specific reasons (15 CCR 1438).
- (f) Youth supervision staff members shall prevent youths from sharing prescribed or other medications from one youth to another (15 CCR 1438).
- (g) The Medical Director shall determine the length of time medication may be administered without further medical evaluation (15 CCR 1438).
- (h) The length of time allowable for the Medical Director's signature on verbal orders shall not exceed seven days (15 CCR 1438).

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- (i) Training by medical staff members for non-licensed personnel (see the Training section of this policy) (15 CCR 1438).
- (j) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the facility. The pharmacist shall provide the report to the health care authority and the Division Manager (15 CCR 1438).
- (k) Transition planning, including plan for uninterrupted continuation of medication. Youths admitted to the juvenile detention facility should continue to receive their current medications as previously prescribed, unless otherwise ordered by a qualified health care professional (15 CCR 1438). For additional guidance, see the Mental Health Services Policy for guidance on the administration of mental health medications.

710.3.1 OTC MEDICATION

The Medical Director shall develop guidelines for managing and administering OTC medication for youths. The guidelines should include (15 CCR 1438):

- (a) Under what circumstances youths may request medication.
- (b) An approved list of OTC medication and the related symptoms that may require administration.
- (c) A requirement that staff members follow label instructions.
- (d) Training for staff members to administer approved OTC medication (see the Health Care Orientation and Training Policy).

All instances of a youth obtaining OTC medication should be documented (15 CCR 1438).

710.4 SECURITY AND CONTROL

The Medical Director shall establish a list of all prescription and over-the-counter (OTC) medication that is available on-site for youths.

Medication, syringes, needles, sharp instruments, delivery carts, and medical supplies shall be kept in a locked area when they are not being used and shall only be accessible to authorized qualified health care professionals. Youths shall never be allowed access to these items.

Medication shall be kept in original containers or otherwise legally packaged to reveal the contents, and shall be securely stored in clean, locked, temperature-controlled, ventilated areas that are appropriate for the type of medication being stored (15 CCR 1438).

Youths should be supervised whenever they are in areas where medications, syringes, needles, sharp instruments, delivery carts, or medical supplies are located.

710.5 PHARMACEUTICAL OPERATIONS AND MANAGEMENT

Consistent with pharmacy laws and regulations, the Public Health Director shall establish written protocols that limit the following functions to being performed by the identified personnel (15 CCR 1438).

If the juvenile detention facility operates a pharmacy, the Public Health Director shall ensure:

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- (a) The Medical Director inspects the pharmaceutical operation quarterly.
- (b) An annual report on the status of the pharmaceutical operation is prepared by the pharmacist and provided to the Public Health Director and the Division Manager (15 CCR 1438).
- (c) Dispensed drugs are packaged in accordance with the provisions of the federal packaging laws and any other applicable state and federal law (15 USC § 1471 et seq.).
- (d) Preparation of labels can be done by a licensed physician, dentist, pharmacist, or other staff member, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to a youth. Labels shall be prepared in accordance with Business and Professions Code § 4076 and Business and Professions Code § 4076.5 (15 CCR 1438).
- (e) Pharmaceutical waste is separated from other types of medical waste and discarded appropriately.
- (f) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff members.
- (g) Procurement and repackaging shall only be done only by the Medical Director, dentist, pharmacist, or other persons authorized by law (15 CCR 1438).
- (h) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff members (15 CCR 1438).
- (i) The dispensing of medications shall only be done by the Medical Director, dentist, pharmacist, or other person authorized by law. (15 CCR 1438).
- (j) Administration of medication shall only be done by licensed health care staff members who are authorized to administer medication and acting on the order of a prescriber (15 CCR 1438).
- (k) Circumstances when licensed health care staff members and trained non-licensed staff members may deliver medication acting on the order of a prescriber (15 CCR 1438).
- (l) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures (15 CCR 1438).

710.6 TRAINING

The Public Health Director shall work with the Division Manager, the Medical Director, and the Training Manager to develop training by medical staff members for non-licensed staff members, including but not limited to (15 CCR 1438):

- (a) Delivery procedures and documentation.

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- (b) Recognizing common symptoms and side effects that should result in contacting a health care staff member for evaluation.
- (c) Procedures for confirming ingestion of medication.
- (d) Consultation with a health care staff member for monitoring the youth's response to medication.

Health Care Records (Title 15, § 1406)

711.1 PURPOSE AND SCOPE

This policy is intended to provide guidance in the management of, and access to, youth health care records, thereby ensuring that such records are available to those who need them, while controlling access to protect youth privacy (15 CCR 1406).

711.2 POLICY

The Department will maintain and control access to youth health care records in a secure manner.

711.3 HEALTH CARE RECORDS

In juvenile facilities providing on-site health care, the Public Health Director, in cooperation with the Division Manager, shall maintain individual and dated health care records that, when applicable, include but are not limited to (15 CCR 1406):

- (a) Initial intake health screening form and subsequent health assessment records.
- (b) Health appraisals/medical examinations.
- (c) Consultation and treatment records (e.g., emergency department, dental, psychiatric, and other consultations), whether at the juvenile detention facility or off-site, including the names of the care providers.
- (d) Youth complaints of illness or injury.
- (e) Names of personnel who treat, prescribe, and/or administer/deliver prescription medication and any associated medication stop dates.
- (f) Dates, times, and location of provided treatment.
- (g) Medication records in conformance with the Pharmaceutical Management Policy.
- (h) Progress notes.
- (i) Consent forms.
- (j) Authorizations for releasing information.
- (k) Copies of previous health records.
- (l) Immunization records.
- (m) Laboratory reports.
- (n) Individual treatment plan.
- (o) Youth complaints about care (see the Requests for Health Care Services Policy).
- (p) Limitations and disabilities of the youth.
- (q) Instructions for youth care, including what information should be communicated to all staff members.
- (r) Special diet instructions.
- (s) Activity restrictions.

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Health Care Records (Title 15, § 1406)

711.4 ACCESS TO RECORDS

Access to youth medical and/or behavioral/mental health care records shall be controlled by the Public Health Director and shall assure that all confidentiality, laws related to the provider-patient privilege applies to the health care record (15 CCR 1406).

Qualified health care professionals should have access to all records that may be relevant to the youth's health and treatment, including general custody records. Relevant information shall be included in all of the youth's behavioral/mental health, medical, and dental records, including information about known allergies, current health problems, and medications.

The Public Health Director shall help develop procedures to identify which health care providers may have access to custody records and under what circumstances (15 CCR 1406).

711.5 SECURE STORAGE OF RECORDS

Youth health care records shall be securely maintained in a locked area or secured electronically separate from the youth's confinement record (15 CCR 1406).

711.5.1 ELECTRONIC HEALTH CARE RECORDS

All computer workstations and servers in the juvenile detention facility shall require appropriate security measures, such as user identification and login passwords, to access electronic health care records (see the Confidentiality of Youth Health Care Records Policy) (45 CFR 164.308(a)(5)).

711.5.2 HARD COPIES OF HEALTH CARE RECORDS

Hard copies of youth health care records shall be kept in a secured area when unattended by authorized personnel. An area is unattended when staff members are physically outside the office area and unable to maintain record security. This includes but is not limited to breaks, lunch, or meetings outside the juvenile detention facility.

Hard copies of records should be stored in a locked area whenever practicable for ease of record retention and retrieval.

Youth health care records shall not be removed from the juvenile detention facility without express authorization from the Public Health Director.

711.6 HEALTH CARE RECORDS RETENTION

Youth health care records shall be retained in accordance with community standards (15 CCR 1406).

Confidentiality of Youth Health Care Records (Title 15, § 1407)

712.1 PURPOSE AND SCOPE

This policy is intended to provide guidance in the management of, access to, confidentiality of, and multidisciplinary sharing of youth health care records, thereby ensuring that such records are available to those who need them, while controlling access to protect youth privacy.

712.2 POLICY

The Department will protect youth health care records in compliance with the law.

712.3 PUBLIC HEALTH DIRECTOR

For each juvenile facility that provides on-site health services, the Public Health Director, in cooperation with the Division Manager, shall establish procedures, consistent with applicable laws, for the multidisciplinary sharing of youth health care information. These procedures shall address the provision of information to the court, youth supervision staff members, and probation officials (15 CCR 1407).

Information maintained in the youth's case file shall be shared with the health care staff members when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the youth or other individuals, management of the juvenile detention facility, maintenance of security, and preservation of safety and order (15 CCR 1407).

712.4 CONFIDENTIALITY

Physician/patient confidentiality applies to the youth's health care records and to the youth's care. These records shall be maintained in a locked area apart from the youth's other records (15 CCR 1407).

Health care information obtained during screening or care shall be communicated to staff members only when it is necessary to protect the welfare of the youth or others, to facilitate management of the juvenile detention facility, or to maintain juvenile detention facility security and order.

Medical and behavioral/mental health services shall be conducted in a private manner so that information can be communicated confidentially consistent with the Health Insurance Portability and Accountability Act (HIPAA) (15 CCR 1407).

Staff members who learn of a youth's health condition incidental to their assignments shall keep that information confidential and shall not disclose that information to any unauthorized person (15 CCR 1407).

712.4.1 NON-ENGLISH TRANSLATION

Youths shall not be used to translate confidential medical information for other non-English-speaking youths (15 CCR 1407).

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Confidentiality of Youth Health Care Records (Title 15, § 1407)

712.5 PRIVACY OFFICER

The Division Manager shall designate a privacy officer who is responsible for all matters relating to the privacy of youth health care information. The privacy officer shall (45 CFR 164.530):

- (a) Develop a HIPAA compliance plan for the juvenile detention facility.
- (b) Resolve complaints under HIPAA.
- (c) Mitigate, to the extent practicable, any harmful effects known to the juvenile detention facility regarding any use or disclosure of youth health care information in violation of this policy or HIPAA regulations.
- (d) Ensure staff members are trained in the proper handling of youth health care information and the requirements of HIPAA and state law.
- (e) Ensure technical and physical safeguards are implemented to maintain security and confidentiality of youth health care information and to allow access to only those persons or software programs with access rights.
- (f) Establish procedures for releasing and disclosing youth health care information.

712.6 STAFF MEMBER RESPONSIBILITIES

Staff members shall protect the security, confidentiality, and privacy of all youth health care records in their possession at all times.

Unauthorized possession, release, or distribution of youth health care information is prohibited and may violate HIPAA and/or other applicable laws.

Staff members who have not received juvenile detention facility training on how to properly handle these records shall not access youth health care records.

712.6.1 ELECTRONIC RECORDS

All computer workstations and servers in the juvenile detention facility shall require appropriate security measures, such as user identification and login passwords, to access electronic health care records (45 CFR 164.308(a)(5)).

Staff members with access to electronic data shall lock their workstations when they are left unattended and shall shut down their workstations when leaving for the day to prevent unauthorized access to electronic records (45 CFR 164.310; 45 CFR 164.312).

Remote access to juvenile detention facility computer workstations requires that appropriate security measures be provided for access (45 CFR 164.312).

Youth health care information may be transmitted electronically, provided the transmission occurs through a secure process that allows end-to-end authentication and the recipient is authorized to receive the information. Electronic transmission consists of email, file transfer protocol, internet posting, and any configurable data stream. End-to-end authentication is accomplished when the electronic referral does not leave a secure network environment and the recipient is known, or when encryption and authentication measures are used between sender and recipient, thus verifying full receipt by the recipient. Any electronic health care information traveling outside a

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secure network environment, via the internet, requires encryption and authentication measures (45 CFR 164.312(e)).

712.7 TRAINING

Staff members with access to youth health care records and information shall receive training on maintaining confidentiality (45 CFR 164.530).

Informed Consent and Refusals (Title 15, § 1434)

713.1 PURPOSE AND SCOPE

This policy addresses how medical or mental health care refusals by a youth are to be addressed and documented (15 CCR 1434).

713.2 POLICY

It is the policy of the Department to respect the rights of youths to make informed decisions about their health care, including consenting to treatment and refusing to receive care.

713.3 CONSENT

The Public Health Director, in cooperation with the Division Manager, shall establish the requirements and forms of consent for health care examinations and treatment in accordance with state and federal laws. The requirements shall include procedures consistent with applicable law, and include at a minimum (15 CCR 1434):

- (a) Instances where the youth's consent for testing or treatment is sufficient or specifically required.
- (b) When consent should be documented in writing.
- (c) When immunizations, examinations, treatments, and procedures require verbal or written informed consent in the community that they also require that consent for the youth.
- (d) When to obtain parental consent and obtain authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code § 739.
- (e) When consent is not required and health care may be rendered against the youth's will (e.g., life-threatening conditions requiring immediate care, emergency care of patients who do not have the capacity to understand the information, certain public health matters) (see the Psychotropic Medications Policy).
- (f) Conservators who may provide consent within the limits of their court authorization.

713.4 REFUSALS

When a youth refuses health care:

- (a) The youth shall be counseled regarding the potential consequences of refusal.
- (b) The counseling and refusal shall be documented.
- (c) The youth and/or parent/guardian, legal custodian, or next of kin and the qualified health care professional should sign the refusal documentation. If the youth and/or parent/guardian refuses to sign, it should be witnessed by another staff member and/or medical personnel and noted on the refusal documentation.
- (d) The Medical Director should review each refusal and consider options to protect the youth and any other person who may be affected (e.g., staff members, other youths).

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- (e) The refusal documentation, as well as documentation regarding the youth's mental status, shall be placed in the youth's health care record.
- (f) Absent an emergency, the youth may refuse psychotropic medication without disciplinary consequences (see the Psychotropic Medications Policy).
- (g) The refusal may be revoked at any time and does not waive the right to any future care.
- (h) The youth may refuse, verbally or in writing, non-emergency medical, dental, and behavioral/mental health care (15 CCR 1434).
- (i) The youth shall not be punished for any refusal.

Aids to Impairment (Title 15, § 1436)

714.1 PURPOSE AND SCOPE

This policy addresses how staff members should balance reasonable security concerns with a youth's need for an assistive or adaptive device (including prostheses and orthopedic devices) that assists the youth in dealing with an impairment (15 CCR 1436).

714.1.1 DEFINITIONS

Definitions related to this policy include:

Assistive or adaptive device - A device used to increase, maintain, or improve functional capabilities of individuals with disabilities, including but not limited to prostheses, orthoses, wheelchairs, prescription lenses, and hearing aids.

Prostheses - Artificial devices to replace missing body parts or to compensate for defective bodily function. Prostheses are distinguished from slings, crutches, or other similar assistive devices (see the Definitions attachment).

714.2 POLICY

It is the policy of the Department that, in accordance with this policy and security and safety concerns, that prostheses, assistive or adaptive devices shall be provided when the health of a youth would otherwise be adversely affected, as determined by the Medical Director or when such devices are necessary to reasonably accommodate a disability (15 CCR 1436).

714.3 ASSISTIVE AND ADAPTIVE DEVICES

The Public Health Director, in cooperation with the Division Manager and the Medical Director, shall develop written procedures regarding the provision, retention, and removal of medical and dental assistive and adaptive devices, including eyeglasses and hearing aids (15 CCR 1436).

Subject to safety and security concerns, a youth should be permitted to retain assistive and adaptive devices prescribed by or recommended and fitted by a qualified health care professional. However, if the device presents a risk of bodily harm to any person, is a risk to the security of the juvenile detention facility, or is not used for its intended purpose, it may be removed and stored with the youth's property. Procedures for the retention, removal, and return of assistive or adaptive devices shall comply with Penal Code § 2656 (15 CCR 1436).

The removal of an assistive or adaptive device and any accommodations made shall be reported to the supervisor and documented in the youth's health care chart and behavior log. The device shall be returned to the youth when the risk abates. An incident report should be written at the direction of the supervisor whenever an assistive or adaptive device is removed or returned.

Within 24 hours of any removal of an assistive or adaptive device, the youth shall be examined by a qualified health care professional to determine whether the removal may be injurious to the health or safety of the youth. If the Division Manager determines that an assistive or adaptive

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device should not be returned because of safety or security concerns and, as a result, the health or safety of the youth is a concern, options include:

- (a) With qualified health care professional approval, modifying the device to meet the medical needs of the youth and the safety and security needs of the juvenile detention facility.
- (b) Providing the youth with an opportunity to petition the court for the return of the device, in accordance with local, state, and federal law.
- (c) When all other alternatives have failed or are considered inappropriate by the Division Manager, reclassifying the youth to another housing unit and removing the youth from the general population.

Any assistive or adaptive devices that are brought to the juvenile detention facility by family members or others after the youth has been detained shall be subject to a security check. The juvenile detention facility shall accept no responsibility for the loss of or damage to any assistive or adaptive device.

714.4 REQUESTS FOR ASSISTIVE OR ADAPTIVE DEVICES

All decisions regarding the provision of new or replacement assistive or adaptive devices shall be made on a case-by-case basis by the Medical Director or the authorized designee and reviewed for approval by the Division Manager. Considerations shall be based upon the following:

- (a) Medical needs of the youth
- (b) Anticipated length of custody
- (c) Safety and security of the juvenile detention facility

Once an assistive or adaptive device has been approved for use by the Medical Director and the Division Manager, the approval should be entered into the youth's health care record. If the youth requires special housing, this should be communicated to officers or classification staff members as appropriate. The Medical Director or the authorized designee shall document the general condition of the device and have the youth sign in the medical record that the device was received.

Replacement batteries should be provided for approved hearing aids.

Health Care Monitoring and Audits (Title 15, § 1403)

715.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure a process is implemented for monitoring youth health care to assure that the quality and adequacy of health care services are assessed at least annually (15 CCR 1403).

715.2 POLICY

The Department will collect data for purposes of ensuring the quality and adequacy of health care services provided by the facility.

715.3 HEALTH CARE MONITORING AND AUDITS

All procedures and protocols for health care monitoring and audits should be documented and provide for (15 CCR 1403):

- (a) A yearly audit of the juvenile detention facility's delivery of care, policies, and procedures.
- (b) Quarterly, documented administrative meetings between the Public Health Director, Division Manager, and other staff members, as appropriate, regarding medical, behavioral/mental, and dental health care services.
- (c) Formalized efforts to identify deficiencies and make improvements to youth health care services, including:
 1. A continuous quality improvement program.
 2. A clinical performance enhancement process to evaluate a provider's care.
 3. Review of youths' complaints.

Based on information from these assessments, the Public Health Director shall provide the Division Manager with an annual written report on medical, dental, mental health, and pharmaceutical services.

715.4 PUBLIC HEALTH DIRECTOR RESPONSIBILITIES

The Public Health Director, in cooperation with the Medical Director and the Division Manager, will develop and approve written procedures to ensure the quality and adequacy of health care services for youths. Additionally, the Public Health Director will be responsible for submitting summaries and an audit of the health care services, at least annually, to the Division Manager (15 CCR 1403).

Health Care Staff Member Qualifications (Title 15, § 1404)

716.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing collaboration between the Division Manager and the Public Health Director to maintain appropriate qualifications for health care staff members (15 CCR 1404).

716.2 POLICY

The Department will designate the Public Health Director who, in cooperation with the Division Manager, will develop and approve procedures to ensure education and experience requirements for health care staff members are consistent with the community standard and comply with licensure, certification, and registration requirements and restrictions.

716.3 HEALTH CARE STAFF MEMBER QUALIFICATIONS

The Public Health Director shall, at the time of recruitment for health care staff member positions, develop education and experience requirements that are consistent with the community standard and the needs and understanding of the juvenile detention facility population. (The education and experience requirements shall be revised with each new recruitment cycle.) Hiring practices will take into consideration cultural awareness and linguistic competence (15 CCR 1404).

In facilities providing on-site health care services, the Public Health Director, in cooperation with the Division Manager, shall ensure that state licensure, certification, and registration requirements and restrictions that apply in the community also apply to health care staff members who provide services to youths (15 CCR 1404).

Appropriate credentials shall be accessible for review. The Public Health Director shall provide that these credentials are periodically reviewed and remain current (15 CCR 1404).

The Public Health Director shall ensure that position descriptions and health care practices require that health care staff members receive the supervision required by their license and that they operate within their scope of practice (15 CCR 1404).

716.4 DESIGNATED CARE PROVIDERS (DESIGNEES)

The Public Health Director, in cooperation with the Division Manager, may designate qualified health care professionals (e.g., physicians, nurses, counselors, dentists, specialists) as required (see the Scope of Health Care Policy).

The Public Health Director, in cooperation with the Division Manager, is responsible for:

- (a) Ensuring designees are properly licensed, certified, or registered, that they maintain their applicable licenses, certifications, or registrations, and that current credentials are accessible for review (15 CCR 1404).
- (b) Limiting designees to providing care appropriate to their qualifications and licensing.

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A designee may include an agency or entity, such as a clinic, hospital, public mental health organization, or off-site medical office.

Health Care Staff Member Procedures (Title 15, § 1405)

717.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for determining when on-site clinical functions or services can be safely and legally delegated to health care staff members other than a physician to maintain adequate health care services for youths held in this juvenile detention facility (15 CCR 1405).

717.2 POLICY

The Department will designate the Medical Director, who will develop and approve procedures to ensure that youths held in the juvenile detention facility receive adequate health care.

717.3 HEALTH CARE STAFF MEMBER PROCEDURES

The Medical Director, for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff members other than a physician. When this is done, the function or service shall be performed by health care staff members operating within their scope of practice pursuant to written protocol, standardized procedures, or direct medical orders (15 CCR 1405).

717.4 DESIGNATED CARE PROVIDERS (DESIGNEES)

The Medical Director may designate qualified health care professionals (e.g., physicians, nurses, counselors, dentists, specialists) (see the Scope of Health Care Policy). The Medical Director is responsible for limiting designees to providing care appropriate to their qualifications and licensing (see the Health Care Staff Member Qualifications Policy) (15 CCR 1405).

Transfer of Health Care Summary and Records (Title 15, § 1408)

718.1 PURPOSE AND SCOPE

This policy provides guidelines so the Department may facilitate the forwarding of the health care summary and records of youths who are transferred to another jurisdiction.

718.2 POLICY

The Department will assist youths who are transferred to a facility in another jurisdiction in meeting their health care needs.

718.3 TRANSFER OF HEALTH CARE SUMMARY AND RECORDS

The Public Health Director, in cooperation with the Division Manager, shall establish written procedures to assure that a health care summary and relevant records are forwarded to health care staff members in the receiving facility when a youth is transferred to another jurisdiction, and to the local health officers, when applicable (15 CCR 1408). Procedures shall include:

- (a) Summaries of the health care record, or documentation that no record exists at the facility, are sent in an established format, before or at the time of transfer, to include:
 1. Any current or recommended treatment plans.
 2. Current medications.
 3. Any known or suspected communicable diseases.
 4. Information regarding any health care issues that may affect the youth's security or ability to participate in programs.
- (b) Necessary medication and health care information shall be provided to the transporting officer to provide to the receiving health care staff member, together with the precautions necessary to protect officers and youth passengers from disease transmission during transport.
- (c) Confidentiality of youth health care records is maintained.
- (d) Applicable authorization from the youth and/or parent-legal guardian is obtained before transferring copies of actual health records, unless otherwise provided by court order, statute, or regulation having the force and effect of law.
- (e) Other instructions regarding the continued care of the youth, as deemed appropriate by the youth's qualified health care professionals.

If authorization cannot reasonably be obtained, the Institution Supervisor, after consultation with a qualified health care professional, may transfer health care information necessary for (45 CFR 164.512(k)(5)):

1. The provision of health care to the youth.
2. The health and safety of others, including other youths, transporting officers, and law enforcement personnel (e.g., active tuberculosis).

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3. The administration and maintenance of the safety, security, and good order of the receiving facility.

Release of Health Care Summary and Records (Title 15, § 1408.5)

719.1 PURPOSE AND SCOPE

This policy provides guidelines so the Department may appropriately address the health issues of youths who are being released to the community.

719.2 POLICY

The Department will assist youths in meeting their health care needs following release to the community.

719.3 RELEASE OF HEALTH CARE SUMMARY AND RECORDS

The Public Health Director, in cooperation with the Division Manager, shall ensure that youth health record information is promptly transmitted to specific physicians or health care facilities in the community after a youth's release to the community, upon request and with the written authorization of the youth and/or the parent/guardian (15 CCR 1408.5).

Information on upcoming medical or mental health appointments, including the name, address, and phone number of the provider, should be provided to the youth's parent/guardian before or at the time of release.

- (a) Communicate the importance of continuing any current medication and, when reasonably practicable, arrange for a sufficient supply of current medication to be provided to the youth's parent/guardian until the youth can be seen by a health care provider after release in accordance with the Transfer of Health Care Summary and Records Policy.
- (b) Provide the youth with appropriate community referrals, such as health care clinics or other community health professionals.

719.3.1 RELEASE OF HEALTH CARE SUMMARY AND RECORDS IN SPECIAL-PURPOSE JUVENILE HALLS AND FACILITIES WITH NO ON-SITE HEALTH CARE STAFF MEMBERS

In special-purpose juvenile halls and other facilities that do not have on-site health care staff members, the Public Health Director, in cooperation with the Division Manager, shall develop procedures to ensure that youth supervision staff members forward non-confidential information on medications and other treatment orders before or at the time of release (15 CCR 1408.5).

Health Care Service Procedures Manual (Title 15, § 1409)

720.1 PURPOSE AND SCOPE

The purpose of this policy is to provide general guidance for the development of a facility-specific health care service procedures manual.

720.2 POLICY

The Division Manager or authorized designee will collaborate with the designated Public Health Director to develop, implement, and maintain a facility-specific health care service policy and the health care service procedures manual that address, at minimum, all health care-related standards applicable to this facility (15 CCR 1409).

720.3 HEALTH CARE SERVICE PROCEDURES MANUAL

The health care service policy and the health care service procedures manual shall be available to all health care staff members, the Division Manager, and other individuals as appropriate to ensure effective service delivery (15 CCR 1409).

All policies and procedures for the health care service delivery system shall be reviewed at least every two years and revised as necessary under the direction of the Public Health Director. The Public Health Director shall develop a system to document that this review occurs. The Division Manager, Public Health Director, and the Medical Director shall designate their approval by signing the health care service policy and the health care service procedures manual (15 CCR 1409).

First-aid, AED, and Emergency Services (Title 15, § 1412)

721.1 PURPOSE AND SCOPE

This policy will provide overall guidance for the care of youths who need first-aid, Automated External Defibrillator (AED), and emergency services.

721.2 POLICY

The Department is committed to providing humane and age-appropriate conditions of confinement by ensuring that youths receive access to first-aid, AED, and emergency services to meet their serious health care needs.

721.3 RESPONSIBILITIES

The Public Health Director, or the Medical Director, in cooperation with the Division Manager, shall establish facility-specific procedures to ensure access to first-aid, AED, and emergency services (15 CCR 1412).

721.4 YOUTH ACCESS TO EMERGENCY HEALTH CARE

Youths may receive first aid, AED, and emergency health care in the following ways :

- (a) Youths may request care for an emergency medical condition verbally or in writing to any staff member. All such requests should be addressed as soon as practicable by the staff member, including prompt notification of a care liaison and/or the appropriate medical care provider.
 1. All first-aid and emergency health care requests shall be documented and retained in accordance with the Health Care Records Policy and the Confidentiality of Youth Health Care Records Policy.
- (b) Youths may question or complain about their care or denial of care through the grievance system. Health care-related grievances are to receive priority attention and should be forwarded to a supervisor as soon as practicable. Grievances should be promptly forwarded by the supervisor to the qualified health care professional, unless the youth is complaining about the care provided by that person.
 1. A supervisor shall be notified as soon as practicable when a youth makes a claim of being denied emergency care for an emergency medical condition.
 2. All youths' care-related complaints shall be reviewed daily by health-trained staff members (see the Requests for Health Care Services Policy).
- (c) Youths may be treated by a personal licensed physician, dentist, or mental health care provider at their own expense, with the approval of the Public Health Director and their parents/guardians (see the Scope of Health Care Policy).
- (d) Costs, including those related to security procedures, will not be used as justification for withholding necessary or emergency medical care.

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- (e) Any staff member who becomes aware of or observes a youth who may be in need of medical care may access the sick call procedures on behalf of the youth. Any trained and/or certified youth supervision staff member who becomes aware of a youth in need of first aid or emergency care will immediately provide such care or arrange for the youth to receive care.
- (f) Provisions shall be made to provide opportunities for both written and verbal communications for first-aid and emergency health care requests to those with disabilities, in accordance with the Limited English Proficiency Services Policy.

721.5 STAFF MEMBER OBSERVATIONS

Staff members who observe a youth with obvious signs of medical or dental needs and/or injury, or illness, shall inquire about the possible health issue and communicate relevant information with qualified health care professionals (see the Requests for Health Care Services Policy).

721.6 MEDICAL CARE

The treating qualified health care professional shall develop a written treatment plan for each youth requiring ongoing treatment, including any need for off-site treatment or a specialist.

The juvenile detention facility shall have first-aid kits readily available to staff members in the housing and admission areas and any other locations approved by the Public Health Director. The Medical Director shall approve the contents, number, location, and procedure for periodic inspections of the first-aid kits (15 CCR 1412).

The juvenile detention facility shall have AEDs available to staff members in the housing and admission areas and any other location approved by the Public Health Director. The Division Manager shall ensure that AEDs are maintained properly per manufacturer standards (15 CCR 1412).

721.6.1 FOLLOW-UP CARE

The Medical Director or the authorized designee should review all discharge and other orders issued for youths released from an emergency room visit or hospital stay, and should issue health care orders for any ongoing in-custody care.

The Public Health Director should ensure that youths receive education and instruction for any self-care that may be required to meet their individual health care needs.

721.7 EMERGENCY MEDICAL, MENTAL HEALTH, OR DENTAL SERVICES

No youth shall be deprived of care for emergency medical, mental health, or dental service due to the time of day or night. An ambulance will be provided when necessary for proper care (see the Requests for Health Care Services Policy).

At least one staff member who has received basic first-aid and CPR training shall be available 24 hours a day.

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721.8 OFF-SITE CARE PROVIDERS

The Public Health Director should ensure written agreements are maintained with any community care providers who regularly provide emergency health care services to youths. The agreements should require providers to deliver a summary of any treatment provided, follow-up care, and prescription medication recommendations, and should identify any health care needs that may affect housing, program participation, or other conditions of confinement.

721.9 TRAINING REQUIREMENTS

Youth supervision staff members and health care staff members shall be trained on how to respond appropriately to emergencies requiring first aid and use of an AED (15 CCR 1412).

Individualized Treatment Plans (Title 15, § 1413)

722.1 PURPOSE AND SCOPE

This policy provides guidance for the development of coordinated and integrated individualized health care treatment plans for youths who receive services for significant health care concerns (15 CCR 1413).

722.2 POLICY

The Department recognizes the importance of developing individualized treatment for all youths who are receiving services for significant medical, behavioral/mental health, or dental health care concerns.

722.3 INDIVIDUALIZED TREATMENT PLANS

With the exception of special-purpose juvenile halls, the Public Health Director, the behavioral/mental health director, and the Medical Director, in cooperation with the Division Manager, shall develop and implement procedures to ensure that coordinated and integrated health care treatment plans are developed for all youths receiving services for significant medical, behavioral/mental health, or dental health care concerns (15 CCR 1413).

Clinical judgments involving health care are the responsibility of the health care professional qualified to make such a decision. Staff members shall accept clinical judgments and not deny access to care by making, assuming, or ignoring a clinical decision. Procedures shall assure (15 CCR 1413):

- (a) Health care treatment plans are considered in facility program planning.
- (b) Health care restrictions shall not limit a youth's participation in school, work assignments, exercise, and other programs, beyond that which is necessary to protect the health of the youth or others.
- (c) Relevant health care treatment plan information shall be shared with youth supervision staff members for purposes of programming, implementation, and continuity of care (see the Confidentiality of Youth Health Care Records Policy).
 1. Youth supervision staff members and qualified health care professionals should work together to coordinate security and health care needs. Qualified health care professionals and staff members should communicate with each other about youth health care needs that may significantly impact the health, safety, or welfare of the youth or others. Information regarding ongoing treatment plans should be communicated to youth supervision staff members to the extent necessary to coordinate and cooperate in the ongoing care of the youth.
 2. Communication between youth supervision staff members and qualified health care professionals regarding health care needs that may affect housing, program participation, or other conditions of confinement should be documented (15 CCR 1413).

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- (d) Accommodations for youths who may have special needs when using showers and toilets and dressing/undressing (see the Youths with Disabilities Policy and the Youths with Developmental Disabilities Policy).

722.4 TREATMENT PLANNING

Treatment planning by health care providers shall address (15 CCR 1413):

- (a) Pre-release and discharge planning for continuing medical, dental, and behavioral/mental health care, including medication, following release or transfer. Such planning may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.
- (b) Participation in relevant programs upon return into the community to ensure continuity of care.
- (c) Youth and family participation (if applicable and available).
 - 1. Coordination of discharge planning to link youths and families with supportive aftercare programs and other resources to continue to meet the needs of youths and/or families after youths are released into the community (see the Discharge Plan Policy).
- (d) Cultural responsiveness, awareness, and linguistic competence.
- (e) Physical and psychological safety.
- (f) Traumatic stress and trauma reminders when applicable.

Health Clearance for In-Custody Work and Program Assignments (Title 15, § 1414)

723.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for health screening and monitoring procedures for youth work and program assignments in the juvenile detention facility.

723.2 POLICY

It is the policy of this Department to ensure that health screening and monitoring procedures are developed for all youth work and program assignments that have health care implications.

723.3 HEALTH CLEARANCE FOR IN-CUSTODY WORK AND PROGRAM ASSIGNMENTS

The Public Health Director or the Medical Director, in cooperation with the Division Manager, shall develop health screening and monitoring procedures for in-custody youth work and program assignments that have health care implications, including but not limited to food service workers and activities (15 CCR 1414). Youths must be able to pass a health screening test under the policies and procedures contained in this manual and must meet all statutory and regulatory requirements. Health screening shall be done for youths who work in the kitchen around food products or who serve meals to the youth population.

723.3.1 HEALTH CLEARANCE SCREENING FOR YOUTH FOOD SERVICES WORKERS

The Public Health Director or the Medical Director, in cooperation with the Division Manager, shall develop procedures to minimize the potential for spreading contagious disease and food-borne illness.

To prevent the spread of illness, the following shall be strictly observed:

- (a) All youth food services workers shall have a medical examination to screen for transmissible illnesses or diseases and receive clearance before performing food services activities. The examination shall be conducted in accordance with local regulations and repeated at scheduled intervals.
- (b) Youth food services workers shall receive education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.
- (c) A supervisor shall inspect and monitor the health and cleanliness of youth food services workers and remove anyone exhibiting any signs of food-transmissible disease from any food services area.
- (d) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.
- (e) Food services workers shall wash their hands with antibacterial soap and water immediately before performing food services activities and after using toilet facilities.

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- (f) Aprons shall be removed and secured in a clean storage area before entering the toilet facility.
- (g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or a hairnet, when handling or serving food. Gloves shall be changed after each task is completed.
- (h) Vendors must submit evidence of compliance with state and local food safety regulations.
- (i) The use of tobacco products and electronic cigarettes is prohibited in any food services area.
- (j) Documentation of compliance with all the above and with any other risk-minimizing efforts implemented to reduce food-transmissible disease shall be maintained in accordance with established records retention schedules.
- (k) All youth food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to food-transmissible diseases (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Youth food services workers are prohibited from handling food or working in any food services area if the youth food services worker reports symptoms such as vomiting, diarrhea, jaundice, or sore throat with fever, or has a lesion containing pus, such as a boil or infected wound that is open or draining. Youth food services workers shall only return to work in food services areas when cleared by a qualified health care professional.

Youth Health Education (Title 15, § 1415)

724.1 PURPOSE AND SCOPE

The purpose of this policy is to provide general guidance for the provision and delivery of health education and disease prevention programs to youths housed in the juvenile detention facility.

724.2 POLICY

The Department is committed to ensuring that youths receive health education and disease prevention programs as required by state law.

724.3 DIVISION MANAGER RESPONSIBILITIES

With the exception of special purpose juvenile halls, the Division Manager for each juvenile facility, in cooperation with the Public Health Director shall develop written procedures to assure that interactive and gender and developmentally appropriate medical, behavioral health and dental health education and disease prevention programs are provided to youth.

The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population (15 CCR 1415).

Reproductive and Sexual Health Services (Title 15, § 1416)

725.1 PURPOSE AND SCOPE

This policy provides general guidance for the provision of reproductive and sexual health services to youths.

725.2 POLICY

The Department is committed to providing age-appropriate reproductive and sexual health services to all youths housed in the juvenile detention facility.

725.3 REPRODUCTIVE AND SEXUAL HEALTH SERVICES

The Public Health Director, in cooperation with the Division Manager, shall develop written procedures to ensure that reproductive and sexual health services are available to all youths in accordance with current public health guidelines (15 CCR 1416).

Such services shall include but not be limited to those prescribed by Welfare and Institutions Code § 220; Welfare and Institutions Code § 221; Welfare and Institutions Code § 222 (see the Case Management Policy) (15 CCR 1416).

Pregnant/Postpartum Youths (Title 15, § 1417)

726.1 PURPOSE AND SCOPE

This policy provides guidance for the continued care of pregnant and postpartum youths who need health care.

726.2 POLICY

The Department is committed to ensuring pregnant and postpartum youths confined to the facility receive adequate care to meet their health care needs.

726.3 PREGNANT/POSTPARTUM YOUTHS

With the exception of special-purpose juvenile halls, the Public Health Director, in cooperation with the Division Manager, shall develop written procedures pertaining to pregnant and postpartum youths in accordance with 15 CCR 1417 (see the Use of Physical Restraints Policy).

Pregnant youths should receive prompt prenatal care, including physical examinations, nutrition guidance, childbirth, breastfeeding, and parenting education, counseling, and provisions for follow-up and postpartum care. Qualified medical professionals should develop a plan for pregnant youths 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 (15 CCR 1417).

The facility provides meals for youths with special dietary requirements (e.g., youths with allergies, pregnant youths, youths with dental problems, youths with religious beliefs that require adherence to religious dietary laws or special timing of meals).

Pregnant youths shall receive information regarding options for continuing the pregnancy, terminating the pregnancy, and adoption (15 CCR 1417).

No staff member shall interfere with or impede a youth's decision to have an abortion, not to have an abortion, or to place the child for adoption. In jurisdictions where youths need parental consent to obtain an abortion, medical staff should inform youths about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent). If a youth chooses to have an abortion, the youth shall be requested to sign a statement acknowledging that the youth has been provided the opportunity for related counseling and chooses to have an abortion. Any financial obligations for elective abortions will be the responsibility of the youth. The juvenile detention facility shall provide necessary transportation and supervision for such services. Staff members who object to facilitating a youth's elective abortion (including arrangements, transportation, and security) should not be required to perform such duties.

The Division Manager or the authorized designee should work with the pregnant youth, community agencies, or other relevant persons so the child is appropriately placed after the birth. Child welfare workers may interview and counsel the youth at the Juvenile Detention Facility.

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Pregnant/Postpartum Youths (Title 15, § 1417)

Written procedures shall include the availability of a breast pump for lactating youths and procedures for storage, delivery, or disposal (15 CCR 1417).

Intoxicated Youths and Youths with Substance Use Disorders (Title 15, § 1431)

727.1 PURPOSE AND SCOPE

The purpose of this policy is to address the health care needs of intoxicated youths and youths with a substance use disorder.

727.2 POLICY

It is the policy of the Department for staff members to work cooperatively with qualified health care professionals to ensure that intoxicated youths and youths with a substance use disorder are provided adequate care.

727.3 SCREENING AND IDENTIFICATION OF YOUTH INTOXICATION AND SUBSTANCE USE DISORDERS

As part of the initial health screening provided for in the Youth Screening and Evaluations Policy, trained staff members shall document any available information regarding intoxicated youths and youths with substance use disorders, including statements made by the youth, the arresting officer, and the youth's parents, guardians, or caregivers as well as staff member observations during admission.

727.4 SCREENING, MONITORING, AND TREATMENT REQUIREMENTS

Public Health Director or the Medical Director, in cooperation with the Division Manager, shall develop and implement written procedures that address the identification and management of alcohol and other substance intoxication, withdrawal, and treatment of substance use disorders (see the Youth Screening and Evaluations Policy). The procedures shall address the following (15 CCR 1431):

- (a) A medical clearance shall be obtained before booking any youths who are intoxicated to the extent that they are a threat to themselves or others.
- (b) A qualified health care professional shall conduct a medical evaluation on a youth showing signs of intoxicated behavior persisting longer than four hours.
- (c) Designated housing, including using any protective environment for placement of intoxicated youths (see the Safety Rooms and Camera Rooms Policy).
- (d) Symptoms of or known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment.
- (e) Determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued.
- (f) Management of pregnant youths who use alcohol or other substances (see the Pregnant/Postpartum Youths Policy).
- (g) Initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with the Individualized Treatment Plans Policy and the Case Management Policy.

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Intoxicated Youths and Youths with Substance Use Disorders (Title 15, § 1431)

The staff member should (15 CCR 1431):

1. Create a written discharge plan using the department-approved youth risk/needs assessment, case/progress notes, education evaluations, and medical and mental health evaluations to determine the youth's needs at the time of release (see the Discharge Plan Policy).
2. Ensure that the discharge plan packet with community resources includes, at a minimum, the contact information for substance abuse and mental health providers (see with the Discharge Plan Policy).
3. Ensure coordination with behavioral/mental health services in cases of substance-abusing youths with known or suspected mental illness.
4. Establish how, when, and by whom the youth will be monitored when intoxicated.
5. Ensure the frequency of monitoring and the documentation required.

727.5 COORDINATED CARE

The Public Health Director shall work with the Medical Director and the Division Manager to ensure youths with special medical care needs, including physical disabilities, intoxication, or substance use disorders that require medical care, receive coordinated health care (15 CCR 1431). Youths with special medical care needs should be identified so youth supervision staff members can assist as necessary with any treatment plans.

727.6 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Staff members shall respond promptly to youths' medical symptoms to lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility.

Youth supervision staff members should remain alert to signs of drug and alcohol overdose and withdrawal, which include but are not limited to sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing, and generalized aches and pains.

Any staff member who suspects that a youth is intoxicated, experiencing progressive or severe intoxication, withdrawal, or may be suffering from an overdose shall promptly notify the supervisor, who shall ensure that the youth is immediately evaluated by medical personnel (see the Youth Screening and Evaluations Policy) (15 CCR 1431).

727.7 DETOXIFICATION

Youths experiencing symptoms of drug or alcohol withdrawal shall be seen promptly by a qualified health care professional or transferred to an off-site emergency facility for treatment (15 CCR 1431).

Any youth showing signs of drug or alcohol withdrawal symptoms shall be placed in a protective environment and assessed in accordance with the Safety Rooms Policy. Appropriate medical responses to youths experiencing intoxication or withdrawal reactions shall occur. When it is determined that the monitoring requirements can be discontinued, initiation of substance abuse counseling for case management and referral procedures for continuation upon release shall be instituted (see the Case Management Policy and the Discharge Plan Policy) (15 CCR 1431).

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Intoxicated Youths and Youths with Substance Use Disorders (Title 15, § 1431)

Pregnant youths who use alcohol or other drugs shall receive counseling services as determined by their individualized treatment plan and the Individualized Treatment Plans Policy.

727.8 SUBSTANCE ABUSE CARE

Youths should receive substance abuse education or counseling and be referred for treatment as necessary (15 CCR 1431).

Health Assessments (Title 15, § 1432)

728.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the completion of health assessments of youths admitted to this juvenile detention facility.

728.2 POLICY

The Department recognizes that youths should have a comprehensive health assessment conducted following their initial arrival at the juvenile detention facility, and at required intervals thereafter (15 CCR 1432).

728.3 HEALTH ASSESSMENTS

The Public Health Director or the Medical Director, in cooperation with the Division Manager, shall develop and implement written procedures for youth health assessments and for the timely identification of conditions necessary (e.g., treatment, intervention, care) to safeguard the health of the youth (15 CCR 1432).

- (a) An in-person health assessment of each youth shall be completed within 96 hours, excluding holidays, of the youth's admission at the juvenile detention facility. Completed health assessments should result in a compilation of identified problems to be considered in the classification, treatment, and multidisciplinary management of youths while in custody and in pre-release planning (see the Youth Classification Policy and the Release Policy). Health assessments shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health care professional working within their scope of practice and under the direction of a physician.
 1. At a minimum, the health assessment shall include but is not limited to health history, physical examination, laboratory and diagnostic testing, and immunization reviews as outlined below:
 - (a) The health history includes but is not limited to a review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, and habits (e.g., use of tobacco, alcohol, and other substances). The health history also contains a developmental history listing strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests). Also included is any history of recent trauma exposure that may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, history of mental illness, self-injury, and suicidal ideation.
 - (b) The physical examination includes but is not limited to temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, preliminary dental and visual acuity screenings, a hearing screening, lymph nodes, chest and cardiovascular, breasts, abdomen, genital

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Health Assessments (Title 15, § 1432)

- (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, and neurologic.
- (c) Laboratory and diagnostic testing includes but is not limited to tuberculosis screening and testing for sexually transmitted diseases for sexually active youths. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, and hemoglobin or hematocrit tests.
 - (d) Review and update of the immunization records within two weeks in accordance with current public health guidelines.
2. The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider for youths admitted who have had an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff members shall review the intake health screening form and conduct a face-to-face interview with the youth. The health history and immunization review should be done within 96 hours of admission, excluding holidays.
3. Physical exams shall be updated annually for all youths.
- (b) For adjudicated youths confined in any juvenile facility for successive stays, each of which totals fewer than 96 hours, the Medical Director shall establish procedures for a medical assessment. If this assessment cannot be completed at the juvenile detention facility during the youth's initial stay, it shall be completed before acceptance at the juvenile detention facility. This evaluation and clearance shall include screening for communicable diseases.
 - (c) For youths who are transferred to and from juvenile facilities outside their detention system, the Public Health Director, in cooperation with the Division Manager, shall assure that a health assessment is:
 - 1. Received from the sending facility at or before the time of transfer.
 - 2. Reviewed by designated health care staff members at the receiving facility.
 - 3. Identified and any missing required assessments are scheduled within 96 hours.
 - (d) The Public Health Director or the Medical Director shall develop procedures to ensure that youths who are transferred between juvenile facilities within the same detention system receive a written health care clearance. The health record shall be reviewed and updated before transfer and forwarded to facilities that have licensed on-site health care staff members (see the Transfer of Health Care Summary and Records Policy).

The Medical Director should review youth health assessments conducted by other qualified health care professionals.

728.3.1 HEALTH ASSESSMENT FINDINGS

Any findings that may significantly affect the health, safety, or welfare of the youth or others should be communicated to the Division Manager or the authorized designee. Health care needs that may

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Health Assessments (Title 15, § 1432)

affect housing, program participation, or other conditions of confinement shall be communicated and documented.

728.4 TRANSFER OF HEALTH CARE ASSESSMENTS

Completed health assessments shall be transferred with a youth to a receiving facility as applicable (see the Transfer of Health Care Summary and Records Policy) (15 CCR 1432).

Requests for Health Care Services (Title 15, § 1433)

729.1 PURPOSE AND SCOPE

This policy will provide overall guidance for managing requests for health care services made by youths confined in the juvenile detention facility (15 CCR 1433). The availability and standards of health care services provided to youths are addressed in the Availability and Standards of Care Policy.

729.2 POLICY

The Department is committed to providing routine, unimpeded access to health care for youths requesting emergency and non-emergency services while confined in the juvenile detention facility.

729.3 REQUESTS FOR HEALTH CARE SERVICES

The Public Health Director, in cooperation with the Division Manager, shall develop procedures to establish a daily routine for youths to convey requests for emergency and non-emergency medical, dental, and behavioral/mental health care services (15 CCR 1433). At a minimum, these procedures should address the following (15 CCR 1433):

- (a) Youths shall be provided the opportunity to confidentially convey, either through written or verbal communications, requests for medical, dental, or behavioral/mental health services. Provisions shall be made for youths who have language or literacy barriers (see the Limited English Proficiency Services Policy).
- (b) Youth supervision staff members shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental health services appears to be urgent. All requests from youths shall be relayed to the appropriate provider as soon as practicable but always before the end of the receiving staff member's shift.
 1. Staff members shall forward all requests to a qualified health care professional as appropriate. The staff member is responsible for initiating referrals when a need for services is observed.
 2. Youths may request care for an emergency health condition in any manner, to any staff member. All such requests should be addressed appropriately and immediately by the staff member (see the First-aid, AED, and Emergency Services Policy).
 3. The responding staff member is responsible for advocating for a youth's health care when the need for medical, dental, or behavioral/mental health services appears to be urgent.
 4. All medical, dental, and behavioral/mental health care requests shall be documented and retained in accordance with the Health Care Records Policy and the Confidentiality of Youth Health Care Records Policy retention schedules.

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Requests for Health Care Services (Title 15, § 1433)

- (c) Staff members shall regularly ask about and make observations of each youth regarding their medical, dental, and behavioral/mental health, including the presence of trauma-related behaviors, injury, or illness.
- (d) There shall be opportunities available 24 hours a day for youths and staff members to communicate a need for emergency medical or behavioral/mental health care services.
- (e) Provisions shall be made for any youth requesting medical, dental, or behavioral/mental health care attention, or observed to be in need of health care, to be given attention by licensed or certified health care staff members.
- (f) All medical, dental and behavioral/mental health care requests shall be documented and maintained.

Dental Care (Title 15, § 1435)

730.1 PURPOSE AND SCOPE

This policy provides general guidance for the provision of necessary dental care for youths.

730.2 POLICY

The Department is committed to providing dental care to youths as required by state law (15 CCR 1435).

730.3 PUBLIC HEALTH DIRECTOR RESPONSIBILITIES

The Public Health Director, in cooperation with the Division Manager, shall develop and implement written policy and procedures to require that dental care is provided to youths as necessary to treat acute conditions and prevent adverse effects on the youth's health, and to provide preventive services as recommended by a dentist (15 CCR 1435).

730.4 DENTAL CARE

Emergency dental care will be available to all youths 24 hours a day. Severe dental pain qualifies as an emergency.

Dental care that is a necessary standard of treatment will be available to all youths. Decisions as to whether dental care is a necessary standard of treatment will be made by a qualified dental care professional. Treatment shall not be limited to extractions (15 CCR 1435).

Decisions to provide dental care that is not presently a necessary standard of treatment (i.e., elective) may include consideration of the youth's expected release date and available resources. Procedures that are elective may be approved by the Division Manager or the authorized designee. The youth's parent/guardian will bear the cost.

Annual dental exams shall be provided to any youth detained for longer than one year (15 CCR 1435).

Youths with Developmental Disabilities (Title 15, § 1418)

731.1 PURPOSE AND SCOPE

This policy provides guidance for the care of youths with suspected or confirmed developmental disabilities.

731.2 POLICY

The Department is committed to providing youths with suspected or confirmed developmental disabilities with appropriate diagnosis and treatment as prescribed by law.

731.3 RESPONSIBILITIES

The Public Health Director and the Medical Director, in cooperation with the behavioral/mental health director and the Division Manager, shall develop and implement procedures to ensure that any youth with a suspected or confirmed developmental disability is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends (see the Mental Health Services Policy, the Availability and Standards of Care Policy, and the Youth Admittance Process Policy) (15 CCR 1418).

Psychotropic Medications (Title 15, § 1439)

732.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure development of procedures for administering psychotropic medication (15 CCR 1439).

732.2 POLICY

The Tulare County Probation Department will develop procedures governing the voluntary and involuntary use of psychotropic medications.

732.3 PSYCHOTROPIC MEDICATION

The Public Health Director or the Medical Director, in cooperation with the behavioral/mental health care director and the Division Manager, shall develop and implement written procedures governing the administration of voluntary and involuntary psychotropic medications.

- (a) Department procedures shall include but not be limited to (15 CCR 1439):
 1. Protocols for health care providers' written and verbal orders in dosages appropriate to the youth's needs.
 2. The length of time medications may be ordered and administered before reevaluation is required.
 3. A provision that youths who are on psychotropic medications prescribed in the community will continue to receive the medications when clinically indicated, pending verification in a timely manner by a health care provider.
 4. Reevaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider.
 5. A provision that uninterrupted continuation of psychotropic medications will be addressed in pre-release planning and prior to the transfer to another facility or program, including authorization for transfer of prescriptions (see the Discharge Plan Policy and the Transfer of Health Care Summary and Records Policy).
 6. A provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.
 7. A provision that psychotropic medications shall be securely stored and delivered and administered to youths in a safe and timely manner.
- (b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity (see the Informed Consent and Refusals Policy).
 1. Youths shall be informed of the expected benefits, potential side effects, and alternatives to psychotropic medications.
 2. Absent an emergency, a youth may refuse psychotropic medication treatment without disciplinary consequences.

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Psychotropic Medications (Title 15, § 1439)

- (c) Youths found by a health care provider to be an imminent danger to themselves or others because of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented in the youth's health record, and reviewed by the Division Manager or designee and the Public Health Director.
- (d) Assessment and diagnosis must support the administration of psychotropic medications. The administration of psychotropic medication is not allowed for coercion, discipline, convenience, or retaliation against a youth.

Collection of Forensic Evidence (Title 15, § 1452)

733.1 PURPOSE AND SCOPE

This policy provides guidelines for collecting forensic evidence from youths for the purposes of prosecution (15 CCR 1452). Policy pertaining to the prevention and detection of and response to sexual abuse and harassment are addressed in the Prison Rape Elimination Act Policy and the Sexual Assaults Policy.

733.2 POLICY

The Department is committed to providing humane and age-appropriate conditions of confinement by ensuring that forensic medical services for youths for the purposes of prosecution comply with applicable laws and regulations (15 CCR 1452).

733.3 FORENSIC EVIDENCE COLLECTION

The Public Health Director, in cooperation with the Division Manager, shall ensure that forensic medical services (including the drawing of blood alcohol samples), body cavity searches, and other functions for the purposes of prosecution are conducted by appropriately trained health care staff members who are not responsible for providing ongoing health care to the youth in accordance with 15 CCR 1452.

A youth's treating or regular care provider should not assist in evidence collection for purposes of prosecution, discipline, or any other adversarial proceeding.

Forensic medical services for the evidentiary examination and initial treatment of victims of sexual assault shall be performed in accordance with the Sexual Assaults Policy.

Qualified health care professionals from this juvenile detention facility are prohibited from being involved in psychological evaluations for use in adversarial proceedings.

Sexual Assaults (Title 15, § 1453)

734.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the development and implementation of procedures for treating victims of sexual assault, preserving evidence, and reporting requirements for such incidents (15 CCR 1453).

734.2 POLICY

The Department is committed to providing humane and developmentally appropriate conditions of confinement by ensuring that victims of sexual assault receive appropriate treatment following a report of sexual assault, that any evidence related to the incident is collected and preserved in accordance with established regulations and standards, and that all sexual assaults are promptly reported to the law enforcement agency that would handle any related investigation.

734.3 SEXUAL ASSAULT EXAMINATION AND TREATMENT

The Public Health Director, in cooperation with the Division Manager, shall develop and implement procedures for the examination and initial treatment of victims of sexual assault in accordance with applicable laws and regulations, and ensure that youth who are victims have access to a supportive adult throughout the process of investigation and treatment. (15 CCR 1453).

The evidentiary examination and the initial treatment of victims of sexual assault shall be conducted at a health care facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures (15 CCR 1453).

734.3.1 PRESERVATION OF EVIDENCE

The Division Manager and Public Health Director should work with the PREA Coordinator to develop procedures for preserving evidence in sexual assault cases (15 CCR 1453).

The preservation of evidence related to sexual assaults shall be performed in accordance with established laws, regulations, and standards and in conjunction with the Collection of Forensic Evidence Policy and the Prison Rape Elimination Act Policy.

734.4 REPORTING REQUIREMENTS

All incidents of sexual assault shall be reported to the local law enforcement agency that would handle any related investigation (15 CCR 1453).

Chapter 8 - Clothing, Personal Hygiene, and Environmental Health

Physical Plant Compliance with Codes

800.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process, and responsibilities for facility maintenance, inspections, and equipment testing in compliance with all applicable federal, state, and local building codes.

800.2 POLICY

It is the policy of this department that all construction of the physical plant be reviewed and inspected in compliance with all applicable federal, state, and local building codes. All equipment and mechanical systems will be routinely inspected, tested, and maintained in accordance with applicable laws and regulations.

800.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal, and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

800.4 RESPONSIBILITIES

The Division Manager or authorized designee shall be responsible for establishing and monitoring the facility maintenance schedule and the inspection schedules of the Institution Supervisors and officers, and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction's applicable health and sanitation codes shall be kept in the facility by the Division Manager or the authorized designee. The Division Manager or the authorized designee is responsible for developing internal health and sanitation inspection checklists; maintaining valid licensing, sanitation certificates, and inspection reports; and documenting proof of corrective actions.

800.5 PROCEDURE

Any remodeling or new construction shall have prior approval of the local fire, building, and health authorities. Any required plans and permits will be procured before the commencement of any changes to the facility in compliance with Title 24 of the California Code of Regulations and approval of the Board of State and Community Corrections (Penal Code § 6029).

Areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation in compliance with the General Industry Safety Order, including but not limited to the following (8 CCR 3362):

- (a) Admissions
- (b) Food services
- (c) Youth housing areas
- (d) Medical services area
- (e) Classrooms

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- (f) Activity and program areas
- (g) Recreational areas
- (h) Laundry
- (i) Hair care services area
- (j) Loading dock/trash storage
- (k) Warehouse
- (l) Water systems and plumbing
- (m) Emergency generators
- (n) Fire safety equipment
- (o) The entire physical structure of the facility, including roof, walls, exterior doors, mechanical systems, and lighting

800.6 PLUMBING - FLOOR DRAINS

Floor drains must be flushed weekly, and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

Water Supply

801.1 PURPOSE AND SCOPE

The Tulare County Probation Department recognizes the importance of providing the facility with safe potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume and that potable water is in compliance with the California Safe Drinking Water Act.

801.2 POLICY

In compliance with federal regulations regarding safety of public water systems, this facility will ensure the continued supply of safe potable water for use by youths, staff members, and visitors through rigorous annual testing of water supplies (42 USC § 300f et seq.).

801.3 EMERGENCY PLAN

The Division Manager and the Medical Director shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for at least three days and should include contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.

Standard Facility Clothing Issue (Title 15, § 1480)

802.1 PURPOSE AND SCOPE

This policy outlines the procedures used to issue facility clothing to youths admitted to this juvenile detention facility.

802.2 POLICY

It is the policy of the Tulare County Probation Department to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances, and regulations. Compliance with laws and regulations relating to issuing facility clothing to youths is closely linked with good sanitation practices.

802.3 RESPONSIBILITIES

The Division Manager shall ensure that a process to provide facility-issued clothing and footwear to each youth as needed is established.

Clothing exchange shall occur in accordance with the Clothing Exchange Policy and shall be documented in the daily activity log.

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with all applicable laws and regulations.

802.4 STANDARD FACILITY CLOTHING ISSUE

The juvenile detention facility has the primary responsibility to provide clothing and footwear (15 CCR 1480).

A youth admitted overnight or longer and assigned to a living unit shall be issued a set of facility clothing. Clothing provisions shall ensure that (15 CCR 1480):

- (a) Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair (e.g., free of holes and tears).
- (b) The standard issue of clothing appropriate for the climate for youths shall consist of but not be limited to:
 1. Socks and serviceable footwear.
 2. Suitable outer garments.
 3. New non-disposable underwear, which shall remain with the youths throughout their stay.
 4. Undergarments, including T-shirts and bras, that are freshly laundered and free of stains.
- (c) Clothing shall be laundered at the temperature required by local ordinance for commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer (see the Clothing Exchange Policy for site-specific laundry procedures).

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Standard Facility Clothing Issue (Title 15, § 1480)

(d) Suitable clothing shall be issued to pregnant youths.

All facility clothing issued to youths shall be exchanged and documented in accordance with the Clothing Exchange Policy. Additional clothing may be issued for changing weather conditions or as seasonally appropriate.

A youth's personal undergarments and footwear may be substituted for the institutional undergarments and footwear.

Youths assigned to a special work area shall be issued facility clothing and protective equipment appropriate to the requirements of their work assignment in accordance with the Special Clothing Policy.

The Division Manager or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra youth clothing that is seasonally appropriate (see the Clothing, Bedding, and Linen Supply Policy).

A youth's excess personal clothing shall be mailed to, picked up by, or transported to a designated family member or stored in containers designed for such purpose. All youth personal property shall be properly identified, inventoried, and secured. Youths shall sign and receive a copy of the inventory record.

Special Clothing (Title 15, § 1481)

803.1 PURPOSE AND SCOPE

This policy outlines the procedures to ensure that suitable additional clothing is maintained and issued to youths whose special work assignments in the juvenile detention facility require non-standard, facility-issued clothing.

803.2 POLICY

It is the policy of the Tulare County Probation Department to provide additional clothing and gear for work assignments to adequately protect youth workers (e.g., from the weather, chemical exposure, physical injuries), and to maintain a high standard of hygiene in compliance with state laws, ordinances, and regulations.

803.3 SPECIAL CLOTHING ISSUE

Each youth assigned to a special work detail where the issue of regular clothing would be unsanitary or inappropriate shall be issued suitable additional clothing essential for youth to perform the special work assignments (15 CCR 1481).

Clothing Exchange (Title 15, § 1482)

804.1 PURPOSE AND SCOPE

This policy provides guidance regarding the cleaning and exchange of youth clothing (see the Standard Facility Clothing Issue Policy) (15 CCR 1482).

804.2 POLICY

It is the policy of the Tulare County Probation Department to comply with all state laws, ordinances, and regulations pertaining to the site-specific cleaning and scheduled exchange of youth clothing.

804.3 CLOTHING EXCHANGE

The Division Manager or the authorized designee shall develop and implement written site-specific procedures for the cleaning and scheduled exchange of clothing. Unless work, climatic conditions, or illness necessitates more frequent exchange, outer garments (except footwear) shall be exchanged at least once each week. T-shirts, bras, and underwear shall be exchanged daily; youths shall receive their own underwear back in the exchange (15 CCR 1482).

All clothing exchanges shall be documented on the daily activity log. The Institution Supervisor or unit supervisor shall review the daily activity log at least once per shift.

804.4 YOUTH ACCOUNTABILITY

To ensure youth accountability, youths must exchange item for item when clean clothing exchange occurs.

Before being placed in a housing unit, youths shall be provided with a youth handbook listing this requirement.

Clothing, Bedding, and Linen Supply (Title 15, § 1483)

805.1 PURPOSE AND SCOPE

This policy provides guidance to ensure the juvenile detention facility complies with applicable standards in the acquisition, handling, storage, transportation, and processing of clothing, bedding, and linen in a clean and sanitary manner (15 CCR 1483).

805.2 POLICY

It is the policy of the Tulare County Probation Department to maintain adequate and appropriate quantities of clothing, bedding, and linen sufficient to meet the actual and replacement needs of the juvenile detention facility youth population.

805.3 CLOTHING, BEDDING, AND LINEN SUPPLY

There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the facility population. For each facility that the Tulare County Probation Department operates, the Division Manager or the authorized designee shall develop and implement written procedures for acquisition, handling, storage, transportation, and processing of clothing, bedding, and linen in a clean and sanitary manner (15 CCR 1483).

There should be adequate and appropriate storage space for youth bedding, linen, and clothing. The inventory of clothing, bedding, linen, and towels shall exceed the maximum youth population so that a reserve is always available.

The facility should have a sufficient quantity of clothing, bedding, and linen available for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff member shall ensure that the storage areas are properly maintained and stocked. The Division Manager should be notified if additional storage space is needed.

805.3.1 HEALTH-RELATED CONSIDERATIONS

When issuing mattresses to youths who are pregnant or who have other medical needs, staff members shall consider the youth's known or suspected disability or medical condition as well as the youth's safety, security, and comfort (15 CCR 1483).

805.4 SCHEDULED AND UNANNOUNCED INSPECTIONS

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing, bedding, and linen supply policies and procedures are carried out in accordance with all applicable standards.

Pest Control (Title 15, § 1484)

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification, and eradication processes designed to keep pests controlled in accordance with the requirements established by all applicable laws, ordinances, and regulations of the local public health entity (15 CCR 1484).

806.2 POLICY

It is the policy of this department to control pests within the facility to assure the health and safety of youths, staff members, and visitors.

806.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee shall be responsible for developing and implementing site-specific procedures, in cooperation with the Medical Director and the local public health entity, to control the contamination and/or spread of vermin and ectoparasites in all youths' personal clothing. Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin (15 CCR 1484).

The Division Manager shall also establish specific medical guidelines for treating infected youth to include youth clothing, personal effects, and living areas.

The Division Manager or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to inspect the facility and to treat areas as needed to ensure that pests are controlled.

806.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted youth who is pest-infested or whose property is pest-infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Youths with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for youths undergoing treatment for lice should be used.

Because the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding, and other property suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Medical Director:

- (a) Washing in water at 140 degrees for 20 minutes
- (b) Tumbling in a clothes dryer at 140 degrees for 20 minutes
- (c) Dry cleaning
- (d) Storing in sealed plastic bags for 30 days

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Pest Control (Title 15, § 1484)

- (e) Treating with an insecticide specifically labeled for this purpose

Head lice and their eggs are generally found on the head hairs. There may be uncertainty about the effectiveness of some pediculicides to kill the eggs of head lice. Therefore, some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch, and lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arms and on the eyelashes.

Pubic lice and their eggs are generally successfully treated by pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment depends on careful inspection of the youths and proper application of the appropriate product. The area used to delouse youths must be separate from the rest of the facility. All the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area.

The supervisor shall document the date of treatment, the area treated, the pest treated, and the treatment used.

806.5 LABELING AND SECURE STORAGE OF COMPOUNDS

Containers of pest exterminating compounds shall be conspicuously labeled to identify the contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by youths.

Issuance of Personal Care Items (Title 15, § 1485)

807.1 PURPOSE AND SCOPE

This policy provides guidance regarding the issuance of personal care items to youths as required by 15 CCR 1485.

807.2 POLICY

It is the policy of the Tulare County Probation Department to provide appropriate personal care items to youths as required by applicable laws, regulations, and standards.

807.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee shall ensure that written, site-specific procedures are developed and implemented for the availability of personal hygiene items (15 CCR 1485). Additional appropriate personal care items may be available for purchase from the youth commissary.

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that personal care item issuance policies and procedures are carried out in accordance with this policy and applicable laws, regulations, and standards.

807.4 ISSUANCE OF PERSONAL CARE ITEMS TO YOUTHS

Personal hygiene items and facilities for showers will be provided in accordance with applicable laws, regulations, and standards. This is to maintain a standard of hygiene among youths in compliance with the requirements established by state laws as part of a healthy living environment (also see the Youth Hygiene Policy).

Each female youth shall be provided with sanitary napkins, panty liners, and tampons as requested (15 CCR 1485).

Each youth to be held more than 24 hours shall be issued, at a minimum, the following personal care items (15 CCR 1485):

- (a) Toothbrush
- (b) Toothpaste
- (c) soap
- (d) comb
- (e) Shaving implements (see the Shaving Policy)
- (f) Deodorant
- (g) Lotion
- (h) Shampoo
- (i) Post-shower conditioning hair products
- (j) Toilet paper

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Issuance of Personal Care Items (Title 15, § 1485)

The Division Manager or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Additional hygiene items shall be provided to youths upon request, as needed.

Youths shall not be required to share personal care items listed in (a) through (d). Liquid soap provided through a common dispenser is permitted (15 CCR 1485).

Youths shall not share disposable razors (15 CCR 1485). Used razors are to be disposed of into approved sharps containers. Double-edged safety razors, electric razors, and other shaving equipment capable of breaking the skin, when shared among youths, shall be disinfected between individual uses by the method prescribed by the California Board of Barbering and Cosmetology to meet the requirements of 16 CCR 979 and 16 CCR 980, Chapter 9 of Title 16 of the California Code of Regulations (15 CCR 1267(c); 15 CCR 1485).

Youth Hygiene (Title 15, § 1486)

808.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure that the personal hygiene of every youth housed in this juvenile detention facility is maintained. The Tulare County Probation Department recognizes the importance of each youth maintaining acceptable personal hygiene practices by providing youths with access to adequate facilities for showering/bathing, using the bathroom, hand-washing, and teeth brushing (15 CCR 1486).

Guidelines for providing necessary personal hygiene items are addressed in the Issuance of Personal Care Items Policy. Shaving equipment is addressed in the Shaving Policy.

808.2 POLICY

It is the policy of the Tulare County Probation Department to provide youths housed in this juvenile detention facility with adequate access to showering/bathing facilities, toilets/urinals, and washbasins, and opportunities for brushing their teeth (15 CCR 1486; 24 CCR 1230 et seq.).

It is also the policy of the Tulare County Probation Department to make nail clippers available to youths for trimming their nails to ensure the health, safety, and security of staff members, youths, and visitors.

808.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager or the authorized designee shall ensure that written, site-specific procedures are developed and implemented for youth showering/bathing and teeth brushing (15 CCR 1486).

The Division Manager or the authorized designee shall ensure that basic necessities related to showering/bathing, oral hygiene, and using the bathroom are provided to each youth upon entry into a housing unit. Additional appropriate items for these purposes may be available for purchase from the youth commissary or coupon store.

The Division Manager or the authorized designee shall ensure that nail clippers are securely stored in each housing unit at the control desk so they can be issued to youths to trim their nails upon request, or as needed.

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the juvenile detention facility to ensure that youth hygiene policies and procedures are carried out in accordance with applicable laws, regulations, and standards.

808.4 PERSONAL HYGIENE OF YOUTHS

Personal hygiene items and facilities for showering/bathing, going to the bathroom, hand-washing, and brushing teeth will be provided to youths in accordance with applicable laws, regulations, and standards. This is to maintain a standard of personal hygiene among youths as part of a healthy living environment (see the Issuance of Personal Care Items Policy) (15 CCR 1486).

Youths shall be given an opportunity to brush their teeth after each meal (15 CCR 1486).

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Youth Hygiene (Title 15, § 1486)

808.5 AVAILABILITY OF PLUMBING FIXTURES IN THE JUVENILE DETENTION FACILITY

Youths confined to rooms or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature-controlled. Access shall be available at all hours of the day and night without staff member assistance.

The minimum number of plumbing fixtures provided for youths in housing units is:

- (a) One sink/washbasin for every six youths (24 CCR 1230.2.2).
- (b) One toilet to every six youths (one toilet and one urinal may be substituted for every 15 males) (24 CCR 1230.2.1).

Toilet areas should provide privacy for youths without interfering with a youth supervision staff member's ability to supervise the youths.

808.5.1 AVAILABILITY OF PLUMBING FIXTURES IN CAMPS

The minimum number of plumbing fixtures provided for youths in camps is:

- (a) One sink/washbasin for every 10 youths (24 CCR 1230.2.2).
- (b) One toilet to every 10 youths (one toilet and one urinal may be substituted for every 15 males) (24 CCR 1230.2.1).

Washbasins must be provided with hot and cold or tempered water. Toilet areas should provide privacy for youths without interfering with a youth supervision staff member's ability to supervise the youths.

808.6 YOUTH SHOWERS

Youths shall be permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter (15 CCR 1486). There should be one shower for every six youths (24 CCR 1230.2.4). Showering/bathing facilities for youths housed at this juvenile detention facility shall be clean and properly maintained. Water temperature shall be periodically measured, recorded, and maintained to ensure a range of 100 to 120 degrees for the safety of youths and staff members.

Shower areas shall provide privacy for youths without mitigating a youth supervision staff member's ability to supervise youths (24 CCR 1230.2.4).

808.6.1 ADDITIONAL PRIVACY REQUIREMENTS

Youths shall be permitted to shower/bathe and go to the bathroom without staff members of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Staff members of the opposite sex shall announce their presence when entering a youth housing unit (28 CFR 115.315).

808.7 NAIL CARE

Nail clippers will be kept at each housing unit control station and will be issued to youths upon request. Youth workers must keep their nails clean and trimmed. Youths with long nails may be required to trim their nails if there is a safety or security concern and they are admitted to general population.

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Youth Hygiene (Title 15, § 1486)

When a youth is issued a set of nail clippers to trim their nails, a staff member shall supervise the youth to ensure safety and security.

Nail clippers shall be sanitized after each use and promptly returned to the housing unit control desk for secure storage.

808.8 SHOWERING/BATHING, ORAL, AND OTHER PERSONAL HYGIENE ITEMS

Youths are expected to maintain their personal hygiene using approved showering/bathing, oral, and other personal hygiene items.

No youth will be denied necessary showering/bathing, oral, and other personal hygiene items.

For sanitation and security reasons, staff members should not allow showering/bathing, oral, and other personal hygiene items to be shared (see the Issuance of Personal Care Items Policy).

Shaving (Title 15, § 1487)

809.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that youths are provided with access to shaving and the necessary supplies in compliance with state laws and regulations, and that facility shaving standards are based upon legitimate governmental interests.

809.2 POLICY

It is the policy of this facility to allow youths choice in personal grooming, except when a legitimate government interest justifies adherence to an established shaving standard. The Division Manager or the authorized designee shall establish youth shaving standards specific to youth classification, work status, facility safety and security, and youth health and hygiene. Any established standards should not unreasonably interfere with religious observances. Shaving standards should be identified in the youth handbook.

809.3 SHAVING

Youths shall have access to a razor daily unless their appearance must be maintained for reasons of identification in court. All youths shall have equal opportunity to shave their face and body hair (15 CCR 1487).

Facial hair shall be clean and well groomed. Long beards may allow youths to conceal weapons or contraband. Youths may be required to trim facial hair if it poses a security or safety risk. Youths may be required to submit to new booking photographs if their appearance is significantly altered due to facial hair. Youths with facial hair who work around food shall wear appropriate facial coverings.

The Division Manager or the authorized designee may suspend the requirement for access to shaving and related supplies for youths who are considered to be a danger to themselves or others (15 CCR 1487).

Hair Care Services (Title 15, § 1488)

810.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that standards and procedures for hair care services are based on legitimate governmental interests.

810.2 POLICY

It is the policy of this facility to allow youths choice in personal hair care, except when a legitimate government interest justifies adherence to an established hair care standard. The Division Manager or the authorized designee shall establish hair care standards specific to youth classification, work status, facility safety and security, and youth health and hygiene. Any established standards should not unreasonably interfere with religious observances. Hair care standards should be identified in the youth handbook.

810.3 HAIRCUTS

Youths will be provided haircuts subject to established facility rules. If hair length, style, or condition presents a security or sanitation concern, haircuts may be mandatory. Youths whose appearance is significantly altered by receiving hair care services may be required to submit to additional admission photos.

Youths shall not cut names, numbers, or other designs into their hair. Youths shall not manipulate their hair into any style, including but not limited to braids, ponytails, cornrows, or twists, that could facilitate the concealment and movement of contraband and weapons.

810.3.1 HAIR CARE SERVICES

The Division Manager or the authorized designee shall establish written site-specific procedures for youth hair care services that comply with 16 CCR 979 and 16 CCR 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities operated by the department (15 CCR 1488).

Youths shall receive hair care services monthly (15 CCR 1488).

Staff members may suspend access to hair care services if the youth appears to be at risk of self-injury or to be a danger to others or to the safety and security of the facility.

810.4 HAIR CARE SPACE

The hair care services area shall be maintained and kept clean according to the State Board of Barbering and Cosmetology or local board of barbering and cosmetology and the local health department standards.

After each haircut, all tools and equipment that came into contact with the youth shall be cleaned and disinfected according to this facility's established guidelines and procedures, and by a method approved by the State Board of Barbering and Cosmetology (15 CCR 1488).

Barbers or beauticians shall not provide hair care service to any youth when the skin of the face, neck, or scalp is inflamed, or when there is scaling, pus, or other evidence of skin eruptions.

Standard Bedding and Linen Issue (Title 15, § 1500)

811.1 PURPOSE AND SCOPE

This policy outlines the procedures to assure that youths receive sufficient facility-issued bedding and linens in compliance with applicable state laws and regulations.

811.2 POLICY

It is the policy of the Tulare County Probation Department that youth admitted overnight or longer and assigned to a living unit shall be issued a set of facility bedding and linen.

811.3 STANDARD BEDDING AND LINEN ISSUE

Upon entering a living area of the juvenile detention facility, every youth who is expected to remain in the facility overnight shall be issued laundered, suitable bedding and linens, in good repair, including but not limited to (15 CCR 1500):

- (a) One mattress or mattress-pillow combination that meets the requirements of the Mattresses Policy.
- (b) One pillow and a pillowcase, unless provided for in (a) above.
- (c) One mattress cover and a sheet or two sheets.
- (d) One towel.
- (e) Sufficient laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.
 1. One blanket or more shall be provided upon request (15 CCR 1500).
 2. Covering blankets shall be cleaned or laundered in accordance with the Bedding and Linen Exchange Policy.

Linen exchange, including towels, shall be conducted in accordance with the Bedding and Linen Exchange Policy.

811.4 SCHEDULED AND UNANNOUNCED INSPECTIONS

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding and linen issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

Bedding and Linen Exchange (Title 15, § 1501)

812.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance for the exchange of laundered facility-issued bedding and linen to each youth housed in the facility (15 CCR 1501).

812.2 POLICY

It is the policy of the Tulare County Probation Department to ensure that bedding and linen issued to youths are exchanged for clean, laundered replacements in compliance with the requirements established by state standards (15 CCR 1501).

812.3 BEDDING AND LINEN EXCHANGE

The Division Manager shall develop and implement site-specific written procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed in the facility. Washable items such as sheets, mattress covers, pillowcases, and towels shall be exchanged for clean replacements at least once each week. The covering blanket shall be cleaned or laundered at least once a month (15 CCR 1501).

812.4 DAILY ACTIVITY LOG DOCUMENTATION AND REVIEW

All bedding and linen exchanges shall be documented in the daily activity log.

The Institution Supervisor or the on-duty supervisor shall review the daily activity log at least once per shift.

812.5 SCHEDULED AND UNANNOUNCED INSPECTIONS

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding and linen exchanges are carried out in compliance with this policy.

812.6 YOUTH ACCOUNTABILITY

To ensure youth accountability, youths must exchange item for item when the clean bedding and linen exchange occurs.

Before being placed in a housing unit, youths shall be provided with a youth handbook listing this requirement.

Mattresses (Title 15, § 1502)

813.1 PURPOSE AND SCOPE

This policy provides guidelines regarding inspections, storage space, and type and style of mattresses to be purchased and issued to youths housed in this facility.

813.2 POLICY

It is the policy of the Tulare County Probation Department to purchase and store mattresses that comply with all federal, state, and local laws, regulations, and standards to ensure the health and safety of youths, staff members, and visitors.

813.3 PURCHASE OF MATTRESSES

Any mattress purchased for issuance to a youth housed in this facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Household Goods and Services (BHGS) (formerly the Bureau of Home Furnishings) test standard for penal mattresses at the time of purchase (15 CCR 1502).

813.4 ISSUANCE OF MATTRESSES

Upon entering a living area of the juvenile detention facility, every youth who is expected to remain in the facility overnight shall be issued one clean, firm, nontoxic, fire-retardant mattress in accordance with 15 CCR 1502 (see the Standard Bedding and Linen Issue Policy):

- (a) Any mattresses issued to a youth in any facility of this department shall conform to the size of the bed as referenced in Title 24 of the California Code of Regulations, § 1230.2.5 and shall be enclosed in an easily cleanable, nonabsorbent ticking material. All mattresses will be cleaned and disinfected when a youth is released or upon reissue (15 CCR 1502).
- (b) The Division Manager shall consider what mattress type is suitable for pregnant youths or youths with other medical needs in accordance with the Clothing, Bedding, and Linen Supply Policy.

813.5 SCHEDULED AND UNANNOUNCED INSPECTIONS

The Division Manager or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that mattress purchasing, issuance, maintenance, and storage policies and procedures are carried out in compliance with this policy.

813.6 STORAGE SPACE

There should be adequate and appropriate storage space for youth mattresses. The inventory of mattresses should exceed the maximum youth population so that a reserve is always available.

The facility should have a sufficient supply of mattresses required for the daily operation of the facility, including the exchange or disposal of soiled or depleted mattresses. Assigned staff members shall ensure that mattress storage areas are properly maintained and stocked. The Division Manager should be notified if additional storage space is needed.

Facility Sanitation, Safety, and Maintenance (Title 15, § 1510)

814.1 PURPOSE AND SCOPE

The Tulare County Probation Department has established a plan to promote and comply with the environmental safety and sanitation requirements established by applicable laws, ordinances, and regulations. This policy establishes a plan for sanitation, safety, and maintenance tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility (15 CCR 1510).

814.2 POLICY

It is the policy of the Tulare County Probation Department to maintain a safe and sanitary facility. To accomplish this goal, the Department will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility, and a preventive maintenance schedule designed to keep the facility and equipment clean and in good repair.

814.3 FACILITY SANITATION, SAFETY, AND MAINTENANCE PLAN

The Division Manager shall develop and implement written, site-specific procedures for the maintenance of an acceptable level of cleanliness, repair, and safety throughout the facility. The procedures shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner (15 CCR 1510).

The Division Manager shall ensure that the safety and sanitation plan addresses, at a minimum:

- (a) Schedules of functions (e.g., daily, weekly, monthly, or seasonal cleaning, maintenance, pest control, safety surveys).
- (b) Supervision of staff members and youths to ensure proper implementation of the procedures.
- (c) Self-inspection checklists to identify problems and to ensure cleanliness of the facility.
- (d) Procedures, schedules, and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.
- (e) A list of approved equipment, cleaning compounds, chemicals, and related materials used in the facility, and instructions on how to safely operate, dilute, or apply the material.
- (f) Record-keeping of self-inspection procedures, forms, and actions taken to correct deficiencies.
- (g) Training requirements for staff members and youth workers on accident prevention and avoidance of hazards with regard to facility maintenance (see the Youth Supervision Staff Member Orientation and Training Policy).

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- (h) All youth responsibilities pertaining to the proper use and handling of chemical compounds and cleaning agents, which should be included in the youth handbook.
- (i) A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- (j) Detailed processes for the procurement, storage, and inventory of cleaning supplies and equipment.
- (k) A process for the preventive maintenance of equipment and systems throughout the facility.
- (l) Staff member supervision of the provision and use of cleaning tools and supplies.

Cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic, or otherwise harmful substances shall be clearly labeled, kept in a locked storage area, and only used by staff members.

Consideration should be given to general job descriptions and/or limitations relating to personnel or youths assigned to carrying out the plan. Specialized tasks, such as changing air filters, cleaning ducts, and facility pest control, are more appropriately handled by the Department or by contract with private firms.

Youths engaged in sanitation duties shall do so only under the direct supervision of qualified staff members. When youth work crews are used, additional controls should be implemented to account for all equipment and cleaning materials.

All staff members shall report any unsanitary or unsafe conditions to a supervisor. Staff members shall report repairs needed to the physical plant and to equipment by submitting a work order to a supervisor. The Institution Supervisor will conduct daily cleaning inspections. The Division Manager or the authorized designee will conduct weekly safety and sanitation inspections of the facility.

814.4 WORK ORDERS

All reports of unsafe or unsanitary conditions, as well as repairs needed to the physical plant and equipment, shall be documented in a work order. The Division Manager will designate a staff member to receive these work orders and take action to ensure the repairs are made or action is taken. All work and action taken will also be documented. Requests for budget resources above and beyond already budgeted maintenance items shall be reported to the Division Manager.

814.5 SAFETY DATA SHEETS

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Safety Data Sheet (SDS) that is provided by the manufacturer or distributor of the material. The SDS provides vital information on individual hazardous materials and substances, including instructions on safe handling, storage, disposal, prohibited interactions, and other details relative to the specific material.

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The Division Manager shall be responsible for ensuring that a written hazard communication plan is developed, implemented, and maintained at each workplace. Each area of the facility in which any hazardous material is stored or used shall maintain an SDS file in an identified location that includes (see the Juvenile Detention Manual Policy) (29 CFR 1910.1200(e)):

- (a) A list of all areas where hazardous materials are stored.
- (b) A physical plant diagram and legend identifying the storage areas of the hazardous materials.
- (c) A log for identifying new or revised SDS materials.
- (d) A log for documenting training for users of the hazardous materials.

814.5.1 SDS USE, SAFETY, AND TRAINING

All supervisors and users of SDS information must review the latest issuance from the manufacturers of the relevant substances. Staff members and youths shall have ready and continuous access to the SDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)):

- (a) Supervisors shall conduct training for all staff members on using the SDS for the safe use, handling, and disposal of hazardous material in areas they supervise.
- (b) Upon completion of the training, staff members shall sign the acknowledgement form kept with each SDS in their work area.
- (c) Staff members using the SDS shall review the information as necessary to be aware of any updates and to remain familiar with the safe use, handling, and disposal of any hazardous material.

The use of chemicals shall be done in accordance with the product label and SDS, which may include the use of personal protection equipment (PPE) (15 CCR 1510).

814.5.2 SDS DOCUMENTATION MAINTENANCE

Changes in SDS information occur often and without general notice. Any person accepting a delivery, addition, or replacement of any hazardous material shall review the accompanying SDS. If additions or changes have occurred, the revised SDS shall be incorporated into the file and a notation shall be made in the SDS revision log.

Supervisors shall review SDS information in their work areas semiannually to determine if the information is current and that appropriate training has been completed. Upon review, a copy of the SDS file and all logs shall be forwarded to the Maintenance Supervisor or the authorized designee.

814.5.3 SDS RECORDS MASTER INDEX

The Maintenance Supervisor or the authorized designee will compile a master index of all hazardous materials in the facility, including locations, along with a master file of SDS information. The Maintenance Supervisor will maintain this information in the safety office (or equivalent), with a copy sent to the local fire department. Documentation of the semiannual reviews will be maintained in the SDS master file. The master index should also include a comprehensive, current list of

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emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g) (8)).

814.5.4 CLEANING PRODUCT RIGHT TO KNOW ACT

In addition to SDS information, printable information regarding ingredients of certain products used by staff members and youths shall be readily accessible and maintained in the same manner as an SDS (Labor Code § 6398.5; Health and Safety Code § 108952(f); Health and Safety Code § 108954.5(c)).

814.6 JANITORIAL CLOSETS

At least one securely lockable janitorial closet should be provided within the secure area of the facility. Each secure janitorial closet should contain a mop, sink, and sufficient area for storing cleaning implements (24 CCR 1230.1.21).

Access to secure janitorial closets shall be controlled and supervised by officers. Youths should not be allowed access to the janitorial closets except under the direct supervision of an officer.

814.7 SANITATION SCHEDULE

A daily, weekly, and monthly cleaning schedule will be established by each housing unit supervisor. Facility staff members should implement a site-specific plan for cleaning and maintaining each area of the facility (e.g., housing, food preparation, laundry, loading dock/trash storage, barber shop, warehouse, common areas).

Staff members and youth workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals, and areas of responsibility.

814.8 INFIRMARY CLEANING

Medical care housing as described in Title 24 of the California Code of Regulations, § 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the Public Health Director (15 CCR 1510).

814.9 INSPECTION CHECKLIST

The Division Manager or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by supervisors on a daily, weekly, and monthly basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

Inspection checklists shall be forwarded to the Division Manager or the authorized designee for annual review, filing, and retention as required by the established records retention schedule.

Youth Safety

815.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce youth injuries by analyzing causes of injuries and identifying and implementing corrective measures.

815.2 POLICY

It is the policy of the Tulare County Probation Department to provide a safe environment for youths confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating [youth] injuries, and taking corrective actions as necessary to reduce accidents and injury.

815.3 RESPONSIBILITIES

The Chief Probation Officer shall appoint a staff member who will be responsible for the development, implementation, and oversight of the safety program. This program will include but is not limited to (see the Facility Sanitation, Safety, and Maintenance Policy):

- (a) A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- (b) Analysis of youth injury reports to identify causes and to recommend corrective actions.
- (c) Methods and procedures to promptly correct unsafe and/or unhealthful conditions and work practices.

815.4 INVESTIGATION OF REPORTED YOUTH INJURY - MOVE TO PROCEDURE

Whenever there is a report of an injury to a youth that results from accidental or intentional acts, other than an authorized use of force by officers, the Chief Probation Officer or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified (see the In-Custody Deaths and Serious Illness or Injury of a Youth). Injuries resulting from use of force incidents will be investigated and reported under the Use of Force Policy.

815.5 REQUIRED DOCUMENTATION - MOVE TO PROCEDURE

The Institution Supervisor shall ensure that documentation relating to a youth's injury are completed and should include, as appropriate:

- (a) Incident reports
- (b) Investigative reports.
- (c) Health record entries.
- (d) Any other relevant documents.

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Youth Safety

815.6 ANNUAL REVIEWS - MOVE TO PROCEDURE

The Chief Probation Officer or the authorized designee shall annually review all injuries involving youths to identify problem areas and document a plan of action to abate circumstances relating to youth injuries.

The plan of action should include but is not limited to:

- (a) The area where the deficiencies have been identified.
- (b) Strategies to abate the deficiency.
- (c) Resources needed to correct a deficiency.
- (d) Who is responsible for taking corrective action.
- (e) The target completion date.

The Chief Probation Officer shall consult with the Department risk manager to coordinate corrective action or to seek managerial/administrative guidance for implementing corrective action.

Chapter 9 - Food Services

Frequency of Serving (Title 15, § 1460)

900.1 PURPOSE AND SCOPE

This policy provides guidelines on the frequency of serving food as well as dietary considerations for youths housed in the facility (15 CCR 1460 et seq.).

900.2 POLICY

It is the policy of this department that all youths shall be served meals and snacks in accordance with applicable laws, regulations, and standards.

900.3 MEAL AND SNACK SERVING INTERVALS AND TIMING

Meals shall be served at least three times during each 24-hour period, and at least one of those meals must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that youths receive meals that meet nutritional guidelines (see the Dietary Guidelines Policy). Food shall be offered to youths at the time of initial intake (15 CCR 1460).

Food shall be served to youths if more than 14 hours pass between meals (15 CCR 1460).

A nourishing snack shall be provided to all youths between two to four hours after the dinner meal is served (15 CCR 1460). If more than 14 hours pass between meals (or 16 hours between evening and breakfast meals), approved snacks should be provided. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

900.4 REQUIREMENTS FOR DINING PERIODS

Youths shall be provided at least 20 minutes of dining time for the actual consumption of each meal. Youths on medical diets shall be prescribed additional time by the Medical Director (15 CCR 1460).

900.5 MISSED MEALS

Youths who miss, or may miss, a regularly scheduled meal shall be provided with a beverage and a substitute meal (15 CCR 1460).

Youths on medical diets who miss their regularly scheduled meal shall be provided with their prescribed meal (15 CCR 1460).

900.6 YOUTHS WHO RECEIVE MEDICAL OR OTHER APPROVED DIETS

Staff members shall identify youths who have prescribed medical or authorized religious diets so those youths receive their meals accordingly. Food shall be served to youths on medical diets as prescribed by the attending physician (15 CCR 1460).

Dietary Guidelines (Title 15, § 1461)

901.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of youths are met and that overall health is promoted through balanced, nutritious diets (15 CCR 1461).

901.2 POLICY

It is the policy of this department that diets provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

901.3 REVIEW OF DIETARY ALLOWANCES

The food services manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the DGA and U.S. Department of Agriculture (USDA) Free Lunch Program guidelines. Any deviation from the DGA or USDA guidelines shall be reviewed by the Chief Probation Officer or the authorized designee and the Medical Director.

The food services manager or the authorized designee shall ensure that the facility's dietary allowances are evaluated annually by a registered dietitian, and that any changes meet the DGA and the requirements of 15 CCR 1461 (see the Menu Policy).

Menus should be evaluated at least quarterly by the food services manager or the authorized designee (see the Menu Policy).

901.4 MINIMUM DIETARY STATE REQUIREMENTS

Juvenile Detention Facility meals shall be based on nutritional standards that may include the Federal Child Nutrition Meal Program. The minimum diet provided shall be based on the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans (15 CCR 1461).

Snacks may be included as part of the minimum diet. A wide variety of foods should be served.

The nutritional requirements for the minimum diet include but are not limited to the following (15 CCR 1461):

- (a) Protein Group includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein. One serving is 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 for a third serving of 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:
 1. 2 to 3 oz. (without bone) lean, cooked meat, poultry, or fish
 2. 2 medium eggs
 3. 1 cup cooked dry beans, peas, or lentils

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Dietary Guidelines (Title 15, § 1461)

4. 4 Tbsp. peanut butter
 5. 8 oz. tofu
 6. 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen Textured Vegetable Protein
 7. 1/2 cup seeds
 8. 2/3 cup nuts
- (b) Dairy Group includes milk (e.g., fluid, evaporated or dry; nonfat; 1% or 2% reduced fat); cheese (e.g., cottage, cheddar); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium. All milk shall be pasteurized and fortified with vitamins A and D. For youths 9-18 years of age, including pregnant and lactating youths, the daily requirement is four servings. One serving equals but is not limited to one of the following examples:
1. 8 oz. fluid milk (nonfat, 1% or 2% reduced fat)
 2. 1 1/2 oz. natural cheese
 3. 2 oz. processed cheese
 4. 1 1/2 cups of low-fat or nonfat cottage cheese
 5. 1 1/2 cups of ice milk or ice cream
 6. 1/3 cup nonfat dry milk
 7. 1/2 cup nonfat or low-fat evaporated milk
 8. 1 cup nonfat or low-fat plain yogurt
 9. 1 cup pudding
- (c) Vegetable-Fruit Group includes fresh, frozen, dried, and canned vegetables and fruits. One serving equals 1/2 cup vegetable or fruit; 6 oz. of 100% juice; one medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement shall be at least six servings; at least one serving per day, or seven servings per week, shall be from each of the following three categories:
1. One serving of a fresh fruit or vegetable.
 2. One serving of a Vitamin C source containing 30 mg or more. One serving equals but is not limited to the following examples:
 - (a) Broccoli
 - (b) Brussels sprouts
 - (c) Cabbage
 - (d) Cantaloupe or honeydew melon
 - (e) Cauliflower
 - (f) Green and red peppers (not dehydrated)
 - (g) Greens, including collard, kale, turnip, and mustard greens

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- (h) Grapefruit
 - (i) Grapefruit juice
 - (j) Orange
 - (k) Orange juice
 - (l) Potato (baked only)
 - (m) Strawberries
 - (n) Tangerine, large
 - (o) Tomato paste
 - (p) Tomato puree
 - (q) Tomato juice
 - (r) Tomato sauce (6 oz.)
 - (s) Vegetable juice cocktail
3. 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:
- (a) Apricot nectar (6 oz.)
 - (b) Apricots
 - (c) Cantaloupe
 - (d) Carrots
 - (e) Greens, including kale, spinach, chard, beet, mustard, or turnip greens
 - (f) Mixed vegetables with carrots
 - (g) Peas and carrots
 - (h) Pumpkin
 - (i) Red peppers
 - (j) Sweet potatoes or yams
 - (k) Vegetable juice cocktail (6 oz.)
 - (l) Winter squash
- (d) Grain Group includes but is not limited to bread, rolls, pancakes, sweet rolls, ready-to-eat or cooked cereals, cornbread, pasta, rice, tortillas, and any food item containing whole or enriched grains. At least four servings from this group must be made with some whole grains. The daily requirement for youths shall be a minimum of six servings, or 42 servings per week. One serving equals but is not limited to one of the following examples:
- 1. Bread, white (including French and Italian), whole wheat, rye, pumpernickel, or raisin - 1 slice

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2. Bagel, small - 1/2
 3. English muffin, small - 1/2
 4. Plain roll, muffin, or biscuit - 1
 5. Frankfurter roll - 1/2
 6. Hamburger bun - 1/2
 7. Dry breadcrumbs - 3 Tbsp.
 8. Arrowroot crackers - 3
 9. Graham crackers, 2 1/2" - 2
 10. Matzo, 4" x 6" - 1/2
 11. Oyster crackers - 20
 12. Pretzels, 3 1/8" long, 1/8" diameter - 25
 13. Rye wafers, 2" x 3 1/2" - 3
 14. Soda crackers, 2 1/2" sq. - 6
 15. Ready-to-eat unsweetened cereal - 3/4 cup
 16. Cereal, cooked - 1/2 cup
 17. Barley, couscous, grits, macaroni, noodles, pastas, rice, spaghetti, etc. - 1/2 cup
 18. Cornmeal, dry - 2 Tbsp.
 19. Flour (such as wheat, whole wheat, carob, soybean, cornmeal) - 2 1/2 Tbsp.
 20. Wheat germ - 1/4 cup
 21. Pancake, 5" - 1
 22. Waffle, 5" - 1
 23. Tortilla, 6" (corn/flour) - 1
- (e) The following are examples of whole grains and whole-grain products:
1. Barley
 2. Pumpernickel bread
 3. Bran
 4. Rolled oats
 5. Brown rice
 6. Rye
 7. Cornmeal
 - A. Tortilla
 - B. Baked taco/tostada shell

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8. Whole grain
 - A. Bagels, muffins, graham crackers
 - B. Hot cereal
 - C. Pancakes and waffles
 - D. Ready-to-eat cereal
 9. Cracked wheat (bulgur)
 10. Flour
 - A. Carob
 - B. Whole wheat
 - C. Soybean
 11. Whole wheat
 - A. Bread
 - B. Rolls
 - C. Tortilla
 12. Oatmeal
 13. Popcorn
- (f) Calories. Recommended daily caloric allowances for both female and male youths is a minimum of 2,500 calories, not to exceed 3,000. Calorie increases with the exception of a medical diet may be collaboratively determined by the Division Manager, dietitian, food service manager, and the Medical Director in accordance with the Menus Policy.
1. Pregnant youths shall be provided with a diet as approved by a doctor in accordance with Penal Code § 6030(e). They may also receive a supplemental snack, if medically indicated.
 2. In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10% of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 DGA of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and appearance of food served.

901.5 REQUESTS FOR SPECIAL DIETS

The food services manager or the authorized designee shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards (15 CCR 1461).

901.5.1 MEDICAL DIETS

The food services manager shall be responsible for ensuring that all youths who have been prescribed medical diets by qualified health care professionals are provided with diet-compliant

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Dietary Guidelines (Title 15, § 1461)

meals. A diet manual, which includes samples of medical diets, shall be maintained in the food services areas.

See the Prescribed Medical Diets Policy for more information.

901.5.2 RELIGIOUS DIETS

The food services manager, to the extent reasonably practicable, will provide special diets for youths in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

901.5.3 SPECIAL DIET MEAL RECORDS - DELETE SECTION

Youths who receive authorized religious diet, prescribed medical diet, pregnancy diet, or vegan or vegetarian diet meals should sign a document for receipt of each meal indicating:

- (a) The youth's name.
- (b) The youth's identification number.
- (c) The dates and times of meal service.
- (d) The housing location or dining location where the meal is delivered.
- (e) A list of items provided for the meal.

All special diet meal records shall be retained in accordance with established retention schedules and applicable statutory regulations.

Prescribed Medical Diets (Title 15, § 1462)

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that youths who require prescribed medical diets because of a diagnosed medical condition are provided with nutritionally balanced meals that are medically approved and meet nutritional and safety standards (15 CCR 1462).

902.2 POLICY

It is the policy of this department to provide medical diet meals as prescribed by qualified health care professionals.

902.3 PRESCRIBED MEDICAL DIETS

Only the attending physician shall prescribe a medical diet for a youth. The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian. The Division Manager shall comply with any medical diet prescribed for a youth (15 CCR 1462).

The Division Manager and the Medical Director shall ensure that the medical diet manual including sample menus of medical diets shall be available in both the medical unit and the food service office for reference and information. A registered dietitian shall review, and the Medical Director shall approve, the diet manual annually (15 CCR 1462).

As a best practice, all medical diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of a youth developing an adverse medical condition or nutritional defect as the result of a diet that is inconsistent with the youth's current medical needs. A diet request form should be provided to youths.

Pregnant and lactating females shall be provided a balanced, nutritious diet approved by a physician in accordance with the Pregnant/Postpartum Youths Policy and the Dietary Guidelines Policy.

Medical diet orders shall be maintained on file for at least one year and in accordance with established retention schedules and applicable statutory regulations (15 CCR 1462).

902.4 STAFF MEMBER COMMUNICATION/COORDINATION

It is the responsibility of the Medical Director to compile a daily list of all youths prescribed medical diets. The list should contain:

- (a) The youth's name.
- (b) The youth's identification number.
- (c) The housing location or dining location where the meals will be delivered.
- (d) The youth's medical diet type.
- (e) Special remarks or instructions.

Any time youths are assigned to a different housing unit, detention staff members must notify the food services personnel immediately.

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Prescribed Medical Diets (Title 15, § 1462)

902.5 PREPARATION AND DELIVERY OF MEDICAL DIET MEALS

The food services manager or the authorized designee is responsible for reviewing the medical diet lists prepared by the attending physician in cooperation with the Medical Director, counting the number and type of medical meals to be served, and preparing the food according to the medical diet menu designed by the registered dietitian.

Medical diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with youth medications. Individual labels or written documents clearly identifying each meal and any included snacks should be prepared by the food services staff members and should contain:

- (a) The youth's name.
- (b) The youth's identification number.
- (c) The housing location or dining location where the meals will be delivered.
- (d) The youth's medical diet type.
- (e) A list of items provided for the meal.

The staff member responsible for meal distribution shall ensure that any youth prescribed a medical diet meal by the attending physician or the authorized designee receives the prescribed meal.

Unless a medical diet was prescribed with a specific end date, only the attending physician or the authorized designee may order that a medical diet be discontinued.

If prescribed by the attending physician or the authorized designee, supplemental food shall be served to youths more frequently than the regularly scheduled meals. A youth who misses a regularly scheduled meal shall receive the prescribed meal.

902.6 MEDICAL DIET MEAL RECORDS - DELETE WHOLE SECTION

Youths receiving prescribed medical diet meals must sign a document indicating:

- (a) The youth's name.
- (b) The youth's identification number.
- (c) The dates and times of service.
- (d) The housing location or dining location where the meals will be delivered.
- (e) The youth's medical diet type.
- (f) A list of items provided for the meal.

All information regarding a medical diet is part of a youth's medical record and is therefore subject to state and federal privacy laws concerning medical records.

Medical diet orders shall be maintained on file for at least one year and in accordance with established retention schedules and applicable statutory regulations (15 CCR 1462).

Menus (Title 15, § 1463)

903.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines on food service menu planning and dietary considerations for youths housed in the facility (15 CCR 1463).

903.2 POLICY

It is the policy of this department that the food service menu provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture's Dietary Guidelines for Americans.

903.3 MENU PLANNING

All menus shall be planned, dated, and available for review at least one month in advance of their use (see the Food Services and Supervision Policy). Menus shall be planned to provide a variety of foods considering the cultural and ethnic demographics of the youth population within the facility, thus preventing repetitive meals. Menus shall be approved by a registered dietitian or nutritionist before being served, in accordance with the Dietary Guidelines Policy (15 CCR 1463).

If any meal served varies from the planned menu, or practices, these changes shall be carefully evaluated by the food services manager in consultation with the Division Manager, dietitian, medical staff members, and other professionals, and shall be noted in writing on the planned menu and/or production worksheet (15 CCR 1463). Any substitutions of the planned menu will be of equal or better nutritional value.

Menus as planned, including changes, shall be retained for one year and evaluated by a registered dietitian at least annually (15 CCR 1463).

Facility menus shall be evaluated by the food services supervisory staff members to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews, and quarterly evaluations shall be maintained by the food services manager in accordance with established records retention schedules (15 CCR 1463).

Food Services and Supervision (Title 15, § 1464 and § 1467)

904.1 PURPOSE AND SCOPE

The Department recognizes the importance of providing nutritious food and services to youths to promote good health. This policy provides guidelines on the preparation of food services items and dietary considerations for youths housed in the facility.

904.2 POLICY

It is the policy of this department that food services shall provide youths with a nutritionally balanced diet in accordance with federal, state, and local laws and with regulations for daily nutritional requirements, and that food services shall adhere to all sanitation and food safety requirements.

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage, and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements and standards set forth in Health and Safety Code § 113700 et seq. (California Retail Food Code).

904.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager shall be responsible for developing and implementing procedures to ensure that all meals are prepared, delivered, and served in accordance with applicable laws, regulations, and standards.

The food services manager in cooperation with the Division Manager shall ensure that site-specific procedures are developed and implemented and to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and/or served only under the immediate supervision of a staff member (15 CCR 1467).

The food services manager shall be responsible for overseeing the day-to-day management and operation of the food services area and ensuring adherence to safe and effective site-specific food services practices (see the Staffing Plan Policy) (15 CCR 1464; 15 CCR 1467). Such practices shall include but not be limited to:

- (a) Developing, implementing, and managing a budget for food services.
- (b) Ensuring sufficient staff members are assigned and scheduled to efficiently and safely carry out all functions of the food services operation and the supervision of youth food services workers (15 CCR 1467).
 - 1. Ensuring that food is prepared and/or served only under the immediate supervision of a staff member (15 CCR 1467).
- (c) Establishing, developing, and coordinating appropriate training for staff members and youth workers.

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- (d) Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- (e) Ensuring the food services operation is sanitary and meets the acceptable standards of food procurement, planning, preparation, service, storage, and sanitation in compliance with FDA and USDA requirements and standards.
- (f) Performing other duties and activities as determined by the Division Manager.
- (g) Developing a food service plan (15 CCR 1464).

904.4 FOOD SERVICES PLAN - STATE REQUIREMENTS

The Department shall maintain a written site-specific food service plan that complies with the applicable California Retail Food Code (15 CCR 1464).

In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food service manager or designee to complete a written food service plan (15 CCR 1464).

In facilities with less than an average daily population of 50 youths that do not employ or have a food services manager available, the Division Manager shall complete a written food service plan (15 CCR 1464).

The plan shall include but not be limited to the following policies and procedures (15 CCR 1464):

- (a) Menu planning
- (b) Purchasing
- (c) Storage and inventory control
- (d) Food preparation
- (e) Food serving
- (f) Transporting food
- (g) Orientation and on-going training
- (h) Personnel supervision
- (i) Budgets and food costs accounting
- (j) Documentation and record-keeping
- (k) Emergency feeding plan
- (l) Waste management
- (m) Maintenance and repair
- (n) Hazard Analysis Critical Control Point plan
- (o) Provision for maintaining three days' worth of meals for testing in the event of food-borne illness

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Food Services and Supervision (Title 15, § 1464 and § 1467)

904.4.1 VENDOR SERVICES

The Division Manager or the authorized designee is responsible for seeing that vendor food services, where applicable, comply with the scope and quality of services specified in the contract (see the Equipment Inventory and Supplies Policy).

904.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature as outlined in the Kitchen Facilities, Sanitation, Inspections, and Food Storage Policy.

One sample from each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported (15 CCR 1464).

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected.

904.6 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect youths from food-borne illness. Food services staff members shall adhere to sanitation and food storage practices, and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services and Supervision Policy and FDA and USDA requirements and standards.

Food production and services (excluding meal service) will be under staff member supervision (see the Staffing Plan Policy). Food production, storage and inventory control, and food-handling practices will follow the appropriate federal, state, or local sanitation laws in accordance with Health and Safety Code § 113947 (see the Food Services Training Policy) (15 CCR 1464).

904.6.1 PREPARED FOOD

Food services staff members may serve food prepared by an outside source provided that the food meets the nutritional standards contained in this policy and the Dietary Guidelines Policy (15 CCR 1464).

904.7 SUPERVISION OF FOOD PREPARATION AND DELIVERY

Only staff members authorized to work in the food preparation area will be allowed inside. Food services staff members shall adhere to the following (15 CCR 1464):

- (a) Correct ingredients are used in the proper proportions.
- (b) Food is maintained at proper temperatures.
- (c) Food is washed and handled properly.
- (d) Food is served using the right utensils and in the proper portion sizes.

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- (e) Utensils such as knives, cutting boards, pots, pans, trays, and food carts used in the preparation, serving, or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- (f) All utensils are securely stored under sanitary conditions when finished.

904.8 EMERGENCY MEAL SERVICE PLAN

The food services manager shall establish and maintain an emergency meal service plan for the facility (15 CCR 1464).

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for youths. If an emergency precludes the preparation of at least one hot meal per day, the Division Manager may declare an emergency suspension of standards for the duration of the emergency.

During an emergency suspension, the food services manager shall assign a registered dietitian to ensure that minimum nutritional and caloric requirements are met.

If the youth food supply drops below that which is needed to provide meals for two days, the Division Manager or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Chief Probation Officer should consider requesting assistance from allied agencies through mutual aid or the National Guard.

904.9 FOOD BUDGETING AND ACCOUNTING

The food services manager is responsible for establishing a per-meal, per-youth budget for food, equipment, and supplies needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans (15 CCR 1464).

The volume for purchasing should be based on the food services needs and storage availability. The food services manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

904.9.1 FOOD BUDGETING AND ACCOUNTING PROCEDURES

The food services manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing procedures, including but not limited to (15 CCR 1464):

- (a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue and lists all anticipated costs for the food services operation for the coming year.
- (b) Establishing a per-meal, per-youth cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory.
- (c) Ensuring that accurate meal record data is collected and maintained. Meal records should include but are not limited to the date and time of service and the number of:

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1. Meals prepared and served for each meal period.
 2. Meals served per location.
 3. Prescribed medical diet meals served.
 4. Authorized religious diet meals served.
- (d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.
- (e) Purchasing nonperishable items in bulk to maximize the budget.
- (f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including but not limited to:
1. Following planned menus.
 2. Inspecting food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
 3. Purchasing food that is in season.
 4. Purchasing the grade of product best suited to the recipe.
 5. Following standard recipes.
 6. Producing and portioning only what is needed.
 7. Minimizing food waste and establishing food storage and rotation practices, including proper refrigeration.
 8. When reasonably practicable, responding to youths' food preferences.
 9. Establishing minimum staffing requirements based on facility layout and security requirements.
 10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings and the need for heavy-duty equipment.
- (g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors such as quantity and packaging. A basic specification should contain:
1. The common name of the product.
 2. The amount to be purchased.
 3. The trade, federal, or other grade or brand required.
 4. The container size and either an exact number or number range of pieces in a shipping container.
 5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).
- (h) Establishing accounting procedures for financial statements and inventory control.
- (i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, medical and religious diet records, and inventory of food, supplies, and

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Food Services and Supervision (Title 15, § 1464 and § 1467)

equipment for the required period, as mandated by the governing body of the facility to include but not be limited to:

1. A monthly report summarizing all data should be provided to the Division Manager.
2. Retention of all meal records in accordance with department retention schedules and state statutory regulations.

904.10 WASTE MANAGEMENT

The food services manager shall develop and maintain a waste management plan that ensures the garbage is removed daily. This plan also shall include methods to minimize the waste of edible food and to dispose of non-edible food or waste material without using a landfill (15 CCR 1464).

904.11 TRAINING

The food services manager, under the direction of the Division Manager, is responsible for ensuring that an orientation and training curriculum is developed in accordance with USDA guidelines and implemented in the use of equipment and safety procedures for all food services personnel, including all custody staff members and contractors (see the Food Services Training Policy) (15 CCR 1464).

Food Services Training (Title 15, § 1465)

905.1 PURPOSE AND SCOPE

The purpose of this policy is to implement a training program for food services workers that includes food safety, proper food-handling techniques, and personal hygiene to ensure the appropriate handling and delivery of food and reduce the risk of potential injury and food contamination (15 CCR 1465).

905.2 POLICY

It is the policy of the Tulare County Probation Department that all food services workers satisfactorily complete initial and ongoing training in safe food-handling techniques, including personal hygiene, in accordance with applicable health and safety laws, regulations, and standards.

It is also the policy of this department to monitor compliance for appropriate food-handling and personal hygiene requirements.

905.3 DIVISION MANAGER RESPONSIBILITIES

The Division Manager, in cooperation with the food services manager, shall develop and implement written procedures to ensure that supervisory staff members and food services workers receive ongoing training in safe food-handling techniques, including personal hygiene, in accordance with California Retail Food Code (CalCode), Health and Safety Code § 113947. The procedures shall include provisions for monitoring compliance that ensure appropriate food-handling and personal hygiene requirements (15 CCR 1465).

905.4 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services manager, under the direction of the Division Manager, is responsible for ensuring that a training curriculum is developed in accordance with U.S. Department of Agriculture (USDA) guidelines and implemented in the use of equipment and safety procedures for all food services personnel, including staff members and contractors (15 CCR 1465).

905.4.1 FOOD PREPARATION TRAINING

In addition to kitchen equipment and safety procedures general training, the curriculum for staff members working in food services shall address safe food-handling techniques, including (15 CCR 1465):

- (a) Proper hand-washing techniques and personal hygiene as it applies to food services work.
- (b) Proper application and rotation of gloves when handling food.
- (c) Proper use of protective hair coverings, such as hats or hairnets.
- (d) Wearing clean aprons and removing aprons before entering toilet facilities.
- (e) Maintaining proper cooking and holding temperatures for food.
- (f) Proper portioning and serving of food.

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Food Services Training (Title 15, § 1465)

- (g) Covering coughs and sneezes to reduce the risk of food-borne illness transmission.
- (h) Reporting illness, cuts, or sores to the staff member in charge.
- (i) Proper storage of all food items, including refrigerating and freezing food.

Kitchen Facilities, Sanitation, Inspections, and Food Storage (Title 15, § 1466)

906.1 PURPOSE AND SCOPE

This policy provides guidelines for the proper design, construction, maintenance, sanitation, and inspection requirements of the food preparation, service, and storage areas, and to ensure sufficient access to toilets and washbasins near the food preparation area for convenient sanitation and proper hygiene (15 CCR 1466).

906.2 POLICY

It is the policy of this department to comply with all federal, state, and local health and safety laws, regulations, and standards concerning the institutional preparation, service, and storage of food.

906.3 COMPLIANCE WITH CODES

The Division Manager is responsible for ensuring that food preparation, service, and storage areas comply with all applicable laws, regulations, and standards and that food preparation areas are sanitary, well lit, and ventilated, and have adequate temperature-controlled storage for food supplies (15 CCR 1466).

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas (Health and Safety Code § 114286).

The food preparation area must avoid cross-contamination and remain free from pest infestation (Health and Safety Code § 114259).

906.3.1 COMPLIANCE WITH OUT-SOURCED FOOD SERVICES

The Division Manager shall ensure the requirements of Health and Safety Code § 114381 are met when youths prepare meals for self-consumption or when frozen meals or pre-prepared food from other permitted food facilities is reheated and served (15 CCR 1466).

906.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state, and local building codes, comply with food and agricultural laws and standards, and include any required approvals from any local regulatory authority (Health and Safety Code § 113700).

The size of the food preparation area shall be adequate for the facility's population.

Floors, floor coverings, walls, wall coverings, and ceilings should be designed, constructed, and installed so they are smooth, nonabsorbent, and attached so that they are easily cleanable (Health and Safety Code § 114268; Health and Safety Code § 114271; 15 CCR 1466).

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Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, nonabsorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed, and temperature-controlled for the food being stored (Health and Safety Code § 114047; 15 CCR 1466).

Lighting throughout the kitchen and storage areas shall be sufficient for staff members and youths to perform necessary tasks (Health and Safety Code § 114252; 15 CCR 1466).

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, noxious odors, smoke, and fumes shall be provided, if necessary (Health and Safety Code § 114149(a); 15 CCR 1466).

All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian (Health and Safety Code § 114130; 15 CCR 1466).

Dishwashing machines will operate in accordance with the manufacturer recommendations, and hot water temperatures will comply with federal, state, and local health requirements (Health and Safety Code § 114101; 15 CCR 1466).

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning. Equipment should be corrosion resistant and free of pits, crevices, and sharp corners.

Dry food storage must have sufficient space to store at least 15 days of supplies. All food must be stored in sealed containers at least 6 inches off the floor (Health and Safety Code § 114047; 15 CCR 1466).

906.5 TOILETS AND WASHBASINS

A sufficient number of toilets and washbasins shall be located near the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom instructing all food services staff members and youth workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as dictated by the demographics of the youth/staff member population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities near the food preparation area should be limited to use by the food services staff members and youth workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The food services manager shall be responsible for procedures to ensure:

- (a) All fixtures in the toilet facilities are clean and in good operating condition.
- (b) A supply of toilet paper is maintained at each toilet. Toilet facilities used by females shall have at least one covered waste receptacle.

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- (c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided (Health and Safety Code § 113953.3; 15 CCR 1466).

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

906.6 CLEANING AND INSPECTIONS BY STAFF MEMBERS

The food services manager shall ensure that all equipment, appliances, and utensils in the food preparation areas and dining areas are inspected weekly. Adequate hot and cold water should be available in the kitchen. The water temperature of all fixtures should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff members, and shall include areas such as floors, walls, windows, and vent hoods. Equipment, such as chairs, tables, fryers, and ovens, should be grouped by frequency of cleaning:

- (a) After each use
- (b) Each shift
- (c) Daily
- (d) Weekly
- (e) Monthly
- (f) Semiannually
- (g) Annually

The food services manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules (see the Staffing Plan Policy). At the direction of the Division Manager or the authorized designee, the food services manager shall take prompt action to correct any identified problems.

906.7 REQUIRED INSPECTIONS

The food services manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Division Manager shall ensure inspections are conducted of the food services facilities and equipment in accordance with Health and Safety Code § 101045 (see the Annual Facility Inspection Policy).

Documentation of the inspections, findings, deficiencies, recommended corrective actions, and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules.

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The food services manager should provide the Division Manager with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

906.8 STATE-SPECIFIC REQUIREMENTS

The following state-specific standards and regulations apply to facilities with on-site kitchen facilities, sanitation, food preparation, service and storage areas and shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, § 113700 et seq.; California Retail Food Code (CalCode) (15 CCR 1466).

In facilities where youths prepare meals for self-consumption, or where frozen meals or preprepared food from other permitted food facilities (see Health and Safety Code § 114381) are re-heated and served, the following applicable CalCode standards may be waived by the local health officer (15 CCR 1466):

- (a) Health and Safety Code § 114130 - 114141.
- (b) Health and Safety Code § 114099.6, 114095 - 114099.5, 114101 - 114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils.
- (c) Health and Safety Code § 114149 - 114149.3 except that, regardless of such a waiver, the juvenile detention facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors, and smoke from the kitchen.
- (d) Health and Safety Code § 114268 - 114269.
- (e) Health and Safety Code § 114279 - 114282.

Tools and Culinary Equipment Control

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a tightly controlled process for the use of tools and culinary equipment to reduce the risk of such items becoming weapons for the youth population. While specific youth workers sometimes may need to possess tools or equipment for legitimate daily operations, staff members must carefully monitor and control the possession and use of those tools (see the Food Services and Supervision Policy).

907.2 POLICY

It is the policy of this juvenile detention facility to securely store, inventory, control, and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items.

907.3 TOOLS

Tools include all implements maintained within the secure perimeter of the juvenile detention facility to complete specific tasks. These tools include but are not limited to mops, brooms, dustpans, and floor polishers.

All tools, culinary items, and medical equipment shall be locked in secure cabinets or storage rooms when not in use.

Any time tools are brought into a secure area where youths are present, staff members supervising the area shall count the tools brought in to ensure that the same number of tools are taken out.

Any tool used within the secure perimeter of the juvenile detention facility must be closely monitored and controlled by the staff members supervising the area so it cannot be used as a weapon. Youths who are assigned tasks that require these tools shall be closely supervised.

The Division Manager or the authorized designee shall develop and maintain an inventory of all tools used and stored within the secure perimeter of the juvenile detention facility. Tools will be inventoried by an assigned staff member at least once every 24 hours and inspected immediately after use. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

- (a) Detaining and searching any youth who had access to the tool.
- (b) Conducting a thorough search of the immediate area for the missing item.
- (c) Initiating a facility-wide search.

The staff member responsible for supervising the use of a missing tool will prepare and submit a report to the Institution Supervisor documenting the specific missing tool and the circumstances of the disappearance. The report will be forwarded to the Division Manager. A report identifying all staff members involved in the search should be submitted to the on-duty supervisor documenting the findings.

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Tools and Culinary Equipment Control

907.4 KITCHEN EQUIPMENT

Culinary tools are stored in the kitchen and include common tools used in the preparation, service, and delivery of meals.

In the event that a kitchen tool is missing, the officer shall immediately notify the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool. A thorough search for the tool will be undertaken, and an incident report shall be completed by the officer responsible for supervising use of the tool. The incident report with all relevant information shall be forwarded to the Division Manager.

907.5 SERVING AND INDIVIDUAL EATING TOOLS

Serving tools and individual eating tools are those culinary tools located outside of the kitchen. Only staff members assigned to serve food shall be in control of serving tools. These tools shall be assigned to kitchen staff members before leaving the kitchen. The tool type shall be documented. Upon returning to the kitchen from serving meals, the kitchen staff members shall individually check in their assigned tools with the kitchen supervisory officer, who shall document each one.

If a serving tool is missing, the kitchen supervisory officer shall notify a supervisor, and a search for the tool shall be initiated.

Eating utensils (forks/spoons/sporks) shall be counted by the officer supervising the meal service prior to and at the completion of each meal. In the event that a utensil is missing, the housing unit shall be immediately locked down and a custody supervisor notified. A thorough search of the housing unit shall be initiated to locate the utensil.

Inspection of Food Products

908.1 PURPOSE AND SCOPE

The purpose of this policy is to establish methods by which the Food and Drug Administration (FDA) and/or the U.S. Department of Agriculture (USDA) inspections and/or approvals are conducted on any food grown or produced at the facility.

908.2 POLICY

The Tulare County Probation Department will ensure the safety and quality of all food grown or produced at this facility through routine inspections and approvals, as required by law.

908.3 FOOD INSPECTION PROCEDURES

The food services manager is responsible for developing procedures for ensuring that all food used in the food services operation has been inspected and/or approved to standards established by statute. The food services manager also is responsible for making sure that the delivery of all food products to the food preparation areas and to the youths occurs promptly to reduce the risk of any foodborne illness or contamination.

The food services manager shall establish inspection procedures in accordance with established standards and statutes. Such procedures shall include but are not limited to:

- (a) The FDA or USDA inspection and/or approval of all food grown or produced by this facility before distribution.
- (b) A system of periodic audits and inspections of the facility and of all raw material suppliers, either by juvenile detention facility staff members or by a third-party vendor.
- (c) A system of thorough documentation of all inspection and approval processes, training activities, raw material handling procedures, cleaning and sanitation activities, cleanliness testing, correction efforts, record-keeping practices, and the proper use of sign-off logs shall be developed and implemented.
- (d) Processes for evaluating the effectiveness of training and validating cleanliness through testing (e.g., swabs; bioluminescence; visual, taste, and odor evaluations) shall be created and implemented. Records of all such activities shall be documented.
- (e) Documentation of any recommendations for continuous quality improvement and their implementation, with the intent of eliminating deficiencies. Documentation should include a post-deployment verification of the correction.

908.4 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for ensuring adherence to safe and effective food services practices, including but not limited to:

- (a) The scope of food products being grown or processed internally is well-defined.
- (b) All critical processes are validated to ensure consistency and compliance with specifications.
- (c) Any changes to the process are evaluated for effectiveness.

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- (d) There are clearly written instructions and procedures for staff members and youths to follow.
- (e) The staff members and youths are trained to perform all established tasks and document all necessary procedures.
- (f) Physical barriers for separating raw and cooked food-processing areas are established and maintained.
- (g) The traffic flow of workers minimizes the risk of any cross-contamination.
- (h) All drains are used and cleaned properly, within industry standards.
- (i) Proper equipment and/or tools are provided and designated for specific use.
- (j) All persons working in the food services areas are wearing proper clothing and protective devices.
- (k) All persons working in the food services areas wash their hands properly and frequently.
- (l) Only authorized personnel are allowed in the food-processing areas.
- (m) Only potable water is used for growing or washing produce.
- (n) The distribution of all prepared food is done in a manner that reduces the risk of foodborne illness or contamination.

Chapter 10 - Programs, Activities, and Education

Behavior Management Program

1000.1 PURPOSE AND SCOPE

This policy provides guidelines for the Tulare County Probation Department's behavior management program (BMP).

1000.2 POLICY

It is the policy of the Tulare County Probation Department to make reasonable efforts to teach and reinforce appropriate youth behaviors through fairly and objectively applying the BMP.

1000.3 RESPONSIBILITIES

The Division Manager should designate a BMP coordinator to be responsible for:

- (a) Establishing a BMP that is incentive-based, with rewards and sanctions (positive and negative reinforcement) to help manage youth behaviors. This should include a point or other system to encourage and reward appropriate behavior.
- (b) Identifying appropriate behavior that earns rewards, such as:
 - 1. Actively participating in programming.
 - 2. Following staff member directives.
 - 3. Complying with department rules and regulations.
 - 4. Participating in daily chores.
 - 5. Maintaining room standards.
 - 6. Communicating positively.
 - 7. Behaving responsibly in school.
 - 8. Making an effort to exercise self-control and developing self-control skills.
 - 9. Respecting other people including staff members and other youths.
 - 10. Respecting property.
 - 11. Other appropriate conduct.
- (c) Identifying rewards that may be earned such as:
 - 1. Special visits.
 - 2. Later bedtime.
 - 3. Extra telephone calls.
 - 4. Additional recreational privileges.
 - 5. Board games/electronic games (computer).
 - 6. Extra TV time.
 - 7. Housing unit – single room or status housing.
 - 8. Food such as pizza, ice cream.

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9. Special movies and videos.
 10. Other special activities.
- (d) Identifying the types of behavior that may result in sanctions under the BMP, such as:
1. Failing to maintain proper order of living area.
 2. Littering.
 3. Being out of assigned area without authorization.
 4. Not participating in a required program activity.
 5. Engaging in horseplay.
 6. Disrespecting others.
 7. Using offensive language.
 8. Irritating or harassing others.
 9. Malingering.
 10. Intimidating/bullying.
- (e) Maintaining procedures to identify when youth behavior may result in sanctions under the BMP, when behavior should be responded to with discipline pursuant to the Youth Discipline Policy, and when behavior may result in both sanctions under the BMP and discipline.
- (f) Maintaining procedures for interventions such as behavioral contracts.
- (g) Establishing procedures for using additional strategies such as temporary immediate removal of youths from an area, mental health referrals, and individual or group counseling.
- (h) Maintaining permanent logs for each youth to track rewards, sanctions, and interventions, record progress, and identify improved behavior.
- (i) Maintaining procedures to incorporate cognitive or behavioral therapies when appropriate.
- (j) Monitoring and documenting each youth's activities throughout the program.
- (k) Ensuring the orientation handbook includes information on the BMP, including rules, regulations, and the grievance procedures (see the Youth Orientation Policy).

1000.4 STAFF MEMBER RESPONSIBILITIES

Staff members should develop professional relationships with youths and encourage open communication in an effort to prevent inappropriate youth behaviors from escalating to more serious acts/actions.

Staff members should be consistent, fair, and objective in the application of the BMP. Staff members are responsible for:

- (a) Assisting youths in identifying alternative appropriate behavior to avoid sanctions.

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- (b) Awarding points or other rewards consistent with the BMP when a youth engages in appropriate behavior.
- (c) Documenting in the permanent log for the youth, or forwarding documentation to the BMP coordinator for inclusion in the log:
 - 1. Observed progress and improved behavior.
 - 2. Any points or other awards used to reward appropriate behavior.
 - 3. Sanctions imposed for inappropriate behavior.
 - 4. Recommendations for additional or alternative interventions as appropriate.

1000.5 GRIEVANCES AND SUGGESTIONS

Complaints or disputes regarding the BMP or its application made by youths or their parents/guardians should be processed as provided in the Youth Grievances Policy.

Suggestions made by youths or their parents/guardians should be forwarded to the BMP coordinator for review.

1000.6 TRAINING

The Division Manager should develop an employee training program to ensure all staff members become familiar with the behavior management program. The training should include how to develop effective goals and objectives, and techniques for achieving them, that can be effectively implemented in an incentive-based program.

Youth Educational Services (Title 15, § 1370)

1001.1 PURPOSE AND SCOPE

This policy provides guidelines and assigns responsibilities for establishing and maintaining an education program that complies with federal, state, and local laws and educational requirements (15 CCR 1370).

1001.2 POLICY

It is the policy of this department to provide youths with an education program that complies with federal, state, and local laws and educational standards.

1001.3 SCHOOL PROGRAMS

The County Board of Education provides for the administration and operation of juvenile court schools in conjunction with the Chief Probation Officer or the authorized designee pursuant to applicable state laws. The Division Manager, in coordination with school administrators, shall develop and implement written procedures to ensure communication and coordination between educators and department staff members (15 CCR 1370).

Culturally responsive and trauma-informed approaches should be applied when providing instruction. Education staff members should collaborate with the Division Manager to use technology to facilitate learning and ensure safe technology practices (15 CCR 1370).

The Division Manager shall request an annual review of each required element of the education program by the Superintendent of Schools, and a report or review checklist on compliance, deficiencies, and corrective action needed to achieve compliance with 15 CCR 1370.

Upon receiving the annual review, the Division Manager or the authorized designee shall review each item with the Superintendent of Schools and shall take whatever corrective action is necessary to address each deficiency and fully protect the educational interests of all youths in the facility (15 CCR 1370).

1001.3.1 EDUCATION PROGRAM REQUIRED ELEMENTS

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 education 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. Youths 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 (15 CCR 1370).

All youths shall be treated equally, and the education program shall be free from discriminatory action. Staff members shall refer to transgender, intersex, and gender nonconforming youths by their preferred name and gender (15 CCR 1370).

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1001.4 EDUCATIONAL SCREENING AND ADMISSION

Youths shall be interviewed after admittance and a record maintained that documents a youth's educational history, including but not limited to (15 CCR 1370):

- (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.

Youth will be immediately enrolled in school. Education staff members shall conduct an assessment to determine the youth's general academic functioning levels to enable placement in core curriculum courses (15 CCR 1370).

After each youth's admission to the facility, a preliminary education plan shall be developed within five school days (15 CCR 1370).

Upon enrollment, education staff members shall comply with the State Education Code and request the youth's records from their prior school(s), including but not limited to the following (15 CCR 1370):

- 1. Transcripts
- 2. Individual Education Program (IEP)
- 3. Section 504 plan
- 4. State language assessment scores
- 5. Immunization records
- 6. Exit grades
- 7. Partial credits

Upon receipt of the transcripts, the youth's educational plan shall be reviewed with the youth and modified as needed. Youths should be informed of the credits they need to graduate (15 CCR 1370).

1001.5 COURSE OF STUDY

Youths shall be provided with a quality education program that responds to their different learning styles and abilities. The education program course of study shall include but not be limited to the following (15 CCR 1370):

- (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.
- (b) Information and preparation for the high school equivalency test as approved by the California Department of Education shall be made available to eligible youths.
- (c) Youths shall be informed of post-secondary education and vocational opportunities.

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- (d) Administration of the high school equivalency tests as approved by the California Department of Education shall be made available when possible.
- (e) Supplemental instruction shall be provided to youths who do not demonstrate sufficient progress toward grade level standards.
- (f) The minimum school day shall be consistent with State Education Code requirements for juvenile court schools. The Division Manager, in cooperation with education staff members, must 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.
- (g) Education shall be provided to all youths regardless of classification, housing, security status, disciplinary or separation status, including room confinement, except when providing education poses an immediate threat to the safety and security of the youth or others. Education includes but is not limited to related services as provided in a youth's Section 504 plan or IEP.

1001.5.1 ADDITIONAL COURSE OFFERINGS

Youths who have obtained a high school diploma or GED equivalent may participate in college courses offered with the approval of the Division Manager. Youths may participate in post-secondary education and vocational programs with the approval of the Education Program Coordinator (15 CCR 1370). Beyond mandated education requirements, additional educational services and curriculum may be offered to youths, including but not limited to:

- (a) English as a Second Language (ESL).
- (b) Basic literacy.
- (c) Substance abuse and healthy lifestyles education.
- (d) Parenting courses.
- (e) Basic computer instruction.
- (f) Basic life skills.
- (g) Vocational skills such as:
 - 1. Cooking and food services.
 - 2. Landscaping and horticulture.
 - 3. Basic woodworking.
 - 4. Auto body repair and painting.
 - 5. Basic auto repair.
 - 6. Basic office skills.
- (h) Other courses as deemed appropriate by school administrators.

1001.6 PROVISIONS FOR SPECIAL POPULATIONS

State and federal laws and regulations shall be observed for all individuals with disabilities or suspected disabilities. This includes but is not limited to Child Find, assessment, continuum of

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alternative placements, manifestation determination reviews, and implementation of Section 504 plans and IEP (Individuals with Disabilities Education Act (IDEA, Part B), 20 USC § 1400 et. seq.; Section 504 of the Rehabilitation Act of 1973, 29 USC § 701 et. seq.; and the Americans with Disabilities Act, 42 USC § 12101 et. seq.; 15 CCR 1370).

Youths identified as English Learners (EL) shall be afforded an education program that addresses their language needs pursuant to all applicable state and federal laws and regulations governing programs for EL youths (15 CCR 1370).

1001.7 SCHOOL DISCIPLINE

The education program's disciplinary procedures should be integrated into the juvenile detention facility's overall behavioral management plan and security program as follows (15 CCR 1370):

- (a) School staff members shall be advised of administrative decisions made by facility staff members that may affect the educational programming of youths.
- (b) Except as otherwise provided by the State Education Code, expulsion or suspension from school shall be imposed only when other means of correction fails to bring about proper conduct. School staff members shall follow the appropriate due process safeguards as set forth in the State Education Code, including the rights of youths with special needs. School staff members shall document the other means of correction used before imposing expulsion or suspension if an expulsion or suspension is ultimately imposed.
- (c) The Division Manager, in conjunction with education staff members, will develop procedures that address the rights of any youth who has continuing difficulty completing a school day.

1001.8 EDUCATIONAL RECORDS

Education program staff members are responsible for (15 CCR 1370):

- (a) Forwarding the complete facility educational record of youths to the youth's next educational placement in accordance with the State Education Code.
- (b) Making timely requests to the County Superintendent of Schools to provide appropriate credit (full or partial) for the youth's course work completed while in juvenile court school in accordance with the State Education Code.
- (c) Retaining youth education records in compliance with local, state, and federal laws (20 USC § 1232g).

1001.9 TRANSITION AND RE-ENTRY PLANNING

The Chief Probation Officer or the authorized designee, in cooperation with the Superintendent of Schools, shall develop procedures to meet the transition needs of youths, including the development of an education transition plan, in accordance with the State Education Code and in alignment with the Case Management Policy (15 CCR 1370).

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Youth Educational Services (Title 15, § 1370)

1001.10 POST-SECONDARY EDUCATION OPPORTUNITIES

The school and Division Manager should, whenever possible, collaborate with local post-secondary education providers to facilitate access to educational and vocational opportunities for youths that considers the use of technology to implement such programs (Welfare and Institutions Code § 858; 15 CCR 1370).

The school and Division Manager should ensure that youths are provided reasonable access to computer technology and the internet for educational purposes (Welfare and Institutions Code § 851.1; Welfare and Institutions Code § 889.1).

Access to computer technology or the internet may be limited or denied by the Chief Probation Officer or the authorized designee for safety, security, or staffing reasons (Welfare and Institutions Code § 851.1; Welfare and Institutions Code § 889.1).

1001.11 SELF-STUDY PROGRAM

Self-study may be offered when it is determined to be in the best educational interest of a youth or when recommended as part of a youth's IEP or Section 504 plan.

1001.12 CLASSROOM USE AND DESIGN

Youth classification and separation requirements should be considered when the space for the education program is being allocated and designed (24 CCR 1230.1.12).

The Chief Probation Officer or the authorized designee should encourage and include educators in the set-up and design of classrooms that have been identified for youth education. To the extent reasonably possible, in consideration of space design and the ability to provide adequate security, teachers, education managers, and administrators should be consulted to ensure their needs are met.

In addition to the traditional classroom approach to education, the Department should explore other educational methods as part of the education program (e.g., using computers).

Programs, Exercise, and Recreation (Title 15, § 1371)

1002.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Tulare County Probation Department facility will have sufficiently scheduled programs, exercise, and recreation periods, and sufficient space for these activities, as required by law (15 CCR 1371).

1002.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise - An activity that requires physical exertion of the large muscle groups.

Programs - Structured programs that include but are not 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.

Recreation - The youth's free time to choose from activities that occupy the attention and offer the opportunity for relaxation. Such activities may include ping-pong, TV, reading, board games, and letter writing.

1002.2 POLICY

It is the policy of this department to provide youths with access to programs, exercise opportunities, and recreation activities in accordance with state laws or requirements.

1002.3 RESPONSIBILITIES

Youths shall be provided the opportunity for programs, recreation, and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday, or non-school day, of which one hour shall be an outdoor activity, weather permitting (15 CCR 1371).

The Division Manager or the authorized designee shall develop and implement procedures ensuring there is sufficient secure space for programming, physical exercise, and recreation for all youth. The intent is to minimize the amount of time youths are in their rooms or their bed area (15 CCR 1371). A schedule should be developed to ensure accessibility for all youths without interfering with other daily activity requirements (meals, education, religious services, other regularly scheduled events). The program, exercise, and recreation schedule shall be posted in the living areas (15 CCR 1371).

Officers shall use the approved daily activity log sheet to document the actual time of an activity and if a youth has declined participation.

Daily activity logs shall be maintained in accordance with established records retention schedules.

There will be an annual written review of the programs, exercise, and recreation by the department to ensure content offered is current, consistent, and relevant to the population (15 CCR 1371).

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If the Division Manager or the authorized designee denies any youth or group of youths the programs, exercise, or recreation time period, documentation should exist that verifies that the denial is based on good cause in relation to a safety or security need.

1002.4 ACCESS TO EXERCISE

Youths shall have an opportunity for at least one hour of large-muscle activity each day. When weather permits, the youths' exercise time shall be outdoors (15 CCR 1371).

1002.5 ACCESS TO RECREATION

All youths shall be provided the opportunity for at least one hour of daily access to unscheduled activities such as leisure reading, letter writing, and entertainment. Activities shall be supervised and shall include orientation and may include coaching of youths (15 CCR 1371).

Televisions, newspapers, table games, and other items may also be provided to enhance recreation time.

1002.6 ACCESS TO PROGRAMS

All youths 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. The programs shall be structured and designed to enhance socialization, and youth participation shall be monitored. Programs should be based on the youth's individual needs in accordance with the Case Management Policy and the Counseling and Casework Services Policy (15 CCR 1371).

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 members (15 CCR 1371).

Programs may include but are not limited to the following (15 CCR 1371):

- (a) Cognitive behavior interventions
- (b) Management of stress and trauma
- (c) Anger management
- (d) Conflict resolution
- (e) Juvenile justice system
- (f) Trauma-related interventions
- (g) Victim awareness
- (h) Self-improvement
- (i) Parenting skills and support
- (j) Tolerance and diversity

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- (k) Healing-informed approaches
- (l) Best practice interventions that are culturally relevant and linguistically appropriate by credible messengers
- (m) Gender-specific programming
- (n) Art, creative writing, or self-expression
- (o) CPR and first-aid training
- (p) Restorative justice or civic engagement
- (q) Career and leadership opportunities
- (r) Other topics suitable for the youth population

1002.6.1 COMPUTER AND INTERNET ACCESS

The Division Manager may authorize providing a youth with reasonable access to computer technology and the internet so that the youth can maintain relationships with family members (Welfare and Institutions Code § 851.1; Welfare and Institutions Code § 889.1).

1002.7 SECURITY AND SUPERVISION

The staff members supervising youths during programs, exercise, and recreation time shall document when each youth actively participates.

Staff members shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Youths may not use equipment without supervision. All equipment shall be accounted for before youths return to their housing unit.

The supervising staff member may terminate the exercise or recreation period and escort back to the housing unit any youth who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff member. Whenever an exercise or recreation period is involuntarily terminated, the staff member will document the incident and the rationale for terminating the exercise period. The Institution Supervisor will determine whether disciplinary action is warranted. The Division Manager may suspend access to recreation and programs for a period not to exceed 24 hours (15 CCR 1371).

A youth's participation in programs, recreation, and exercise may only be suspended upon a written finding by the Division Manager or the authorized designee that a youth presents a threat to the safety and security of the facility (15 CCR 1371).

The Division Manager or the authorized designee shall document the reasons why suspension of recreation and programs occurs (15 CCR 1371).

1002.8 EXERCISE SPACE

Exercise areas, as specified by federal, state, and/or local laws or requirements, should be sufficient to allow each youth at least one hour of exercise every day. Use of outdoor exercise

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is preferred, but weather conditions may require the use of covered/enclosed space. (24 CCR 1230.1.11).

Religious Programs (Title 15, § 1372)

1003.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of youths to exercise their religion and for evaluating accommodation requests for youths' faith-based religious practices (15 CCR 1372).

1003.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. For such a policy to be valid, there must be a compelling government interest that is necessary or crucial to the mission of the Department, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch on constitutional interests. If the Department adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the youth's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- (a) A restriction or requirement imposed by the Department that places a youth in a position of having to choose between following the precepts of the youth's religion and forfeiting benefits otherwise generally available to other youths, or having to abandon one of the precepts of the youth's religion in order to receive a benefit
- (b) When the Department pressures youths to substantially modify their behavior in violation of their beliefs

1003.2 POLICY

It is the policy of this department to permit youths to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate government objectives of the facility.

1003.3 STAFF MEMBER RESPONSIBILITIES

Staff members shall not show favoritism or preference to any religion and will not discriminate or retaliate against any youth for participating or not participating in any religion or religious practice. Youths are not required to participate in religious programs or activities.

Staff members shall provide youths choosing not to participate in religious programs with alternative activities outside their rooms (15 CCR 1372).

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Facility staff members will not allow their personal religious beliefs to influence them in the daily management of the youth population, particularly as it relates to religious practices.

1003.4 CHAPLAIN

The Chief Probation Officer shall appoint an individual to serve as the chaplain for the facility. The chaplain shall be responsible for assisting the Division Manager with supervising, planning, directing, and coordinating youth religious programs. The chaplain may be responsible for other duties, including but not limited to:

- (a) Coordinating religious services.
- (b) Maintaining a list of accepted religious practices approved by the Division Manager and ensuring the current list is available to staff members.
- (c) Reviewing requests for religious accommodations, including diet.
- (d) Providing or arranging for grief counseling for youths.
- (e) Distributing a variety of religious texts.
- (f) Developing and maintaining a liaison with a variety of religious faiths in the community.
- (g) Making reasonable efforts to enlist religious leaders from outside the community as necessary.
- (h) Seeking donations for religious programs from the community, when appropriate.
- (i) Working with youths' families when requested.
- (j) Periodically surveying the facility population to assist in determining whether current resources are appropriate for the youth population.
- (k) Guiding the Chief Probation Officer or the authorized designee on issues related to religious observance.

1003.5 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Youths are not required to identify or express a religious belief. Youths may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring their religious beliefs through the established process.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all youths of the same religion receive the same accommodations.

1003.5.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS

In an emergency or extended disruption of normal facility operations, the Division Manager may suspend any religious accommodation. The Division Manager may also revoke or modify an approved religious accommodation if the accommodated youth violates the terms or conditions under which the accommodation was granted.

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1003.5.2 APPEALS OF SUSPENSION OR REVOCATION OF ACCOMMODATIONS

Youths may appeal the denial, suspension, or revocation of an accommodation through the youth appeal process.

1003.6 RELIGIOUS DIETS AND MEAL SERVICE

The Division Manager should provide youths requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The food services manager shall establish a process for managing religious meal accommodations (see the Food Services and Supervision Policy and Prescribed Medical Diets Policy) (15 CCR 1372).

1003.7 HAIR STYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, youths who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

Any youth whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

1003.8 RELIGIOUS TEXTS

Religious texts should be provided to the requesting youth if the texts available do not pose a threat to the safety, security, and orderly management of the facility.

1003.9 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

- (a) Animal sacrifice
- (b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security
- (c) Self-mutilation
- (d) Use, display, or possession of weapons
- (e) Self-defense or military training
- (f) Disparagement of other religions
- (g) Nudity or sexual acts
- (h) Profanity
- (i) Use of illegal substances or controlled substances without a prescription

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1003.10 RELIGIOUS SERVICES AND RELIGIOUS COUNSELING

The Division Manager shall provide access to religious services and/or religious counseling at least once each week (15 CCR 1372). Group religious services may be allowed after due consideration of the youth's classification or other concerns that may adversely affect the order, safety, and security of the facility.

Attendance at religious services and/or counseling shall be voluntary (15 CCR 1372).

Alternatives to attending group religious services may include but are not limited to:

- (a) Access to religious books and reading materials.
- (b) Access to religious counselors.
- (c) Recorded religious media (e.g., DVDs, CDs).

1003.11 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety, or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

1003.12 RELIGIOUS GARMENTS AND CLOTHING

Youths who practice a religion that requires particular modes of dress, garments, or headgear, other than standard-issue clothing, should generally be accommodated subject to the need to identify youths and maintain security.

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of department-supplied head coverings when available and appropriate.

Youths wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments that substantially cover the youth's head and face shall be temporarily removed for taking booking and identification photographs.

To the extent reasonably practicable, alternative housing may be considered to accommodate youths' needs for religious attire, while meeting the security needs of the facility.

1003.13 FAITH- AND MORALS-BASED COUNSELING

The Division Manager shall be responsible for establishing a plan for youths to receive faith- and morals-based counseling from the chaplain or religious volunteers. Youths who want/seek/request counseling should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs, and other secular volunteer programs (15 CCR 1372).

No youth shall be required to participate in any such program.

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1003.14 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Division Manager shall ensure that there are sufficient facilities and resources for the chaplain to serve the youth population, including providing access to designated secure areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the youths to be served. All recognized religious groups should have equal access to the space, equipment, and services that the facility normally provides for religious purposes.

1003.15 COMMUNITY RESOURCES

The chaplain may minister a particular faith and any other similar faiths to youths but should also establish contacts with clergy of other faiths who can provide services to youths of other religious denominations.

Whenever the chaplain is unable to represent or provide faith-based services to youths, a religious leader or other volunteer from the community, credentialed by the particular faith, should be sought to help provide services. All individuals providing faith-based services should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteers and Student Internships Policy). The Division Manager or the authorized designee, in cooperation with the chaplain shall ensure that religious personnel who provide programming in the facility possess the required credentials and have the security clearance required to enter the facility.

The chaplain, in cooperation with the Division Manager or the authorized designee, shall develop and maintain communication with faith communities. The chaplain shall review and coordinate with the Division Manager regarding offers to donate equipment or materials for use in the religious programs. All communication efforts and donations should be documented and retained in accordance with established records retention schedules.

1003.16 TRAINING

The Department shall provide training to facility staff members on the requirements of this policy.

The Department shall also provide training in safety and security to the chaplain. The chaplain shall approve and train clergy and religious volunteers. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

Youth Work Program (Title 15, § 1373)

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Youth Work Program. The Youth Work Program allows youths to improve and/or develop useful job skills, work habits, and experiences that can facilitate a successful transition back to the community (15 CCR 1373).

1004.2 POLICY

The Tulare County Probation Department shall operate the Youth Work Program in accordance with all applicable federal, state, and local work safety and labor laws, rules, and regulations, and to the extent that the operation of youth work programs does not pose a risk to the safety of staff members, youths, or the public. This policy establishes the requirements, selection process, supervision, and training of youths before and after entering the facility's Youth Work Program.

1004.3 WORK PROGRAM CRITERIA

The Division Manager shall develop procedures regarding the fair and consistent assignment of youth to work programs. Work assigned to a youth shall be meaningful, constructive, and related to vocational training or increasing the youth's sense of responsibility (15 CCR 1373).

Work programs shall not be imposed as a disciplinary measure (15 CCR 1373).

1004.4 COMMUNITY SERVICE PROGRAM

Post-disposition youths may be assigned to public works projects with state, municipal, or local government agencies, or to community service projects, with the approval of the Division Manager or the authorized designee.

Assigning youths to activities that benefit individuals, businesses, or other private entities that are not considered public works projects is prohibited and may violate the law.

1004.5 SUPERVISION OF YOUTH WORKERS

Facility staff members responsible for the supervision of youths on work crews should receive training in basic safety, security, and reporting procedures.

Facility staff members in charge of work programs and those who supervise youths assigned to work crews should adhere to the following:

- (a) Youth workers should be provided with safety equipment, clothing, and footwear appropriate for the work performed. Safety equipment may include but is not limited to eye/ear protection, gloves, hard hat or headwear, and sunscreen.
- (b) Work periods shall follow state and federal child labor laws.
- (c) Youth workers should be provided with work breaks to allow them to take care of personal needs.
- (d) Youth workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.

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Youth Work Program (Title 15, § 1373)

- (e) Youths who work shifts during the early morning or late-night hours should be provided with a quiet space to allow for sleep during daytime hours.
- (f) Youth workers shall not access youth records or youth monies.
- (g) Youth workers shall not participate in maintaining locking systems or other security detention devices.

Youth workers shall be under the direct supervision of facility staff members at all times and shall not be supervised by other youths when they are on assignment through the Youth Work Program.

1004.6 YOUTH WORKER TRAINING

Youths who are assigned to work in any area that may require handling any chemicals or using any equipment shall receive training from the respective work crew supervisor before using the chemicals or equipment. Work-crew supervisors shall also train youth workers on safety practices. Youths should never be assigned to handle dangerous chemicals or equipment that normally requires a level of expertise and competency beyond their demonstrated ability.

Youth Visitation (Title 15, § 1374)

1005.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and provide a process for youth visits and visitors.

1005.2 POLICY

It is the policy of the Tulare County Probation Department to support, encourage, and allow reasonable and equitable visitation, including video visitation, for all youths.

1005.3 PROCEDURES

The Department shall provide adequate facilities for visiting, including appropriate space for screening and searching youths and visitors and securely storing visitors' personal belongings that are not allowed in the visiting area.

The Division Manager shall develop and implement written procedures and rules for visitation, that include provisions for special visits that should be posted at the visitors' entrance or provided to visitors upon entry (15 CCR 1374). The procedures are subject to safety and security requirements and should consider:

- (a) The facility's schedule.
- (b) The designated secure area or space to accommodate visitors.
- (c) Postings printed in English, Spanish, and other languages indicating fire escape routes. The postings should be located throughout the visiting area.
- (d) Whether an emergency or other conditions justify limiting visiting privileges.
- (e) Space to allow programming and activities to continue for youths who do not have a visitor during a scheduled visiting time.

The visiting area shall accommodate youths and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to youths and visitors with disabilities to facilitate a visitation period.

Visitor logs and records shall be developed and maintained in accordance with established records retention schedules.

Court orders granting a special youth visitation may be subject to County legal review and interpretation.

1005.3.1 VISITOR REGISTRATION AND IDENTIFICATION

All visitors must register and produce a valid state, military, tribal, or other government identification.

An official visitor shall present proof of professional capacity (e.g., attorney license/Supreme Court card, law enforcement identification, business card/letterhead that includes the visitor's name).

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Failure or refusal to provide a valid identification may be reason to deny a visit.

1005.3.2 VISITATION REQUIREMENTS

A youth shall be allowed to receive visits by parents, guardians, or persons standing in loco parentis, and children of the youth. Other family members, such as grandparents and siblings, and supportive adults, may be allowed to visit with the approval of the Division Manager or the authorized designee, and in conjunction with the youth's case plan or in the best interest of the youth (15 CCR 1374).

Opportunity for visitation shall be a minimum of two hours per week. Visits may be supervised, but conversations shall not be monitored unless there is a security or safety need (15 CCR 1374).

Access to technology (video visiting) may be provided as an alternative to, but not as a replacement for, in-person visiting (15 CCR 1374).

1005.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of this facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or is attempting to bring contraband onto the facility property or into the facility. All searches shall be made in accordance with current legal statutes and case law.

1005.5 VISITING SCHEDULE

The Division Manager shall designate a staff member to develop a schedule for youth visitation that includes daytime, evening, and weekend hours. Each youth shall receive a copy of the visitation schedule in the youth handbook at orientation. The visiting hours will also be posted in the public area of the facility. All visits shall occur at reasonable times, subject only to the limitations necessary to maintain order and security (15 CCR 1374).

1005.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES

The Division Manager or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

Visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including but not limited to:

- (a) The visitor appears to be under the influence of drugs and/or alcohol.
- (b) The visitor refuses to submit to being searched.
- (c) The visitor or youth violates facility rules or posted visiting rules.
- (d) The visitor fails to supervise and maintain control of any minors accompanying the visitor into the facility.
- (e) The visitor attempts to enter this facility with contraband.
 1. In addition to being denied a visit, the visitor may face criminal charges.
- (f) The Supervising Probation Officer determines that the visitor's criminal history poses a safety risk.

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1. A visitor shall not be denied visitation based solely on having a criminal history. The Supervising Probation Officer shall determine on a case-by-case basis whether the visitor's criminal history poses a safety risk to youth or staff members in the juvenile detention facility (15 CCR 1374).

Any visitation that is denied or limited, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. If visitation is denied or limited, the visitor, the youth, and the Division Manager shall be notified immediately or as soon as reasonably possible (15 CCR 1374). Documentation will be entered in the youth's file.

1005.7 GENERAL VISITATION RULES

All visitors and youths will be required to observe the following general rules during visitation:

- (a) Parents, guardians, or persons standing in place of a parent will be permitted to visit.
- (b) Children under the age of 18 are not allowed in the facility during general visitation.
- (c) Other family members (e.g., grandparents, adult siblings, supportive adults) may be allowed to visit with the approval of the Division Manager or the authorized designee, in conjunction with the youth's case plan, or in the best interest of the youth.
- (d) A youth may refuse to visit with a particular individual.
- (e) Visitors must be appropriately attired before entering the visiting area of the facility.
- (f) Inappropriate clothing, such as transparent clothing, halter tops, excessively tight or revealing clothing, hats and bandanas, or any other clothing associated with a criminal gang or otherwise deemed by staff members to be unacceptable, will not be permitted.
- (g) All visitors must have footwear.
- (h) Visitors will leave all personal items, except for car keys and identification, outside the secure area. Visitors who enter the facility with handbags, packages, or other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.
- (i) Food and drink are not permitted in the visiting area.

1005.8 SPECIAL VISITS

The Institution Supervisor may authorize special visitation privileges, in addition to the two-hour minimum and/or outside the regular visitation hours, taking into consideration the following factors (15 CCR 1374):

- (a) The purpose of the visit
- (b) The relationship of the visitor to the youth
- (c) The circumstances of the visit
- (d) Distance traveled by the visitor

Whenever a special visit is denied, an entry will be made in the duty log. The entry will include the requesting visitor's name and the reason the visit was denied.

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Family therapy and professional visits shall be accommodated outside the provisions of this regulation when practicable and within the discretion of the Division Manager or the authorized designee (15 CCR 1374).

1005.9 ATTORNEY AND PROFESSIONAL VISITS

Visits from attorneys and/or their authorized representatives (e.g., paralegals, investigators, legal assistants), and other professionals associated with the youth shall not be restricted unless the youth is exhibiting disruptive behavior and it is determined by the Division Manager or the authorized designee that allowing the visit could threaten the safety or security of staff members, other youths, visitors, or the facility (see the Youth Access to Courts and Counsel Policy).

Youth Mail (Title 15, § 1375)

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection, and sending of youth mail.

1006.2 POLICY

This department will provide ample opportunity for youths to send and receive mail, subject to restriction only when there is a legitimate government interest.

1006.3 MAIL GENERALLY

The Division Manager or the authorized designee shall develop and implement written procedures for correspondence (15 CCR 1375).

Youths may send and receive mail without restrictions on quantity, provided it does not jeopardize the safety of staff members, visitors, or other youths, or pose an unreasonable disruption to the orderly operation of the facility (15 CCR 1375).

However, youths may store only a limited amount of mail in their housing unit as determined by the Division Manager. Excess mail will be stored with the youth's personal property and returned when the youth is released.

1006.4 CONFIDENTIAL CORRESPONDENCE

Youths may correspond confidentially with state and federal courts, the youth's attorney or the attorney's authorized designee, any member of the State Bar or holder of public office, and the Board, officials of this department, elected officials, juvenile detention facility inspectors, government officials, and officers of the court (15 CCR 1375).

This juvenile detention facility will also accept and deliver a fax or interoffice mail from these entities.

Juvenile Detention Facility staff members may inspect incoming confidential correspondence for contraband. Juvenile Detention Facility staff members may inspect outgoing confidential correspondence for contraband before it is sealed. If confidential correspondence is inspected, the staff member shall limit the inspection to a search for physical items that may be included besides the correspondence and shall not read or copy the content of the correspondence itself.

All inspections shall be completed in the presence of the youth (15 CCR 1375).

1006.5 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Division Manager whenever members learn that mail sent by a youth involves:

- (a) Threats of violence against any member of the government, judiciary, legal representatives, victims, or witnesses.
- (b) A threat to the security of the juvenile detention facility, staff members, or the public.

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Youth Mail (Title 15, § 1375)

The District Attorney or County Counsel should be consulted where criminal charges are considered against a youth or there is an apparent liability risk to the Department that relates to suspension or restriction of mail privileges.

1006.6 PROCESSING AND INSPECTION OF MAIL BY STAFF MEMBERS

Staff members should process incoming and outgoing mail as expeditiously as reasonably possible. Incoming and outgoing mail should be processed within 24 hours and packages within 48 hours. Mail processing may be suspended on weekends, holidays, or during an emergency.

Incoming and outgoing correspondence, other than confidential correspondence, may be read by staff members only when there is reasonable cause to believe facility safety and security, public safety, or youth safety is jeopardized (15 CCR 1375). Mail for youths no longer in custody should not be opened.

When mail is considered inappropriate under the provisions of this policy or when a youth is sent material that is not prohibited by law but is considered contraband by the juvenile detention facility, the material may be returned to the sender or held in the youth's property to be given to the youth upon release.

Youths shall be notified whenever their mail is held or returned to the sender.

1006.6.1 CENSORSHIP OF INCOMING AND OUTGOING NON-CONFIDENTIAL CORRESPONDENCE

In determining whether to censor incoming non-confidential correspondence, consideration shall be given to whether rejecting the material is rationally related to a legitimate government interest, and whether alternate means of communicating with others is available.

The impact the correspondence may have on other youths and juvenile detention facility staff members is also a factor. Reasonable alternatives should be considered, and an exaggerated response (e.g., discontinuing delivery of a magazine because of one article) should be avoided.

Outgoing non-confidential correspondence shall only be censored to further a substantial government interest, and only when it is necessary or essential to address the particular government interest. Government interests that would justify confiscation of outgoing mail include:

- (a) Maintaining facility safety and security.
- (b) Preventing dangerous conduct, such as an escape plan.
- (c) Preventing ongoing criminal activity, such as threats of blackmail or extortion, or other similar conduct.
- (d) Preventing harassment of those who have requested that no mail be sent to them by the youth.

Correspondence and material identified for censorship shall be delivered to the Institution Supervisor, who shall decide if such mail will be censored.

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Youth Mail (Title 15, § 1375)

1006.7 FORWARDING MAIL

Any non-legal mail received for a former youth should be returned to the sender with a notation that the youth is not in custody. Obvious legal mail should be forwarded to the former youth's new address if it is reasonably known. Otherwise, legal mail should be returned to the sender.

1006.8 YOUTH REQUESTS FOR WRITING MATERIALS

Youths may receive the opportunity to write letters and be provided with writing materials weekly, as provided by an approved schedule established by the Division Manager. Writing materials shall include (15 CCR 1375):

- (a) Postage for two letters per week.
- (b) Writing paper.
- (c) One pencil.

Youths shall receive pre-stamped envelopes and writing paper sufficient to maintain communication with courts, legal counsel, officials of this department, elected officials, inspectors with the Board of State and Community Corrections, government officials, and officers of the court.

Youths should not be permitted to maintain an excess supply of writing materials without the approval of a supervisor.

Youth Telephone Access (Title 15, § 1376)

1007.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting youths to access and use telephones.

1007.2 POLICY

To encourage and maintain positive relationships within the family and community, the juvenile detention facility will provide access to telephones for use by youths consistent with federal and state law.

1007.3 TELEPHONE ACCESS PROCEDURE

The Division Manager or the authorized designee shall develop written procedures establishing the guidelines for youth telephone access and usage. All youths will be provided a copy of the telephone usage rules as part of their youth orientation during the admission process (15 CCR 1376). All telephone calls made by youths shall be free of charge to the youth initiating the call and to the person receiving the call (Welfare and Institutions Code § 208.1).

Youths housed in general population will be permitted reasonable access to public telephones, if available, at scheduled times in the dayrooms for placing calls unless such access may cause an unsafe situation for the facility, staff members, or other youths.

Youths are not permitted to receive incoming telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a facility emergency, or as directed by the supervisor or the Division Manager, all telephones will be turned off.

Teletypewriter/telecommunications device for the deaf (TTY/TDD) or equally effective telecommunications devices will be provided to youths who are deaf, hard of hearing, or have speech impairments to allow them equivalent telephone access.

Reasons for denial of telephone access shall be documented.

Staff members should monitor the use of public telephones to ensure youths have reasonable and equitable access and that the rules are observed. Any youth refusing to cooperate with the telephone rules may have their call terminated, telephone privileges suspended, and/or incur disciplinary action.

Requirements relating to youth telephone access and use during admission are contained in the Youth Admittance Process Policy.

Court-ordered calls or any calls placed from a non-public facility telephone should be dialed by a staff member. The staff member shall be responsible for ensuring that the youth is not calling a number that has been restricted by a court order (e.g., victims, witnesses, co-responsible juvenile offenders, protected persons), or by request of the recipient. Such a call shall be recorded to the same extent authorized for calls that are not court-ordered.

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Youth Telephone Access (Title 15, § 1376)

1007.4 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times throughout the period of custody, youths will have non-recorded telephone access to an attorney at no charge to either the attorney or to the youth, in accordance with the Youth Access to Courts and Counsel Policy.

Youth Access to Courts and Counsel (Title 15, § 1377)

1008.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of youths to access the courts and legal counsel, while holding youths accountable to the rules and regulations that govern conduct in this facility in accordance with the Juvenile Detention Manual Policy (15 CCR 1377).

1008.2 POLICY

It is the policy of this department that all youths will have access to the courts and the ability to consult with legal counsel.

1008.3 YOUTH ACCESS TO LEGAL SERVICES

Staff members should not unreasonably interfere with youths' attempts to seek counsel, and where appropriate, should assist youths with making confidential contact with attorneys and their authorized representatives (e.g., paralegals, investigators, legal assistants).

Access to courts and legal counsel or their authorized representatives may occur through court-appointed counsel, attorney, or legal assistant visits, telephone conversations, or electronic or written communication. To facilitate access, this facility will minimally provide:

- (a) Confidential attorney visiting areas that allow the attorney or the attorney's authorized representatives and the youth to share legal documents.
- (b) Telephones that enable confidential calls between youths and their attorneys or the attorney's authorized representatives.
- (c) Reasonable access to legal materials.

The Division Manager shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the youth handbook that is provided during youth orientation (15 CCR 1377).

1008.4 CONFIDENTIALITY

All communication between a youth and the youth's attorney or the attorney's authorized representatives is confidential, including telephone conversations, or electronic or written communication, and video conferencing. The content of written attorney-client communication will not be reviewed or censored, but the documents may be inspected for contraband (see the Youth Mail Policy) (15 CCR 1377).

1008.5 YOUTH REQUEST FOR ASSISTANCE

Written materials addressing how a youth can access local attorneys and key legal documents shall be available in each housing unit. Staff members shall provide these materials to any youth upon request. However, staff members shall not provide legal advice or assist any youth in completing any legal document (15 CCR 1377).

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Youth Access to Courts and Counsel (Title 15, § 1377)

1008.6 VISITATION RELATED TO LEGAL DEFENSE

Visits with youths that are related to legal defense, including visits with attorneys or their authorized representatives, will be permitted only in the areas designated for legal visitation to ensure confidentiality (15 CCR 1377). Contact visits may be approved by the Division Manager for special circumstances.

- (a) Visits shall be of a reasonable length of time to discourage any allegation that the youth's defense was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order, and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service, or other required activities.
- (b) Only materials brought to this facility by an attorney or their authorized representatives shall be allowed.
- (c) All materials shall be subject to security inspections for contraband by staff members and shall be routed through the Institution Supervisor for logging and distribution.

1008.7 LEGAL MAIL AND COMMUNICATION

Youths shall be provided with free unlimited postage for legal mail, and no-cost telephone access as appropriate (15 CCR 1377).

Chapter 11 - Facility Design

Space and Environmental Requirements

1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the physical plant.

1100.2 POLICY

It is the policy of this department to comply with federal and state laws, codes, and correctional standards in matters relating to juvenile detention facility space and environmental requirements. Any designs for renovations, modifications, additions, or new construction within the facility should comply with federal and state laws, codes, and applicable standards (24 CCR 1230 et seq.).

1100.3 FACILITY SECURITY AND ACCESSIBILITY

Designs for planned renovations, modifications, additions, or new construction within the juvenile detention facility should facilitate personal communication with youths and direct visual observation of all sleeping rooms, dayrooms, and recreation areas. Electronic surveillance may augment supervision of youths but shall not be a substitute for personal communication and observation. Security glazing should comply with the minimum requirements of American Society for Testing Materials, ASTM F 1233-98, for Class III glass or equivalent.

All locks, detention hardware, fixtures, furnishings, and equipment should have the proper security value for the areas in which they are used. Using padlocks in place of security locks on sleeping rooms of youth housing unit doors is generally prohibited, because unauthorized locking mechanisms may pose a significant threat to the safety and security of the facility if an emergency occurs.

The facility should avoid any surfaces, edges, fixtures, or fittings that can provide an attachment for hanging or other opportunity for self-inflicted injury.

All parts of the facility that are accessible to the public should be accessible to and usable by persons with disabilities.

1100.4 ENVIRONMENTAL REQUIREMENTS

1100.4.1 LIGHTING LEVELS

Lighting levels shall be adequate for staff members and youths to perform daily activities. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the youths' ability to sleep (24 CCR 1230.2.6).

1100.4.2 NATURAL LIGHT

All youth living areas should provide exposure to natural light from an opening or window that has a view to the outside (24 CCR 1230.1.3).

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Space and Environmental Requirements

1100.4.3 NOISE LEVEL

Noise levels at night should be low to allow youths to sleep. Nothing in this policy is intended to limit or impair in any way staff members' ability to monitor the juvenile detention facility consistent with safety, security, and good correctional practices.

1100.4.4 VENTILATION

Ventilation systems, including those in toilet rooms and sleeping rooms with toilets, should be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes, and applicable standards.

Other than in an emergency, youths or staff members shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system should only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

1100.4.5 TEMPERATURE LEVELS

Temperature and humidity levels should be maintained at a level established by facility maintenance personnel and deemed comfortable and cost-efficient.

1100.5 LOCKED SLEEPING ROOM FURNISHINGS

Each youth housed in this facility should be provided with:

- (a) A sleeping surface and mattress in accordance with federal and state laws, codes, and applicable standards.
- (b) A toilet, washbasin, and drinking fountain, as individual fixtures or as a combination unit (24 CCR 1230.1.6).
- (c) A mirror.
- (d) A door that swings outward or slides laterally, with an observation window that allows Staff members to see the youth.

1100.6 DAYROOMS

Dayrooms should be situated adjacent to sleeping rooms and should be able to accommodate a variety of activities. There should be access to toilets, washbasins, drinking fountains, and showers (see the Availability of Plumbing Fixtures section in the Youth Hygiene Policy).

1100.6.1 DAYROOM REQUIREMENTS

Dayrooms shall be equipped pursuant to the requirements of 24 CCR 1230.1.10.

1100.6.2 DORMITORIES

Dormitories shall be equipped pursuant to the requirements of 24 CCR 1230.1.9.

1100.7 RECEPTION/INTAKE AREA

Each facility should have space designed for the reception of youths pending admission to the facility. This space should provide access to showers, a secure vault or storage space for youth

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valuables, a telephone for youth use, and hot and cold running water for staff member use (24 CCR 1230.1.1).

Central Control

1101.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for a control center for monitoring and coordinating facility security, safety, and communications.

1101.2 POLICY

It is the policy of this department to maintain a control center, designated as Central Control, that shall be secure and staffed 24 hours a day to monitor and coordinate security, safety, and communications.

1101.3 COMMUNICATIONS AND MONITORING CAPABILITIES

The Central Control shall have multiple means of direct communication with all staff member control stations in youth housing areas, including telephone, intercom, and radio (see the Staffing Plan Policy).

The Central Control staff member on-duty shall be responsible for monitoring fire, smoke, duress, and life-safety alarms and should have the means to summon assistance if an emergency occurs.

1101.4 SECURITY

Access into the Central Control should be controlled by the staff member inside the Central Control.

Youths should never be allowed to enter the Central Control or any other secure communications room where access doors are controlled.

Facility Capacity (Title 15, § 1343)

1102.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure Juvenile Detention Facility is to limit the youth population to the number of beds constructed in each youth classification level. Occasionally, emergencies occur that will require the juvenile detention facility to exceed its Board Rated Capacity (BRC). This policy establishes the facility's approved bed capacity, addresses temporary population excess, and provides a plan for gathering statistics and projecting long-term space needs via a facility needs assessment.

1102.2 POLICY

It is the policy of the Tulare County Probation Department to manage the youth population to the extent reasonably possible to avoid exceeding the facility's BRC.

1102.3 JUVENILE FACILITY CAPACITY

The Chief Probation Officer is responsible for ensuring that the facility has enough housing units in an appropriate configuration so that youths can be separated according to the facility's classification plan.

If an emergency causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the youth population to the BRC as soon as reasonably practicable. The Department will take affirmative action to address excess population. If the youth population remains over capacity or continues to increase, the Division Manager or authorized designee will examine methods to ensure that the facility population is reduced and remains within the approved bed capacity.

When the number of youth detained in a living unit of a juvenile facility exceeds its rated capacity for more than 15 calendar days in a month, the Division Manager shall provide a crowding report to the Board of State and Community Corrections (BSCC) in the format provided by the BSCC (15 CCR 1343). The BSCC executive director shall review the facility's report and initiate a process to make a preliminary determination if the facility is suitable for the continued confinement of youths. If the executive director determines that the facility is unsuitable for confining youths, the Board shall review the recommendation at its next scheduled meeting (15 CCR 1343).

Notice of the Board's findings and/or actions shall be public record and, at a minimum, will be provided to the Division Manager, presiding juvenile court judge, Board of Supervisors chairperson, Probation Commission, and Juvenile Justice Commission within 10 working days of the Board meeting (15 CCR 1343).

1102.4 FACILITY NEEDS ASSESSMENT

If the juvenile detention facility maintains an average 80% occupancy rate consistently for one year, the Department should initiate a facility needs assessment. The assessment initiates a systematic process that is designed to identify a variety of operational issues and program needs and may indicate when expansion or replacement of the facility is warranted.

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Facility Capacity (Title 15, § 1343)

1102.5 DAILY YOUTH POPULATION REPORT

The Division Manager or the authorized designee is responsible for ensuring that staff members complete and maintain detailed daily logs of the facility's youth population. A daily youth population report summarizing this information shall be distributed to the Chief Probation Officer or the authorized designee (see the Youth Population Management Policy).

1102.5.1 REQUIRED REPORTING

The Division Manager shall submit the required population and profile survey reports to the BSCC within 10 working days after the end of each reporting period, in a format to be provided by the BSCC (see the Youth Population Management Policy).

Chapter 12 - Personnel

Performance Evaluations

1200.1 PURPOSE AND SCOPE

This policy provides guidelines for the Tulare County Probation Department performance evaluation system.

1200.2 POLICY

The Tulare County Probation Department shall use a performance evaluation system, pursuant to [Tulare County Personnel Rule 19](#) to measure, document, and recognize work performance. The performance evaluation will serve as an objective guide to recognize good work and the development of a process for improvement.

The Department evaluates employees in a nondiscriminatory manner based upon job-related factors specific to the employee's position, without regard to actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

Grievances

1201.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the Tulare County Probation Department grievance system. The grievance system is intended to facilitate communication and to promptly and equitably address employee grievances in the workplace. The Tulare County Probation Department shall adhere to [Tulare County Personnel Rule 13](#) and the Memorandums of Understanding with the Tulare County Probation Association and with the Service Employees International Union.

1201.2 POLICY

It is the policy of the Tulare County Probation Department to provide a just and equitable system for promptly handling employee grievances without discrimination, coercion, restraint, or retaliation against any employee who submits or is otherwise involved in a grievance.

Drug- and Alcohol-Free Workplace

1202.1 PURPOSE AND SCOPE

The purpose of this policy is to establish clear and uniform guidelines regarding drugs and alcohol in the workplace (41 USC § 8103).

1202.2 POLICY

It is the policy of the Tulare County Probation Department to provide a drug- and alcohol-free workplace for all staff members, pursuant to [Tulare County Personnel Rule 21](#).

Sick Leave

1203.1 PURPOSE AND SCOPE

This policy provides general guidance regarding the use and processing of sick leave. The accrual and terms of use of sick leave for eligible employees are detailed in the [County Personnel Rule 7](#) and/or applicable collective bargaining agreement or memorandum of understanding.

This policy is not intended to cover all types of sick or other leaves. For example, employees may be entitled to additional paid or unpaid leave for certain family and medical reasons as provided for in the Family and Medical Leave Act (FMLA) (29 USC § 2601 et seq.), the California Family Rights Act, leave for victims of crime or abuse, or for organ or bone marrow donor procedures (Government Code § 12945.2; Labor Code § 230.1; Labor Code § 1510).

1203.2 POLICY

It is the policy of the Tulare County Probation Department to provide eligible employees with a sick-leave benefit.

1203.3 USE OF SICK LEAVE

Sick leave is intended to be used for qualified absences. Sick leave is not considered vacation. Abuse of sick leave may result in discipline, denial of sick-leave benefits, or both.

Employees on sick leave shall not engage in other employment or self-employment or participate in any sport, hobby, recreational activity, or other activity that may impede recovery from the injury or illness (see the Outside Employment and Outside Overtime Policy).

Qualified appointments should be scheduled during an employee's non-working hours when it is reasonable to do so.

1203.4 NOTIFICATION

All staff members should notify the On-Duty Institution Supervisor as soon as they are aware that they will not be able to report to work and no less than one hour before the start of their scheduled shifts. If a staff member is unable to contact the supervisor due to an emergency, every effort should be made to have a representative for the staff member contact the supervisor (Labor Code § 246).

When the necessity to be absent from work is foreseeable, such as planned medical appointments or treatments, the staff member shall, whenever practicable, provide the Department with no less than 30 days' notice of the impending absence (Labor Code § 246).

Upon return to work, staff members are responsible for ensuring their time off was appropriately accounted for, and for completing and submitting the required documentation describing the type of time off used and the specific amount of time taken.

Seat Belts

1204.1 PURPOSE AND SCOPE

This policy establishes guidelines for the use of seat belts. This policy will apply to all staff members operating or riding in department vehicles.

1204.2 POLICY

It is the policy of the Tulare County Probation Department that staff members use seat belts to reduce the possibility of death or injury in a motor vehicle accident.

1204.3 WEARING SAFETY RESTRAINTS

All staff members shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased, or rented by this department while on- or off-duty, or in any privately owned vehicle while on-duty. The staff member driving such a vehicle shall confirm that all other occupants, including those who are not staff members of the Department, are properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the department staff member or the public. Staff members must be prepared to justify any deviation from this requirement.

1204.4 INOPERABLE SEAT BELTS

Department vehicles shall not be operated when the seat belt in the driver's position is inoperable. Persons shall not be transported in a seat in which the seat belt is inoperable.

Department vehicle seat belts shall not be modified, removed, deactivated, or altered in any way except by the vehicle maintenance and repair staff members, who shall do so only with the express authorization of the Chief Probation Officer.

Staff members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

1204.5 VEHICLES MANUFACTURED WITHOUT SEAT BELTS

Vehicles manufactured and certified for use without seat belts or other restraint systems are subject to the manufacturer's operator requirements for safe use.

1204.6 VEHICLE AIRBAGS

In all vehicles equipped with airbag systems, the system will not be tampered with or deactivated. All equipment installed in vehicles equipped with airbags will be installed as per the vehicle manufacturer specifications to avoid the danger of interfering with the effective deployment of the airbag device.

Personnel Records

1205.1 PURPOSE AND SCOPE

This policy governs maintenance of and access to personnel records. Personnel records include any file maintained under an individual staff member's name.

1205.2 POLICY

It is the policy of this department to maintain personnel records and preserve the confidentiality of personnel records pursuant to the constitution and laws of California (Penal Code § 832.7).

1205.3 DEPARTMENT FILE

The Department file shall be maintained as a record of a person's employment/appointment with this department. The department file should contain, at a minimum:

- (a) Personal data, including photographs, marital status, names of family members, educational and employment history, or similar information. A photograph of the staff member should be permanently retained.
- (b) Election of employee benefits.
- (c) Personnel action reports reflecting assignments, promotions, and other changes in employment/appointment status. These should be permanently retained.
- (d) Original performance evaluations. These should be permanently maintained.
- (e) Discipline records, including copies of sustained personnel complaints (see the Personnel Complaints Policy).
 - 1. Disciplinary action resulting from sustained internally initiated complaints or observation of misconduct shall be maintained pursuant to the established records retention schedule and at least four years (Government Code § 12946).
 - 2. Disciplinary action resulting from a sustained civilian's complaint involving misconduct shall be maintained pursuant to the established records retention schedule and at least 15 years (Penal Code § 832.5).
 - 3. A civilian's complaint involving misconduct that was not sustained shall be maintained pursuant to the established records retention schedule and at least five years (Penal Code § 832.5).
- (f) Adverse comments such as supervisor notes or memos may be retained in the department file after the staff member has had the opportunity to read and initial the comment (Government Code § 3305).
 - 1. Once a staff member has had an opportunity to read and initial any adverse comment, the staff member shall be given the opportunity to respond in writing to the adverse comment within 30 days (Government Code § 3306).
 - 2. Any staff member response shall be attached to and retained with the original adverse comment (Government Code § 3306).

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3. If a staff member refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment, and the staff member should sign or initial the noted refusal. Such a refusal, however, shall not be deemed insubordination nor shall it prohibit the entry of the adverse comment into the staff member's file (Government Code § 3305).
- (g) Commendations and awards.
- (h) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy.

1205.4 WORK SITE FILE

Work site files may be separately maintained internally by a staff member's supervisor for the purpose of completing timely performance evaluations. The work site file may contain supervisor comments, notes, notices to correct, and other materials that are intended to serve as a foundation for the completion of timely performance evaluations.

All materials intended for this interim file shall be provided to the staff member before being placed in the file in accordance with Government Code § 3305 and Government Code § 3306.

1205.5 TRAINING FILE

The Training Manager shall maintain an individual training file for each staff member. Training files will contain records of all training; original or photocopies of available certificates, transcripts, diplomas, and other documentation; and education and firearms qualifications. Training records may also be created and stored remotely, either manually or automatically (e.g., Daily Training Bulletin (DTB) records).

- (a) The involved staff member is responsible for providing the Training Manager or the staff member's immediate supervisor with evidence of completed training/education in a timely manner.
- (b) The Training Manager or supervisor shall ensure that copies of such training records are placed in the staff member's training file.

1205.6 PROFESSIONAL STANDARDS UNIT FILE

Internal affairs files shall be maintained under the exclusive control of the Professional Standards Unit in conjunction with the office of the Chief Probation Officer. Access to these files may be approved only by the Chief Probation Officer or the Professional Standards Unit supervisor.

These files shall contain the complete investigation of all formal complaints of staff member misconduct, regardless of disposition (Penal Code § 832.12). Investigations of complaints that result in the following findings shall not be placed in the staff member's department file but will be maintained in the internal affairs file:

- (a) Not sustained
- (b) Unfounded
- (c) Exonerated

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Investigation files arising out of sustained civilian complaints involving misconduct shall be maintained pursuant to the established records retention schedule and for a period of at least 15 years. Investigations that resulted in other than a sustained finding may not be used by the department to adversely affect a staff member's career (Penal Code § 832.5).

Investigation files arising out of internally generated complaints shall be maintained pursuant to the established records retention schedule and for at least four years (Government Code § 12946).

Investigation files arising out of a civilian complaint involving misconduct that was not sustained shall be maintained pursuant to the established records retention schedule and for at least five years (Penal Code § 832.5).

1205.7 MEDICAL FILE

A medical file shall be maintained separately from all other personnel records and shall contain all documents relating to the staff member's medical condition and history, including but not limited to:

- (a) Materials relating to a medical leave of absence, including leave under the Family and Medical Leave Act (FMLA).
- (b) Documents relating to workers' compensation claims or the receipt of short- or long-term disability benefits.
- (c) Fitness-for-duty examinations, psychological and physical examinations, follow-up inquiries, and related documents.
- (d) Medical release forms, doctor's slips, and attendance records that reveal a member's medical condition.
- (e) Any other documents or materials that reveal the staff member's medical history or medical condition, including past, present, or future anticipated mental, psychological, or physical limitations.

1205.8 SECURITY

Personnel records should be maintained in a secured location and locked either in a cabinet or access-controlled room. Personnel records maintained in an electronic format should have adequate password protection.

Personnel records are subject to disclosure only as provided in this policy, the Records Maintenance and Release Policy, or according to applicable discovery procedures.

Nothing in this policy is intended to preclude review of personnel records by the County Administrator, County Counsel, or other attorneys or representatives of the county in connection with official business.

1205.9 REQUESTS FOR DISCLOSURE

Any staff member receiving a request for a personnel record shall promptly notify the Professional Standards Supervisor or other person charged with the maintenance of such records.

Upon receipt of any such request, the responsible person shall notify the affected staff member as soon as practicable that such a request has been made (Evidence Code § 1043).

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The responsible person shall further ensure that an appropriate response to the request is made in a timely manner, consistent with applicable law. In many cases, this may require assistance of available legal counsel.

All requests for disclosure that result in access to a staff member's personnel records shall be logged in the corresponding file.

1205.9.1 REQUESTS FOR DISCLOSURE OF FORMER EMPLOYEE FILES

Staff members receiving requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former staff member should route the information request to the Profession Standards Supervisor, who will work with legal counsel to ensure compliance with Prison Rape Elimination Act (PREA) requirements (28 CFR 115.317).

1205.9.2 RELEASE OF PERSONNEL INFORMATION

Personnel records shall not be disclosed except as allowed by law (see the Records Maintenance and Release Policy) (Penal Code § 832.7; Evidence Code § 1043).

Any person who maliciously, and with the intent to obstruct justice or the due administration of the laws, publishes, disseminates, or otherwise discloses the residence address or telephone number of any staff member of this department may be guilty of a misdemeanor (Penal Code § 146e).

The Department may release any factual information concerning a disciplinary investigation if the staff member who is the subject of the investigation (or the staff member's representative) publicly makes a statement that is published in the media and that the staff member (or representative) knows to be false. The disclosure of such information, if any, shall be limited to facts that refute any such false statement (Penal Code § 832.7).

1205.9.3 RELEASE OF LAW ENFORCEMENT GANG INFORMATION

Information relating to the termination of officer from this department for participation in a law enforcement gang shall be disclosed to another law enforcement agency that is conducting a preemployment background investigation except where specifically prohibited by law (Penal Code § 13670).

1205.9.4 RELEASE OF PEACE OFFICER RECORDS RELATING TO HATE COMPLAINTS

Records relating to the investigation of officer for a hate complaint described in Penal Code § 13682, with a sustained finding that the officer was a member of a hate group, participated in a hate group activity, or advocated public expressions of hate, are not confidential. These records shall be made available for public inspection through a public records request (Penal Code § 13683).

Records disclosed may be redacted (Penal Code § 13683):

- (a) To remove personal data or information such as a home address, telephone number, email address, or identities of family members.
- (b) To preserve the anonymity of complainants and witnesses.
- (c) To protect confidential medical, financial, or other information of which disclosure is specifically prohibited by federal law or would cause an unwarranted invasion of

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personal privacy that clearly outweighs the strong public interest in records about misconduct and serious use of force by peace officers and custodial officers.

- (d) Where there is a specific, articulable, and particularized reason to believe that disclosure of the record would pose a significant danger to the physical safety of the officer or another person.

1205.10 RELEASE OF PERSONNEL RECORDS AND RECORDS RELATED TO CERTAIN INCIDENTS, COMPLAINTS, AND INVESTIGATIONS OF OFFICERS

Personnel records and records related to certain incidents, complaints, and investigations of officers shall be released pursuant to a proper request under the Public Records Act and subject to redaction and delayed release as provided by law.

The Custodian of Records should work as appropriate with the Chief Probation Officer or the Professional Standards Unit supervisor in determining what records may qualify for disclosure when a request for records is received and if the requested record is subject to redaction or delay from disclosure.

For purposes of this section, a record includes (Penal Code § 832.7(b)(3)):

- (a) All investigation reports.
- (b) Photographic, audio, and video evidence.
- (c) Transcripts or recordings of interviews.
- (d) Autopsy reports.
- (e) All materials compiled and presented for review to the District Attorney or to any person or body charged with determining whether to file criminal charges against officer in connection with an incident, whether the officer's action was consistent with law and department policy for purposes of discipline or administrative action, or what discipline to impose or corrective action to take.
- (f) Documents setting forth findings or recommending findings.
- (g) Copies of disciplinary records relating to the incident, including any letters of intent to impose discipline, any documents reflecting modifications of discipline due to the Skelly or grievance process, and letters indicating final imposition of discipline or other documentation reflecting implementation of corrective action.

Unless a record or information is confidential or qualifies for delayed disclosure as provided by Penal Code § 832.7(b)(8) or other law, the following records (hereinafter referred to as "qualifying records") shall be made available for public inspection no later than 45 days from the date of a request (Penal Code § 832.7(b)(1)):

1. Records relating to the report, investigation, or findings of:
 - (a) The discharge of a firearm at another person by officer.
 - (b) The use of force by officer against a person resulting in death or in great bodily injury (as defined by Penal Code § 243(f)(4)).

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- (c) A sustained finding involving a complaint that alleges unreasonable or excessive force.
 - (d) A sustained finding that officer failed to intervene against another officer using force that is clearly unreasonable or excessive.
2. Records relating to an incident where a sustained finding was made by the department or oversight agency regarding:
- (a) Officer engaged in sexual assault of a member of the public (as defined by Penal Code § 832.7(b)(1)(B)).
 - (b) Dishonesty of officer relating to the reporting, investigation, or prosecution of a crime, or directly relating to the reporting of, or investigation of misconduct by another officer, including but not limited to any false statements, filing false reports, destruction, falsifying or concealing evidence, or perjury.
 - (c) Officer engaged in conduct including but not limited to verbal statements, writings, online posts, recordings, and gestures involving prejudice or discrimination against a person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status.
 - (d) Officer made an unlawful arrest or conducted an unlawful search.

Qualifying records will be made available regardless of whether the officer resigns before the department or an oversight agency concludes its investigation (Penal Code § 832.7(b)(3)).

A record from a separate and prior investigation or assessment of a separate incident shall not be released unless it is independently subject to disclosure (Penal Code § 832.7(b)(4)).

When an investigation involves multiple officers, the department shall not release information about allegations of misconduct or the analysis or disposition of an investigation of officer unless it relates to a sustained finding of a qualified allegation as provided by Penal Code § 832.7(b)(5). However, factual information about the action of the officer during an incident or the statements of officer shall be released if the statements are relevant to a finding of a qualified allegation against another officer that is subject to release (Penal Code § 832.7(b)(5)).

1205.10.1 REDACTION

The Custodian of Records, in consultation with the Chief Probation Officer or the authorized designee, shall redact the following portions of qualifying records made available for release (Penal Code § 832.7(b)(6)):

- (a) Personal data or information (e.g., home address, telephone number, identities of family members) other than the names and work-related information of officers
- (b) Information that would compromise the anonymity of whistleblowers, complainants, victims, and witnesses
- (c) Confidential medical, financial, or other information where disclosure is prohibited by federal law or would cause an unwarranted invasion of personal privacy that clearly

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outweighs the strong public interest in records about possible misconduct and use of force

- (d) Where there is a specific, articulable, and particularized reason to believe that disclosure of the record would pose a significant danger to the physical safety of the officer or another person

Additionally, a record may be redacted, including redacting personal identifying information, where, on the facts of the particular case, the public interest served by not disclosing the information clearly outweighs the public interest served by disclosing it (Penal Code § 832.7(b)(7)).

1205.10.2 DELAY OF RELEASE

Unless otherwise directed by the Chief Probation Officer, the Custodian of Records should consult with a supervisor familiar with the underlying investigation to determine whether to delay disclosure of qualifying records due to any of the following conditions (Penal Code § 832.7):

- (a) Active criminal investigations
 1. Disclosure may be delayed 60 days from the date the misconduct or use of force occurred or until the District Attorney determines whether to file criminal charges, whichever occurs sooner.
 2. After the initial 60 days, delay of disclosure may be continued if the disclosure could reasonably be expected to interfere with a criminal enforcement proceeding against officer or against someone other than officer who engaged in misconduct or used the force.
- (b) Filed criminal charges
 1. When charges are filed related to an incident in which misconduct occurred or force was used, disclosure may be delayed until a verdict on those charges is returned at trial or, if a plea of guilty or no contest is entered, the time to withdraw the plea has passed.
- (c) Administrative investigations
 1. Disclosure may be delayed until there is a determination from the investigation whether misconduct or the use of force violated law or department policy, but no longer than 180 days after the date of the department's discovery of the misconduct or use of force or allegation of misconduct or use of force.

1205.10.3 NOTICE OF DELAY OF RECORDS

When there is justification for delay of disclosure of qualifying records, the Custodian of Records shall provide written notice of the reason for any delay to a requester as follows (Penal Code § 832.7):

- (a) Provide the specific basis for the determination that the interest in delaying disclosure clearly outweighs the public interest in disclosure. The notice shall also include the estimated date for the disclosure of the withheld information.
- (b) When delay is continued beyond the initial 60 days because of criminal enforcement proceedings against anyone, at 180-day intervals provide the specific basis that

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disclosure could reasonably be expected to interfere with a criminal enforcement proceeding and the estimated date for disclosure.

1. Information withheld shall be disclosed when the specific basis for withholding the information is resolved, the investigation or proceeding is no longer active, or no later than 18 months after the date of the incident, whichever occurs sooner, unless:
 - (a) When the criminal proceeding is against someone other than officer and there are extraordinary circumstances to warrant a continued delay due to the ongoing criminal investigation or proceeding, then the Department must show by clear and convincing evidence that the interest in preventing prejudice to the active and ongoing criminal investigation or proceeding outweighs the public interest for prompt disclosure of records about misconduct or use of force by officers.

In cases where an action to compel disclosure is brought pursuant to Government Code § 7923.000, the Department may justify delay by filing an application to seal the basis for withholding if disclosure of the written basis itself would impact a privilege or compromise a pending investigation (Penal Code § 832.7(b)(8)).

1205.11 STAFF MEMBERS' ACCESS TO THEIR PERSONNEL RECORDS

Any staff member may request access to the staff member's own personnel records during the normal business hours of those responsible for maintaining such files. Any staff member seeking the removal of any item from the staff member's personnel records shall file a written request to the Chief Probation Officer through the chain of command. The Department shall remove any such item if appropriate, or within 30 days provide the staff member with a written explanation of why the contested item will not be removed. If the contested item is not removed from the file, the staff member's request and the written response from the Department shall be retained with the contested item in the staff member's corresponding personnel record (Government Code § 3306.5).

Staff members may be restricted from accessing files containing any of the following information:

- (a) An ongoing internal affairs investigation to the extent that it could jeopardize or compromise the investigation pending final disposition or notice to the staff member of the intent to discipline
- (b) Confidential portions of internal affairs files that have not been sustained against the staff member
- (c) Criminal investigations involving the staff member
- (d) Letters of reference concerning employment/appointment, licensing, or issuance of permits regarding the staff member
- (e) Any portion of a test document, except the cumulative total test score for either a section of the test document or for the entire test document
- (f) Materials used by the Department for staff management planning, including judgments or recommendations concerning future salary increases and other wage treatments,

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management bonus plans, promotions and job assignments, or other comments or ratings used for department planning purposes

- (g) Information of a personal nature about a person other than the staff member if disclosure of the information would constitute a clearly unwarranted invasion of the other person's privacy
- (h) Records relevant to any other pending claim between the Department and the staff member that may be discovered in a judicial proceeding

1205.12 RETENTION AND PURGING

Unless provided otherwise in this policy, personnel records shall be maintained in accordance with the established records retention schedule.

- (a) During the preparation of each staff member's performance evaluation, all personnel complaints and disciplinary actions should be reviewed to determine the relevancy, if any, to progressive discipline, training, and career development. Each supervisor responsible for completing the staff member's performance evaluation should determine whether any prior sustained disciplinary file should be retained beyond the required period for reasons other than pending litigation or other ongoing legal proceedings.
- (b) If a supervisor determines that records of prior discipline should be retained beyond the required period, approval for such retention should be obtained through the chain of command from the Chief Probation Officer.
- (c) If, in the opinion of the Chief Probation Officer, a personnel complaint or disciplinary action maintained beyond the required retention period is no longer relevant, all records of such matter may be destroyed in accordance with the established records retention schedule.

Smoking and Tobacco Use (Title 15, § 1511)

1206.1 PURPOSE AND SCOPE

This policy establishes limitations on smoking and the use of tobacco products by staff members and others while on-duty or while in Tulare County Probation Department facilities or vehicles.

For the purpose of this policy, smoking and tobacco use includes but is not limited to any tobacco product, such as cigarettes, cigars, pipe tobacco, snuff, tobacco pouches, and chewing tobacco, as well as any device intended to simulate smoking, such as an electronic cigarette or personal vaporizer.

1206.2 POLICY

The Tulare County Probation Department recognizes that tobacco use is a health risk and that smoking and tobacco use can be offensive to others. Smoking and tobacco use also present an unprofessional image for the Department and its staff members. Therefore, smoking and tobacco use are prohibited in all department facilities, buildings, and vehicles, and as further outlined in this policy. This prohibition applies to staff members, youths, and visitors.

1206.3 SMOKING AND TOBACCO USE

Smoking and tobacco use by staff members are prohibited any time staff members are in public view representing the Department.

It shall be the responsibility of each staff member to ensure that no person under the staff member's supervision smokes or uses any tobacco product inside county facilities or vehicles.

1206.3.1 SMOKE-FREE ENVIRONMENT

The Division Manager or the authorized designee shall develop procedures that assure that youths are not exposed to the use of tobacco products or electronic nicotine delivery system devices during work details, and during program attendance, and that youths are not exposed to second-hand smoke while in the custody of staff members at the Tulare County Probation Department (15 CCR 1511).

1206.4 ADDITIONAL PROHIBITIONS

Smoking and use of other tobacco products is not permitted inside department buildings or any department vehicle, or any other county building (Labor Code § 6404.5).

No person shall smoke or use tobacco products within 20 feet of a main entrance, exit, or operable window of any public building, including any department buildings or a building on the campuses of the University of California, California State University, and California community colleges, whether present for training or any other purpose (Government Code § 7596 et seq.).

Lactation Breaks

1207.1 PURPOSE AND SCOPE

The purpose of this policy is to provide reasonable accommodations to staff members desiring to express breast milk for the staff member's infant child (Labor Code § 1034).

1207.2 POLICY

It is the policy of the Tulare County Probation Department to provide, in compliance with the Fair Labor Standards Act, reasonable break time and appropriate facilities to accommodate any staff member desiring to express breast milk for their nursing infant child (29 USC § 218d).

1207.3 LACTATION BREAK TIME

A rest period should be permitted each time the staff member has the need to express breast milk (29 USC § 218d; Labor Code § 1030). In general, lactation breaks that cumulatively total 30 minutes or less during any four-hour work period or major portion of a four-hour work period would be considered reasonable. However, individual circumstances may require more or less time. Such breaks, if feasible, should be taken at the same time as the staff member's regularly scheduled rest or meal periods.

While a reasonable effort will be made to provide additional time beyond authorized breaks, any such time exceeding regularly scheduled and paid break time will be unpaid (Labor Code § 1030).

Staff members desiring to take a lactation break shall notify the on-duty supervisor before taking such a break. Such breaks may be reasonably delayed if they would seriously disrupt department operations (Labor Code § 1032).

Once a lactation break has been approved, the break should not be interrupted except for emergency or exigent circumstances.

1207.4 PRIVATE LOCATION

The Department will make reasonable efforts to accommodate staff members with the use of an appropriate room or other location to express milk in private. Such room or place should be in proximity to the staff member's work area and shall be other than a bathroom or toilet stall. The location must be shielded from view and free from intrusion from coworkers and the public (29 USC § 218d; Labor Code § 1031).

Staff members occupying such private areas shall either secure the door or otherwise make it clear to others that the area is occupied with a need for privacy. All other staff members should avoid interrupting a staff member during an authorized break, except to announce an emergency or other urgent circumstance.

Authorized lactation breaks for staff members assigned to the field may be taken at the nearest appropriate private area.

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1207.5 STATE REQUIREMENTS

Employees have the right to request lactation accommodations. If a break time or location accommodation cannot be provided, the supervisor shall provide the staff member with a written response regarding the reasons for the determination (Labor Code § 1034).

Lactation rooms or other locations should comply with the prescribed feature and access requirements of Labor Code § 1031.

Employees who believe that their rights have been violated under this policy or have been the subject of discrimination or retaliation for exercising or attempting to exercise their rights under this policy, are encouraged to follow the chain of command in reporting a violation, but may also file a complaint directly with the Labor Commissioner (Labor Code §1033).

Overtime Compensation

1208.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures regarding overtime for employees, in conformance with the Fair Labor Standards Act (FLSA) (29 USC § 201 et seq.).

1208.2 POLICY

The Tulare County Probation Department will compensate nonexempt employees who work authorized overtime either by payment of wages or by the accrual of compensatory time (29 CFR 553.22). Employees who are salary exempt from FLSA are not compensated for overtime worked. The Tulare County Probation Department shall adhere to [Tulare County Personnel Rule 4.3](#), and the Memorandums of Understanding with the Tulare County Probation Association and the Service Employees International Union.

Personal Appearance Standards

1209.1 PURPOSE AND SCOPE

This policy provides guidelines for the personal appearance of Tulare County Probation Department staff members.

Requirements for department uniforms and civilian attire are addressed in the Uniform and Civilian Attire Policy.

1209.2 POLICY

Tulare County Probation Department staff members shall maintain their personal hygiene and appearance to project a professional image appropriate for this department and for their assignments. Department personal appearance standards are primarily based on safety requirements, appearance conformity, and the social norms of the community served, while considering matters important to staff members of the Department.

1209.3 GROOMING

Unless otherwise stated and because deviations from these standards may present officer safety issues, the following appearance standards shall apply to all staff members, except those whose current assignments would deem them not applicable, and where the Chief Probation Officer has granted an exception.

1209.3.1 PERSONAL HYGIENE

All staff members must maintain proper personal hygiene. Examples of improper personal hygiene include but are not limited to dirty fingernails, bad breath, body odor, and dirty or unkempt hair. Any staff member who has a condition due to a protected category (e.g., physical disability, cultural) that affects any aspect of personal hygiene covered by this policy may qualify for an accommodation and should report any need for an accommodation to the member's immediate supervisor.

1209.3.2 HAIR

Hair shall be clean, neatly trimmed or arranged and not present a distraction or safety hazard. Hairstyles with shaved designs in the scalp are prohibited. Hair adornments shall be primarily used for securing the hair and must present a professional image.

For officer safety, when working with clients department staff members' hairstyles must not extend below the bottom edge of a uniform or dress shirt collar while the staff member is assuming a normal stance. Longer hair shall be worn up or in a tightly wrapped braid or ponytail that is secured to the head above the bottom edge of the shirt collar.

1209.3.3 FACIAL HAIR

Facial hair shall be neatly trimmed, groomed and not present a distraction or safety hazard.

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1209.3.4 FINGERNAILS

Fingernails shall be clean, neatly trimmed to a length that will not present a safety concern, and shall present a professional image.

1209.4 APPEARANCE

1209.4.1 JEWELRY

The following jewelry is authorized to be work at the Juvenile Detention Facility:

- (a) One ring or ring set may be worn on each hand of the department staff member. No rings should be of the type that would cut or pose an unreasonable safety risk to the staff member or others during a physical altercation, if the staff member is assigned to a position where that may occur.
- (b) A bracelet identifying a medical condition, may be worn on one arm.
- (c) Wristwatches shall be conservative and present a professional image.

Jewelry shall present a professional image and may not create a safety concern for the department staff member or others. Jewelry that depicts racial, sexual, discriminatory, gang-related, or obscene language is not allowed.

1209.4.2 TATTOOS AND OTHER BODY ART

Tattoos will be concealed by clothing for members who work in air conditioned buildings. Individuals with visible tattoos on body parts that cannot easily be covered, such as the neck or hands, will be permitted to leave those body parts uncovered.

1209.4.3 BODY PIERCING OR ALTERATION

Body piercing (other than earlobes) or alteration to any area of the body that is visible while on-duty or while representing the Tulare County Probation Department in any official capacity, that deviates from normal anatomical features, and that is not medically required is prohibited. Such body alteration includes but is not limited to:

- (a) Tongue splitting.
- (b) The complete or transdermal implantation of any material other than hair replacement (i.e., foreign objects inserted under the skin to create a design or pattern).
- (c) Abnormal shaping of the ears, eyes, nose, or teeth (i.e., enlarged or stretched out holes in the earlobes).
- (d) Branding, scarification, or burning to create a design or pattern.

1209.4.4 DENTAL ORNAMENTATION

Dental ornamentation that is for decorative purposes and that is not medically required is prohibited while on-duty or while representing the Tulare County Probation Department in any official capacity. Such ornamentation includes but is not limited to:

- (a) Objects bonded to front teeth.
- (b) Gold, platinum, or other veneers or caps used for decorative purposes.

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- (c) Orthodontic appliances colored for decorative purposes.

1209.4.5 GLASSES AND CONTACT LENSES

Eyeglasses and sunglasses shall be conservative and present a professional image. Contact lenses with designs that change the normal appearance of the eye and that are not medically required are prohibited while on-duty or while representing the Tulare County Probation Department in any official capacity.

1209.4.6 COSMETICS AND FRAGRANCES

Cosmetics shall be conservative and present a professional image. Use of cologne, perfume, aftershave lotion, and other items used for body fragrance shall be kept to a minimum.

1209.4.7 UNDERGARMENTS

Proper undergarments shall be worn as necessary for reasons of hygiene and general appearance standards.

1209.5 RELIGIOUS ACCOMMODATION

The religious beliefs and needs of department staff members should be reasonably accommodated. Requests for religious accommodation should generally be granted unless there is a compelling security or safety reason and denying the request is the least restrictive means available to ensure security or safety. The Chief Probation Officer should be advised of any request for such an accommodation.

Those who request to wear headscarves, simple head coverings, certain hairstyles, or facial hair for religious reasons should generally be accommodated absent unusual circumstances.

1209.6 EXEMPTIONS

Staff members who seek cultural (e.g., culturally protected hairstyles) or other exemptions to this policy protected by law should generally be accommodated (Government Code § 12926). A staff member with an exemption may be ineligible for an assignment if the individual accommodation presents a security or safety risk. The Chief Probation Officer should be advised of any request for such an accommodation.

Conflict of Interest

1210.1 PURPOSE AND SCOPE

The purpose of this policy is to assist staff members in recognizing and avoiding potential conflicts of interest, thereby ensuring effective and ethical operating practices by the Tulare County Probation Department.

1210.1.1 DEFINITIONS

Definitions related to this policy include:

Conflict of interest - Any actual, perceived, or potential conflict in which it reasonably appears that a staff member's action, inaction, or decisions are or may be influenced by a personal or business relationship.

1210.2 POLICY

Staff members of the Tulare County Probation Department are expected to conduct themselves with the utmost professional integrity and objectivity. Staff members will guard against actual or perceived conflicts of interest to ensure the fair and equitable treatment of department staff members and the public, and to maintain the trust of the public and other department staff members.

1210.3 PROHIBITIONS

The Department prohibits the following types of personal or business relationships among staff members (Government Code § 12940):

- (a) Staff members are prohibited from directly supervising, occupying a position in the line of supervision, or being directly supervised by any other staff member who is a relative or with whom they are involved in a personal or business relationship.
 - 1. If circumstances require that such a supervisor/subordinate relationship exist temporarily, the supervisor shall make every reasonable effort to defer matters pertaining to the involved staff member to an uninvolved supervisor.
 - 2. When personnel and circumstances permit, the Department will attempt to make every reasonable effort to avoid placing staff members in such supervisor/subordinate situations. The Department, however, reserves the right to transfer or reassign any staff member to another position within the same classification to avoid conflicts with any provision of this policy.
- (b) Staff members are prohibited from participating in, contributing to, or recommending promotions, assignments, performance evaluations, transfers, or other personnel decisions affecting a staff member who is a relative or with whom they are involved in a personal or business relationship.
- (c) Whenever possible, trainers will not be assigned to train relatives.

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1210.4 STAFF MEMBER RESPONSIBILITIES

Staff members shall avoid situations that create a conflict of interest. Staff members should take reasonable steps to address a perception of a conflict of interest when such a perception is reasonably foreseeable and avoidable (e.g., deferring a decision to an uninvolved staff member).

Whenever any staff member is placed in circumstances that would require the staff member to take enforcement action or provide official information or services to any relative or individual with whom the staff member is involved in a personal or business relationship, that staff member shall promptly notify an uninvolved, immediate supervisor.

If no uninvolved supervisor is immediately available, the staff member shall promptly notify Central Control to have another uninvolved staff member either relieve the involved staff member or, minimally, remain present to witness the action.

1210.5 SUPERVISOR RESPONSIBILITIES

Upon being notified of or otherwise learning of any circumstance that could result in or constitute an actual or potential violation of this policy, a supervisor shall take all reasonable steps to promptly mitigate or avoid such violations whenever possible. Supervisors shall also promptly notify the Chief Probation Officer or the authorized designee of such actual or potential violations through the chain of command.

Badges, Patches, and Identification

1211.1 PURPOSE AND SCOPE

The Tulare County Probation Department (TCPD) badge, logo, patch, and identification card, as well as the likeness of these items and the name of the Department, are property of the Department. Their use shall be restricted as set forth in this policy.

1211.2 POLICY

The Tulare County Probation Department issues each staff member appropriate identification, which may include a badge, logo, patch, and/or identification card, depending on the staff member's position within the Department.

1211.3 STAFF MEMBER RESPONSIBILITIES

Staff members of the Tulare County Probation Department will use the TCPD badge, logo, patch, and identification card, as well as the likeness of these items, appropriately and professionally. The TCPD badge, logo, patch, and identification card shall only be displayed or used by a staff member when acting in an official or authorized capacity.

Department staff members shall not:

- (a) Display or use the TCPD badge, patch, or identification card for personal gain or benefit.
- (b) Loan the TCPD badge, patch, or identification card to others or permit these items to be reproduced or duplicated.
- (c) Use images of the TCPD badge, patch, or identification card, or the likeness thereof, or the Tulare County Probation Department name, for personal or private reasons, including but not limited to letters, memoranda, and electronic communications, such as email, blogs, social networking, or websites.

1211.4 LOST OR STOLEN BADGE, PATCH, OR IDENTIFICATION CARD

Department staff members shall promptly notify their supervisors whenever their TCPD badges, patches, or identification cards are stolen, lost, damaged, or are otherwise removed from their control.

1211.5 BADGES

The Chief Probation Officer shall determine the number and form of badges authorized for use by department staff members.

Only badges issued by this department may be used, displayed, carried, or worn by staff members while on-duty or otherwise acting in an official or authorized capacity.

1211.5.1 PERMITTED USE BY EMPLOYEE GROUPS

The likeness of the TCPD badge shall not be used for any purpose without the express authorization of the Chief Probation Officer and shall be subject to the following:

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- (a) An authorized employee group may use the likeness of the TCPD badge for merchandise and official employee group business provided it is used in a clear representation of the employee group and not the Tulare County Probation Department. The following modification shall be included:
1. Any text identifying the Tulare County Probation Department is replaced with the name of the employee group.
 2. A badge number is not included. That portion of the badge may display the acronym of the employee group.

1211.6 PATCHES

The Chief Probation Officer shall determine the form of patches authorized for use by the Department. Any request to modify the authorized patches for specialty divisions (e.g., K-9, Correctional Emergency Response Team (CERT), custody training officer (TO)) should be submitted to the Chief Probation Officer in writing.

Only patches issued by this department are authorized to be displayed or worn by staff members while on-duty or otherwise acting in an official or authorized capacity.

Staff members, with the written approval of the Chief Probation Officer, may request additional patches, at their own expense.

1211.7 IDENTIFICATION CARDS

All staff members will be issued an official TCPD identification card bearing the staff member's name, full-face photograph, staff member identification number, and signature of the Chief Probation Officer or the official seal of the Department. All staff members shall be in possession of their department-issued identification cards at all times while on-duty or in department facilities.

- (a) Whenever on-duty or acting in an official capacity representing the Department, staff members shall display their department-issued identification cards in a courteous manner to any person upon request and as soon as practicable.

1211.8 BUSINESS CARDS

The Department will supply business cards to those staff members whose assignments involve frequent interaction with the public or who may require the use of a business card. The only authorized business cards are those issued or approved by the Department.

Staff members should provide a business card to any member of the public who requests one.

Illness and Injury Prevention

1212.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of illness and injury for staff members of the Tulare County Probation Department, in accordance with the requirements of 8 CCR 3203. The Tulare County Probation Department Illness and Injury Prevention is available to all staff electronically.

1212.2 POLICY

The Tulare County Probation Department is committed to providing a safe environment for its staff members and visitors and to minimizing the incidence of work-related illness and injury. The Department will establish and maintain an illness and injury prevention plan, and will provide tools, training, and safeguards designed to reduce the potential for accidents, injuries, and illness. It is the intent of the Department to comply with all laws and regulations related to occupational safety.

Discriminatory Harassment

1213.1 PURPOSE AND SCOPE

The purpose of this policy is to prevent department staff members from being subjected to discriminatory harassment, including sexual harassment and retaliation. Nothing in this policy is intended to create a legal or employment right or duty that is not created by law (Government Code § 12940(k); 2 CCR 11023).

1213.2 POLICY

The Tulare County Probation Department is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Department will not tolerate discrimination against a staff member in hiring, promotion, discharge, compensation, fringe benefits, and other privileges of employment. The Department will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.

The nondiscrimination policies of the Department may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a staff member to discipline. The Tulare County Probation Department shall adhere to [Tulare County Personnel Rule 14](#).

Subpoenas and Court Appearances

1214.1 PURPOSE AND SCOPE

This policy establishes the guidelines for department staff members who must appear in court. It will allow the Tulare County Probation Department to cover any related work absences and keep the Department informed about relevant legal matters.

1214.2 POLICY

Tulare County Probation Department staff members will respond appropriately to all subpoenas and any other court-ordered appearances.

1214.3 SUBPOENAS

Only department staff members authorized to receive a subpoena on behalf of this department or any of its staff members may do so. This may be accomplished by personal service to the staff member or by delivery of two copies of the subpoena to the staff member's supervisor or other authorized department agent (Government Code § 68097.1; Penal Code § 1328).

An immediate supervisor or authorized individual may refuse to accept service for a criminal subpoena if (Penal Code § 1328):

- (a) The supervisor or authorized individual will be unable to deliver a copy of the subpoena to the named officer within sufficient time for the named officer to comply with the subpoena.
- (b) It is less than five working days before the date listed for an appearance and the supervisor or authorized individual is not reasonably certain that service can be completed.

If, after initially accepting service of a criminal subpoena, a supervisor or other authorized individual determines it is not possible to deliver a copy of the subpoena to the named officer within sufficient time for the named officer to comply with the subpoena, the supervisor or the subpoena clerk shall notify the server or the attorney named on the subpoena of such not less than 48 hours before the date listed for the appearance (Penal Code § 1328).

1214.3.1 SPECIAL NOTIFICATION REQUIREMENTS

Any staff member who is subpoenaed to testify, agrees to testify, or provides information on behalf or at the request of any party other than the County Counsel or the prosecutor shall notify the staff member's immediate supervisor without delay regarding:

- (a) Any civil case where the county or one of its staff members, as a result of the staff member's official capacity, is a party.
- (b) Any civil case where any other city, county, state, or federal unit of government or a member of any such unit of government, as a result of the staff member's official capacity, is a party.
- (c) Any criminal proceeding where the staff member is called to testify or provide information on behalf of the defense.

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- (d) Any civil action stemming from the staff member's on-duty activity or because of the staff member's association with the Tulare County Probation Department.
- (e) Any personnel or disciplinary matter when called to testify or to provide information by a government entity other than the Tulare County Probation Department.

The supervisor will then notify the Chief Probation Officer or the authorized designee and the appropriate prosecuting attorney as may be indicated by the case. The Chief Probation Officer or the authorized designee should determine if additional legal support is necessary.

No staff member shall be retaliated against for testifying in any matter.

1214.3.2 CIVIL SUBPOENA

The Department will compensate staff members who appear in their official capacities on civil matters arising out of their official duties, as directed by the current collective bargaining agreement or memorandum of understanding.

The Tulare County Probation Department should seek reimbursement for the staff member's compensation through the civil attorney of record who subpoenaed the staff member.

1214.3.3 OFF-DUTY RELATED SUBPOENAS

Staff members receiving valid subpoenas for off-duty actions not related to their employment or appointment will not be compensated for their appearance. Arrangements for time off shall be coordinated through their immediate supervisors.

1214.4 FAILURE TO APPEAR

Any staff member who fails to comply with the terms of any properly served subpoena or court-ordered appearance may be subject to discipline. This includes properly served orders to appear that were issued by a state administrative agency.

1214.5 STANDBY

To facilitate standby agreements, staff members are required to provide and maintain current information on their addresses and contact telephone numbers with the Department.

If a staff member on standby changes location during the day, the staff member shall notify the designated department staff member of how the staff member can be reached. Staff members are required to remain on standby until released by the court or the party that issued the subpoena.

1214.6 COURTROOM PROTOCOL

When appearing in court, staff members shall:

- (a) Be punctual and prepared to proceed immediately with the case for which they are scheduled to appear.
- (b) Dress in the department uniform or business attire.
- (c) Observe all rules of the court in which they are appearing and remain alert to changes in the assigned courtroom where their matter is to be heard.

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1214.6.1 TESTIMONY

Before the date of testifying, the subpoenaed staff member shall request a copy of relevant reports and become familiar with the content to be prepared for court. The staff member should also contact the prosecuting attorney regarding testimony and evidence that might be needed in court.

1214.6.2 EVIDENCE

When a staff member is directed by a subpoena to appear in court with evidence or the prosecuting attorney requests evidence that is available to the staff member, that staff member should:

- (a) Notify the Property Room Manager promptly after receiving the subpoena that the specified evidence is needed for court, and verify that the evidence is readily available.
- (b) Verify whether the evidence will be analyzed by the time of the court appearance, if applicable, and advise the prosecutor of any delay.
- (c) Check with the prosecuting attorney on a timely basis if in doubt about what items or materials to bring to court.
- (d) Notify the prosecuting attorney on a timely basis if evidence has been lost, stolen, or misplaced, or if previously undisclosed information about the evidence has become available.
- (e) Comply with provisions of the Disposition of Evidence Policy regarding checking out the evidence and transferring custody of the evidence to the prosecutor or the court, whichever is appropriate.

1214.7 OVERTIME APPEARANCES

When a staff member appears in court on off-duty time, the staff member will be compensated in accordance with the current collective bargaining agreement or memorandum of understanding.

Standards of Conduct

1215.1 PURPOSE AND SCOPE

This policy establishes standards of conduct that are consistent with the values and mission of the Tulare County Probation Department and are expected of all department staff members. The standards contained in this policy are not intended to be an exhaustive list of requirements and prohibitions, but they do identify many of the important matters concerning conduct. In addition to the provisions of this policy, staff members are subject to all other provisions contained in this manual, as well as any additional guidance on conduct that may be disseminated by this department or a staff member's supervisors.

1215.2 POLICY

The continued employment or appointment of every staff member of this department shall be based on conduct that reasonably conforms to the guidelines set forth herein. Failure to meet the guidelines set forth in this policy, whether on- or off-duty, may be cause for disciplinary action.

1215.3 DIRECTIVES AND ORDERS

Staff members shall comply with lawful directives and orders from any department supervisor or person in a position of authority, absent a reasonable and bona fide justification.

1215.3.1 UNLAWFUL OR CONFLICTING ORDERS

Supervisors shall not knowingly issue orders or directives that, if carried out, would result in a violation of any law or department policy. Supervisors should not issue orders that conflict with any previous order without making reasonable clarification that the new order is intended to countermand the earlier order.

No staff member is required to obey any order that appears to be in direct conflict with any federal law, state law, or local ordinance. Following a known unlawful order is not a defense and does not relieve the staff member from criminal or civil prosecution or administrative discipline. If the legality of an order is in doubt, the affected staff member shall ask the issuing supervisor to clarify the order or shall confer with a higher authority. The responsibility for refusal to obey rests with the staff member, who shall subsequently be required to justify the refusal.

Unless it would jeopardize the safety of any individual, staff members who are presented with a lawful order that conflicts with a previous lawful order, department policy, or other directive shall respectfully inform the issuing supervisor of the conflict. The issuing supervisor is responsible for either resolving the conflict or clarifying that the lawful order is intended to countermand the previous lawful order or directive, in which case the staff member is obliged to comply. Staff members who are compelled to follow a conflicting lawful order after having given the issuing supervisor the opportunity to correct the conflict will not be held accountable for disobedience of the lawful order or directive that was initially issued.

The person countermanding the original order shall notify, in writing, the person issuing the original order, indicating the action taken and the reason.

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1215.3.2 SUPERVISOR RESPONSIBILITIES

Supervisors and managers are required to follow all policies and procedures and may be subject to discipline for:

- (a) Failure to be reasonably aware of the performance of their subordinates or to provide appropriate guidance and control.
- (b) Failure to promptly and fully report any known misconduct of a staff member to the staff member's immediate supervisor or to document such misconduct appropriately or as required by policy.
- (c) Directing a subordinate to violate a policy or directive, acquiescing to such a violation, or exhibiting indifference to such a violation.
- (d) Exercising unequal or disparate authority toward any staff member for malicious or other improper purpose.

1215.4 GENERAL STANDARDS

Staff members shall conduct themselves, whether on- or off-duty, in accordance with the United States and California constitutions and all applicable laws, ordinances, and rules enacted or established pursuant to legal authority.

Staff members shall familiarize themselves with policies and procedures and are responsible for compliance with each. Staff members should seek clarification and guidance from supervisors in the event of any perceived ambiguity or uncertainty (see the Juvenile Detention Manual Policy).

Discipline may be initiated for any good cause. It is not mandatory that a specific policy or rule violation be cited to sustain discipline. This policy is not intended to cover every possible type of misconduct.

1215.4.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

Staff members have a continuing affirmative duty to notify the Division Manager in writing if they have (28 CFR 115.317; 15 CCR 3411):

- (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.
- (b) Been convicted for an offense involving engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.
- (c) Been the subject of any civil or administrative adjudication finding that the staff member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

1215.5 CAUSES FOR DISCIPLINE

The following are illustrative of causes for disciplinary action. This list is not intended to cover every possible type of misconduct and does not preclude the recommendation of disciplinary action for violation of other rules, standards, ethics, and specific action or inaction that is detrimental to efficient department service.

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1215.5.1 LAWS, RULES, AND ORDERS

- (a) Violating, or ordering or instructing a subordinate to violate, any policy, procedure, rule, order, directive, or requirement, or failure to follow instructions contained in department or county manuals
- (b) Disobeying any legal directive or order issued by any department staff member of a higher rank
- (c) Violating federal, state, local, or administrative laws, rules, or regulations

1215.5.2 ETHICS

- (a) Using or disclosing one's status as a staff member of the Tulare County Probation Department in any way that could reasonably be perceived as an attempt to gain influence or authority for non-department business or activity
- (b) Wrongfully or unlawfully exercising authority on the part of any staff member for malicious purpose, personal gain, willful deceit, or any other improper purpose
- (c) Receiving or accepting a reward, fee, or gift from any person for service incident to the performance of the staff member's duties (lawful subpoena fees and authorized work permits excepted)
- (d) Accepting fees, gifts, or money contrary to the rules of this department and/or laws of the state
- (e) Offering or accepting a bribe or gratuity
- (f) Misappropriating or misusing public funds, property, personnel, or services
- (g) Any other failure to abide by the standards of ethical conduct (see the Juvenile Detention Manual Policy)

1215.5.3 DISCRIMINATION, OPPRESSION, OR FAVORITISM

Unless required by law or policy, discriminating against, oppressing, or providing favoritism to any person because of actual or perceived characteristics such as race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, economic status, cultural group, veteran status, marital status, and any other classification or status protected by law, or intentionally denying or impeding another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing the conduct is unlawful (see the Juvenile Detention Manual Policy).

1215.5.4 RELATIONSHIPS

- (a) Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use of one's official capacity
- (b) Engaging in on-duty sexual activity, including but not limited to sexual intercourse, excessive displays of public affection, or other sexual contact
- (c) Establishing or maintaining an inappropriate personal or financial relationship with a youth, or with a known victim, witness, suspect, probationer, supervised person, or

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defendant while a case is being investigated or prosecuted, or as a direct result of any official contact

- (d) Associating with or joining a criminal gang, organized crime, and/or criminal syndicate when the staff member knows or reasonably should know of the criminal nature of the organization. This includes any organization involved in a definable criminal activity or enterprise, except as specifically directed and authorized by this department.
- (e) Associating on a personal, rather than official, basis with persons who demonstrate recurring involvement in serious violations of state or federal laws, or who are under the supervision of the courts, any probation department, or any correctional authority, after the staff member knows, or reasonably should know, of such criminal activities, except as specifically directed and authorized by this department
- (f) Participating in a law enforcement gang as defined by Penal Code § 13670. Participation is grounds for termination (Penal Code § 13670).

1215.5.5 ATTENDANCE

- (a) Leaving the job to which the staff member is assigned during duty hours without reasonable excuse and proper permission and approval
- (b) Unexcused or unauthorized absence or tardiness
- (c) Excessive absenteeism or abuse of leave privileges
- (d) Failure to report to work or to the place of assignment at the time specified and fully prepared to perform duties without a reasonable excuse

1215.5.6 UNAUTHORIZED ACCESS, DISCLOSURE, OR USE

- (a) Unauthorized and inappropriate intentional release of confidential or protected information, materials, data, forms, or reports obtained as a result of the staff member's position with this department
 - 1. Department staff members shall not disclose the name, address, or image of any victim of human trafficking except as authorized by law (Penal Code § 293).
- (b) Disclosing to any unauthorized person any active investigation, youth, or critical incident information
- (c) Using any information, photograph, video, or other recording obtained or accessed as a result of employment or appointment to this department for personal or financial gain or without the express authorization of the Chief Probation Officer or the authorized designee
- (d) Loaning, selling, allowing unauthorized use, giving away, or appropriating any department badge, uniform, identification card, or department property for personal use, personal gain, or any other improper or unauthorized use or purpose
- (e) Using department resources in association with any portion of an independent civil action. These resources include but are not limited to personnel, vehicles, equipment, and non-subpoenaed records.

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1215.5.7 EFFICIENCY

- (a) Neglect of duty
- (b) Unsatisfactory work performance, including but not limited to failure, incompetence, inefficiency, or delay in performing and/or carrying out proper orders, work assignments, or the instructions of supervisors without a reasonable and bona fide excuse
- (c) Concealing, attempting to conceal, removing, or destroying defective or incompetent work
- (d) Unauthorized sleeping during on-duty time or assignments
- (e) Failure to notify the Department within 24 hours of any change in residence address or telephone numbers
- (f) Failure to notify the Human Resources and Development Department of changes in relevant personal information (e.g., information associated with benefits determination) in a timely fashion

1215.5.8 PERFORMANCE

- (a) Failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report, or form, or during the course of any work-related investigation
- (b) Falsifying any work-related records, making misleading entries or statements with the intent to deceive, or the willful and unauthorized removal, alteration, destruction, and/or mutilation of any department record, public record, book, paper, or document
- (c) Failure to participate in investigations, or giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any department-related business
- (d) Being untruthful or knowingly making false, misleading, or malicious statements that are reasonably calculated to harm the reputation, authority, or official standing of this department or its staff members
- (e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this department or subverts the good order, efficiency, and discipline of this department or that would tend to discredit any of its staff members
- (f) Unlawful gambling or unlawful betting at any time or any place. Legal gambling or betting under any of the following conditions:
 - 1. While on department premises
 - 2. At any work site, while on-duty or while in uniform, or while using any department equipment or system
- (g) Improper political activity, including:
 - 1. Unauthorized attendance while on-duty at official legislative or political sessions

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2. Solicitations, speeches, or distribution of campaign literature for or against any political candidate or position while on-duty or on department property, except as expressly authorized by county policy, the collective bargaining agreement or memorandum of understanding, or the Chief Probation Officer
- (h) Engaging in political activities during assigned working hours except as expressly authorized by county policy, the collective bargaining agreement or memorandum of understanding, or the Chief Probation Officer
- (i) Any act on- or off-duty that brings discredit to this department

1215.5.9 CONDUCT

- (a) Failure of any staff member to promptly and fully report activities on the part of the staff member or on the part of any other staff member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy
- (b) Unreasonable and unwarranted force to a person encountered or a person under arrest
- (c) Exceeding lawful peace officer powers by unreasonable, unlawful, or excessive conduct
- (d) Unauthorized or unlawful fighting, threatening, or attempting to inflict unlawful bodily harm on another
- (e) Engaging in horseplay that reasonably could result in injury or property damage
- (f) Discourteous, disrespectful, or discriminatory treatment of any member of the public or any staff member of this department or the county
- (g) Use of obscene, indecent, profane, or derogatory language while on-duty or in uniform
- (h) Criminal, dishonest, or disgraceful conduct, whether on- or off-duty, that adversely affects the staff member's relationship with this department
- (i) Unauthorized possession of, loss of, or damage to department property or the property of others, or endangering it through carelessness or maliciousness
- (j) Attempted or actual theft of department property; misappropriation or misuse of public funds, property, personnel, or the services or property of others; unauthorized removal or possession of department property or the property of another person
- (k) Activity that is incompatible with a staff member's conditions of employment or appointment as established by law or that violates a provision of any collective bargaining agreement or memorandum of understanding or contract, including fraud in securing the appointment or hire
- (l) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Chief Probation Officer of such action

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- (m) Allowing contraband articles, including but not limited to weapons, cellular telephones or other wireless devices, clothing, food, illegal drugs, or tobacco, in any detention facility
- (n) Receiving from a detained youth, probationer, or other supervised person any articles to deliver outside a correctional facility
- (o) Any other on- or off-duty conduct that any staff member knows or reasonably should know is unbecoming a staff member of this department, is contrary to good order, efficiency, or morale, or reflects unfavorably upon this department or its staff members

1215.5.10 SAFETY

- (a) Failure to observe or violating department safety standards or safe working practices
- (b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver's license, first aid)
- (c) Failure to maintain good physical condition sufficient to adequately and safely perform duties
- (d) Unsafe firearm or other dangerous weapon handling, including loading or unloading firearms in an unsafe manner, either on- or off-duty
- (e) Carrying, while on the premises of the work site, any firearm or other lethal weapon that is not authorized by the member's appointing authority
- (f) Unsafe or improper driving habits or actions in the course of employment or appointment
- (g) Any personal action contributing to a preventable traffic collision
- (h) Concealing or knowingly failing to report any on-the-job or work-related accident or injury as soon as practicable but within 24 hours

1215.5.11 INTOXICANTS

- (a) Reporting for work or being at work while intoxicated or when the staff member's ability to perform assigned duties is impaired due to the use of alcohol, medication, or drugs, whether legal, prescribed, or illegal
- (b) Possession or use of alcohol at any work site or while on-duty.
- (c) Unauthorized possession of, use of, or attempting to bring a controlled substance, illegal drug, or non-prescribed medication to any work site

Reporting of Arrests, Convictions, and Court Orders

1216.1 PURPOSE AND SCOPE

The purpose of this policy is to describe the notification requirements and procedures that employees must follow when certain arrests, convictions, and court orders restrict their ability to perform the official duties and responsibilities of the Tulare County Probation Department.

This policy will also describe the notification requirements and procedures that certain retired officers must follow when an arrest, conviction, or court order disqualifies them from possessing a firearm.

1216.2 POLICY

The Tulare County Probation Department requires disclosure of employee arrests, convictions, and certain court orders to maintain the high standards, ethics, and integrity in its workforce, and to ensure compatibility with the duties and responsibilities of the Department.

1216.3 DOMESTIC VIOLENCE CONVICTIONS AND COURT ORDERS

California and federal law prohibits individuals convicted of certain offenses and individuals subject to certain court orders from lawfully possessing firearms. Such convictions and court orders often involve allegations of the use or attempted use of force, or threatened use of a weapon on any individual in a domestic relationship (e.g., spouse, cohabitant, parent, child) (18 USC § 922; Penal Code § 29805).

All employees and retired officers with identification cards issued by the Department are responsible for ensuring that they have not been disqualified from possessing firearms by any such conviction or court order and shall promptly report any such conviction or court order to a supervisor, as provided in this policy.

1216.4 OTHER CRIMINAL CONVICTIONS AND COURT ORDERS

Any person convicted of a felony is prohibited from being a peace officer. The prohibition applies whether guilt was established by way of a verdict, or a guilty or nolo contendere plea (Government Code § 1029).

Convictions of certain violations of the Vehicle Code and other provisions of law (e.g., driver's license suspension or revocation) may also place restrictions on an employee's ability to fully perform the duties of the job.

Outstanding warrants also place restrictions on the ability of officer to possess a firearm or remain a peace officer (Government Code § 1029; Penal Code § 29805).

Moreover, while legal restrictions may or may not be imposed by statute or by the courts upon conviction of any criminal offense, criminal conduct by employees inherently conflicts with their duties and the public trust.

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1216.5 REPORTING PROCEDURE

All employees and all retired officers with an identification card issued by the Department shall promptly notify their immediate supervisor (or the Chief Probation Officer in the case of retired officers) in writing of any past or current criminal detention, arrest, charge, outstanding warrant, or conviction, regardless of whether the matter was dropped or rejected, is pending, or is on appeal, and regardless of the penalty or sentence, if any.

All employees and all retired officers with an identification card issued by the Department shall promptly notify their immediate supervisor (or the Chief Probation Officer in the case of retired officers) in writing if they become the subject of a domestic violence-related order or similar court order or become the subject of an outstanding warrant.

Any employee whose criminal arrest, conviction, or court order restricts or prohibits that employee from fully and properly performing their duties, including carrying a firearm, may be disciplined. This includes but is not limited to being placed on administrative leave, reassignment, and/or termination. Any effort to remove such disqualification or restriction shall remain entirely the responsibility of the employee, on the employee's own time and expense.

Any employee failing to provide prompt written notice pursuant to this policy shall be subject to discipline.

Retired officers may have their identification cards rescinded or modified, as may be appropriate.

Communicable Diseases - Staff Members

1217.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of department staff members contracting and/or spreading communicable diseases.

1217.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms present in and transmissible through human blood, bodily fluid, or tissue, or by breathing or coughing. These diseases commonly include but are not limited to hepatitis B virus (HBV), HIV, and tuberculosis.

Exposure - When an eye, the mouth, a mucous membrane, or non-intact skin comes into contact with blood, urine, or other potentially infectious materials or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing, or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure includes only those instances that occur due to a staff member's position at the Tulare County Probation Department. (See the agency's exposure control plan for further details to assist in identifying whether an exposure has occurred.)

1217.2 POLICY

The Tulare County Probation Department is committed to providing a safe work environment for its staff members. Staff members should know that they are ultimately responsible for their own health and safety.

1217.3 EXPOSURE CONTROL OFFICER

The Chief Probation Officer will assign a person as the Exposure Control Officer (ECO). The ECO shall develop, assisted by the Public Health Director, an exposure control plan that includes:

- (a) Exposure prevention and decontamination procedures.
- (b) Procedures for when and how staff members may obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that department staff members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each staff member's position and risk of exposure.
- (d) Procedures to ensure that youths are not assigned activities where it is reasonably anticipated that they may experience an exposure.
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
 1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
 2. Bloodborne pathogen mandates, including (8 CCR 5193):

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- (a) Sharps injury log.
 - (b) Needleless systems and sharps injury protection.
 3. Airborne transmissible disease mandates, including (8 CCR 5199):
 - (a) Engineering and work practice controls related to airborne transmissible diseases.
 - (b) Distribution of appropriate PPE to minimize exposure to airborne disease.
 4. Receiving notifications from medical personnel regarding youths who have been exposed to or infected with a communicable disease and notifying staff members who have or may have contact with the youths (Health and Safety Code § 121070).
 5. Promptly notifying the county health officer regarding staff member exposures (Penal Code § 7510).
 6. Establishing procedures to ensure that staff members request exposure notification from health facilities when transporting a person who may have a communicable disease and that the staff member is notified of any exposure as required by Health and Safety Code § 1797.188.
 7. Informing staff members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).
 8. Establishing procedures to ensure that advance notification is made to the county health officer, and to the Medical Director of a receiving facility, prior to or at the time of the release or transfer of the youth when a youth with known or suspected communicable diseases is transferred to another facility (see the Transfer of Health Care Summary and Records Policy).
- (f) Provisions for acting as the designated liaison with health care facilities regarding communicable disease or condition exposure notification. The designated liaison should coordinate with other department staff members to fulfill the role when the designated liaison is not available. The designated liaison shall ensure that the name, title, and telephone number of the designated liaison is posted on the Department website (Health and Safety Code § 1797.188).

The ECO should also act as the liaison with the Division of Occupational Safety and Health (Cal/OSHA) and may request voluntary compliance inspections. The ECO shall annually review and update the exposure control plan and review implementation of the plan.

1217.4 EXPOSURE PREVENTION AND MITIGATION

1217.4.1 GENERAL PRECAUTIONS

All staff members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes but is not limited to:

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks, or other specialized equipment in the work area or department vehicles, as applicable.

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- (b) Wearing department-approved disposable gloves when contact with blood, urine, other potentially infectious materials, mucous membranes, and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio) as soon as possible if the equipment is a potential source of exposure.
 - 1. Clothing that has been contaminated by blood, urine, or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

1217.4.2 IMMUNIZATIONS

Staff members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (8 CCR 5193).

1217.5 POST-EXPOSURE

1217.5.1 INITIAL POST-EXPOSURE STEPS

Staff members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other exposed skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practicable.

1217.5.2 REPORTING REQUIREMENTS

The supervisor or designated administrator on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor or designated administrator shall ensure the following information is documented:

- (a) Name and Social Security number of the staff member exposed

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- (b) Date and time of the incident
- (c) Location of the incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident
- (h) Actions taken post-event (e.g., cleanup, notifications)

The supervisor or designated administrator shall advise the staff member that disclosing the identity and/or infectious status of the source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor or designated administrator should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Occupational Disease and Work-Related Injury Reporting Policy and Illness and Injury Prevention Policy).

1217.5.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT

Department staff members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary.

The ECO should request a written opinion/evaluation from a treating health care professional that contains only the following information:

- (a) Whether the staff member has been informed of the results of the evaluation.
- (b) Whether the staff member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

1217.5.4 COUNSELING

The Department shall provide the staff member, and the staff member's family, if necessary, the opportunity for counseling and consultation regarding the exposure.

1217.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be sought when desired by the exposed staff member, or when otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed staff member's supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.

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- (b) Complying with the statutory scheme of Health and Safety Code § 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.
- (c) Testing the exposed staff member for evidence of a communicable disease and seeking consent from the source individual to either access existing blood samples for testing or for the source to submit to testing (Health and Safety Code § 120262).
- (d) Requesting test results or information provided by the source individual pursuant to Health and Safety Code § 121070.
- (e) Taking reasonable steps to immediately contact the county health officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the county health officer will order testing (Penal Code § 7510).
- (f) Under certain circumstances, a court may issue a search warrant for the purpose of HIV testing a person when the exposed staff member qualifies as a crime victim (Penal Code § 1524.1).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the County Counsel to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

1217.7 CONFIDENTIALITY OF REPORTS

Medical information shall remain in confidential files and shall not be disclosed to anyone without the staff member's written consent (except as required by law).

Test results from persons who may have been the source of an exposure are to be kept confidential as well.

1217.8 TRAINING

All staff members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (8 CCR 5193; 8 CCR 5199):

- (a) Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
- (b) Shall be provided whenever the staff member is assigned new tasks or procedures affecting the staff member's potential exposure to communicable disease.
- (c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure, and what steps should be taken if a suspected exposure occurs.

Personnel Complaints

1218.1 PURPOSE AND SCOPE

This policy provides guidelines for the reporting, investigation, and disposition of complaints regarding the conduct of staff members of the Tulare County Probation Department. This policy shall not apply to any questioning, counseling, instruction, informal verbal admonishment, or other routine or unplanned contact of a staff member in the normal course of duty, by a supervisor or any other staff member, nor shall this policy apply to a criminal investigation.

1218.2 POLICY

The Tulare County Probation Department takes seriously all complaints regarding the service provided by the Department and the conduct of its staff members.

The Department will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state, and local law, municipal and county rules, and the requirements of any collective bargaining agreements or memorandums of understanding.

It is also the policy of this department to ensure that the community can report misconduct without concern for reprisal or retaliation.

1218.3 PERSONNEL COMPLAINTS

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of department policy or federal, state, or local law, policy, or rule. Personnel complaints may be generated internally or by the public.

Inquiries about conduct or performance that, if true, would not violate department policy or federal, state, or local law, policy, or rule may be handled informally by a supervisor and shall not be considered a personnel complaint. Such inquiries generally include clarification regarding policy, procedures, or the response to specific incidents by the Department.

1218.3.1 COMPLAINT CLASSIFICATIONS

Personnel complaints shall be classified in one of the following categories:

Informal - A matter in which the Institution Supervisor is satisfied that appropriate action has been taken by a supervisor of rank greater than the accused staff member.

Formal - A matter in which a supervisor determines that further action is warranted. Such complaints may be investigated by a supervisor of rank greater than the accused staff member or referred to the Professional Standards Unit, depending on the seriousness and complexity of the investigation.

Incomplete - A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. At the discretion of the assigned manager or the Professional Standards Unit, such matters may be further investigated depending on the seriousness of the complaint and the availability of sufficient information.

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1218.3.2 SOURCES OF COMPLAINTS

The following applies to the source of complaints:

- (a) Individuals from the public may make complaints in any form, including in writing, by email, in person, or by telephone.
- (b) Any department staff member becoming aware of alleged misconduct shall immediately notify a supervisor.
- (c) Supervisors shall initiate a complaint based upon observed misconduct or receipt from any source alleging misconduct that, if true, could result in disciplinary action.
- (d) Anonymous and third-party complaints should be accepted and investigated to the extent that sufficient information is provided.
- (e) Tort claims and lawsuits may generate a personnel complaint.

1218.4 AVAILABILITY AND ACCEPTANCE OF COMPLAINTS

1218.4.1 COMPLAINT FORMS

Personnel complaint forms will be maintained in a clearly visible location in the public area of the department facility and be accessible through the department website. Forms may also be available at other county facilities.

Personnel complaint forms in languages other than English may also be provided, as determined necessary or practicable.

1218.4.2 ACCEPTANCE

All complaints will be courteously accepted by any department staff member and promptly given to the appropriate supervisor. Although written complaints are preferred, a complaint may also be filed orally, either in person or by telephone. Such complaints will be directed to a supervisor. If a supervisor is not immediately available to take an oral complaint, the receiving staff member shall obtain contact information sufficient for the supervisor to contact the complainant. The supervisor, upon contact with the complainant, shall complete and submit a complaint form as appropriate.

Although not required, complainants should be encouraged to file complaints in person so that proper identification, signatures, photographs, or physical evidence may be obtained as necessary.

A complainant shall be provided with a copy of the complaining party's statement at the time it is filed with the Department (Penal Code § 832.7).

1218.4.3 HATE COMPLAINTS AGAINST PEACE OFFICERS

The Department shall accept and investigate internal complaints or complaints from the public that allege officer has, in the previous seven years and since age 18, was a member of a hate group, participated in a hate group activity, or advocated any public expression of hate (Penal Code § 13682).

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1218.4.4 AVAILABILITY OF WRITTEN PROCEDURES

The Department shall make available to the public a written description of the investigation procedures for complaints (Penal Code § 832.5).

1218.5 DOCUMENTATION

Supervisors shall ensure that all formal and informal complaints are documented on a complaint form. The supervisor shall ensure that the nature of the complaint is defined as clearly as possible.

All complaints and inquiries should also be documented in a log that records and tracks complaints. The log shall include the nature of the complaint and the actions taken to address the complaint. On an annual basis, the Department should audit the log and send an audit report to the Chief Probation Officer or the authorized designee.

1218.6 ADMINISTRATIVE INVESTIGATIONS

Allegations of misconduct will be administratively investigated by the Professional Standards Unit.

1218.6.1 DISPOSITIONS

Each personnel complaint shall be classified with one of the following dispositions:

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve department staff members. Complaints that are determined to be frivolous will fall within the classification of unfounded (Penal Code § 832.8).

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful, and/or proper.

Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the staff member.

Sustained - A final determination by an investigating agency, commission, board, hearing officer, or arbitrator, as applicable, following an investigation and opportunity for an administrative appeal pursuant to Government Code § 3304 and Government Code § 3304.5 that the actions of officer were found to violate law or department policy (Penal Code § 832.8).

If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.

1218.6.2 COMPLETION OF INVESTIGATIONS

Every investigator or supervisor assigned to investigate a personnel complaint or other alleged misconduct shall proceed with due diligence in an effort to complete the investigation within one year from the date of discovery by an individual authorized to initiate an investigation (Government Code § 3304).

In the event that an investigation cannot be completed within one year of discovery, the assigned investigator or supervisor shall ensure that an extension or delay is warranted within the exceptions set forth in Government Code § 3304(d) or Government Code § 3508.1.

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1218.7 ADMINISTRATIVE SEARCHES

Assigned lockers, storage spaces, and other areas, including desks, offices, and vehicles, may be searched as part of an administrative investigation upon a reasonable suspicion of misconduct.

Such areas may also be searched any time by a supervisor for non-investigative purposes, such as obtaining a needed report, radio, or other document or equipment.

Lockers and storage spaces may only be administratively searched in the staff member's presence, with the staff member's consent, with a valid search warrant, or where the staff member has been given reasonable notice that the search will take place (Government Code § 3309).

1218.7.1 DISCLOSURE OF FINANCIAL INFORMATION

Officer may be compelled to disclose personal financial information under the following circumstances (Government Code § 3308):

- (a) Pursuant to a state law or proper legal process
- (b) Information exists that tends to indicate a conflict of interest with official duties
- (c) If the officer is assigned to or being considered for a special assignment with a potential for bribes or other improper inducements

1218.8 ADMINISTRATIVE LEAVE

When a complaint of misconduct is of a serious nature, or when circumstances indicate that allowing the accused to continue to work would adversely affect the mission of the Department, the Chief Probation Officer or the authorized designee may temporarily assign an accused employee to administrative leave. Any employee placed on administrative leave:

- (a) Will be required to relinquish any department badge, identification, assigned weapons, and any other department equipment.
- (b) Shall be required to continue to comply with all policies and lawful orders of a supervisor.
- (c) The employee may be required to remain available for contact at all times during normal business hours and will report as ordered.

1218.9 CRIMINAL INVESTIGATION

Where a staff member is accused of potential criminal conduct, the criminal allegations will be investigated apart from any administrative investigation. Any separate administrative investigation may parallel a criminal investigation.

The Chief Probation Officer shall be notified as soon as practicable when a staff member is accused of criminal conduct. The Chief Probation Officer may request a criminal investigation by an outside law enforcement agency.

A staff member accused of criminal conduct shall be advised of the staff member's constitutional rights (Government Code § 3303(h)). The staff member should not be administratively ordered to provide any information in the criminal investigation.

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The Tulare County Probation Department may release information concerning the arrest or detention of any staff member, including officer, that has not led to a conviction. No disciplinary action should be taken until an independent administrative investigation is conducted.

1218.10 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that a staff member tenders a written resignation or notice of retirement before the discipline is imposed, it shall be noted in the file. The tender of a resignation or retirement by itself shall not serve as grounds for the termination of any pending investigation or discipline.

1218.11 POST-DISCIPLINE APPEAL RIGHTS

Appeal rights shall be governed by [Tulare County Personnel Rule 12](#), and/or current Memorandums of Understanding.

1218.12 PROBATIONARY EMPLOYEES AND OTHER STAFF MEMBERS

At-will and probationary employees and staff members other than non-probationary employees may be released from employment for non-disciplinary reasons (e.g., failure to meet standards) in accordance with Tulare County Personnel Rules.

1218.13 RETENTION OF PERSONNEL INVESTIGATION FILES

All personnel complaints shall be maintained in accordance with the established records retention schedule and as described in the Personnel Records Policy.

Fitness for Duty

1219.1 PURPOSE AND SCOPE

Monitoring staff members' fitness for duty is essential for the safety and welfare of Department staff members and the community. The purpose of this policy is to ensure that all staff members of this department remain fit for duty and able to perform their job functions (Government Code § 1031).

1219.2 POLICY

The Tulare County Probation Department strives to provide a safe and productive work environment and ensure that all staff members of this department can safely and effectively perform the essential functions of their jobs. Under limited circumstances, the Department may require a professional evaluation of a staff member's physical, mental, and/or emotional capabilities to determine the staff member's ability to perform essential functions.

1219.3 STAFF MEMBER RESPONSIBILITIES

It is the responsibility of each staff member of this department to maintain physical stamina and psychological stability sufficient to safely and effectively perform the essential duties of the staff member's position.

During working hours, all staff members are required to be alert, attentive, and capable of performing their assigned responsibilities.

Any staff member who feels unable to perform the staff member's duties shall promptly notify a supervisor. If a staff member believes another staff member is unable to perform that staff member's duties, such observations and/or belief shall be promptly reported to a supervisor.

1219.4 SUPERVISOR RESPONSIBILITIES

All supervisors should be alert to any indication that a staff member may be unable to safely perform any duties because of an underlying physical or psychological impairment or condition.

Such indications may include:

- (a) An abrupt and negative change in the staff member's normal behavior.
- (b) A pattern of irrational conduct, hostility, or oppositional behavior.
- (c) Personal expressions of instability.
- (d) Inappropriate use of alcohol or other substances, including prescribed medication.
- (e) A pattern of questionable judgment or impulsive behavior, or the inability to manage emotions.
- (f) Any other factor or combination of factors causing a supervisor to believe the staff member may be suffering from an impairment or a condition requiring intervention.

Consistent with this policy, supervisors shall maintain the confidentiality of any information.

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1219.4.1 REPORTING

A supervisor observing a staff member or receiving a report about a staff member perceived to be unable to safely or effectively perform duties shall promptly document all objective information and/or observations.

The supervisor should attempt to meet with the staff member to inquire about the conduct or behavior giving rise to the concerns.

If a meeting does not resolve the supervisor's concerns or does not take place, the supervisor shall promptly document the observations and actions in a written report and inform the Division Manager and Division Manager.

1219.4.2 DUTY STATUS

In conjunction with the appropriate Division Manager, the staff member's supervisor should make a preliminary determination regarding the staff member's duty status.

If a determination is made that the staff member can safely and effectively perform the essential functions of the job, the staff member should be returned to duty and arrangements made for appropriate follow-up.

If a preliminary determination is made that the staff member's conduct or behavior represents an inability to safely and effectively perform the essential functions of the job, the supervisor, the staff member's Division Manager, or the authorized designee should immediately relieve the staff member of duty pending further evaluation.

Staff members relieved of duty shall comply with the administrative leave provisions of the Personnel Complaints Policy.

The Division Manager and Chief Probation Officer, or the authorized designee, shall be promptly notified in the event that any staff member is relieved of duty.

1219.5 FITNESS-FOR-DUTY EVALUATIONS

A fitness-for-duty evaluation may be ordered whenever circumstances reasonably indicate that a staff member may be unfit for duty or following an officer-involved shooting or death-in-custody incident.

1219.5.1 PROCESS

The Division Manager or Chief Probation Officer, in cooperation with the Human Resources and Development Department, may order the staff member to undergo a fitness-for-duty evaluation.

The examining practitioner will provide the Department with a report indicating whether the staff member is fit for duty. If the staff member is not fit for duty, the practitioner will include the existing restrictions or conditions in the report. If the staff member places their condition at issue in any subsequent or related administrative action/grievance, the examining physician or therapist may be required to disclose any information relevant to such proceedings (Civil Code § 56.10(c)(8)).

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To facilitate the examination of any staff member, the Department will provide all appropriate documents and available information.

All reports and evaluations submitted by the examining practitioner shall be part of the staff member's confidential medical file.

Any staff member ordered to undergo a fitness-for-duty evaluation shall comply with the terms of the order and cooperate fully with the examining practitioner.

Determinations regarding duty status of staff members who are found to be unfit for duty or fit for duty with limitations will be made in cooperation with the Human Resources and Development Department.

1219.6 LIMITATION ON HOURS WORKED

Except in unusual circumstances, staff members should have a minimum of eight hours off between shifts. Supervisors should give consideration to reasonable rest periods and are authorized to deny overtime or relieve any staff member who has exceeded the above guidelines to off-duty status.

Limitations on the number of hours worked apply to shift changes, shift trades, rotation, holdover, training, general overtime, and any other work assignments.

Uniforms and Civilian Attire

1220.1 PURPOSE AND SCOPE

This policy provides guidelines and requirements for civilian attire and Tulare County Probation Department-authorized uniforms. The purpose of this policy is to ensure that uniformed staff members are readily identifiable to the public through the proper use and wearing of department uniforms, and that the appearance of those staff members who wear civilian attire reflects favorably on the Department.

This policy addresses wearing and maintaining department uniforms, accessories, insignia, patches, and badges. It also covers the requirements for staff members who wear civilian attire, plus the authorized use of optional equipment and accessories by Department staff members.

Other related topics, including authorized and unauthorized use of badges, lost or stolen badges, and the use of the badge or its likeness by employee groups, are addressed in the Badges, Patches, and Identification Policy and Personal Appearance Standards Policy.

1220.2 POLICY

The Tulare County Probation Department will provide a uniform allowance to all staff members who are required to wear them as agreed upon in the respective employee group's collective bargaining agreement or memorandum of understanding. The Department may provide other department staff members with uniforms at the direction of the Chief Probation Officer.

All uniforms and equipment issued to department staff members shall be returned to the Department upon termination or resignation.

The Tulare County Probation Department may provide a clothing allotment for staff members to purchase and maintain civilian attire required for their assignments in the manner, quantity, and frequency agreed upon in the employee group's collective bargaining agreement or memorandum of understanding.

1220.3 UNIFORM AND ATTIRE GUIDELINES

The Chief Probation Officer or the authorized designee shall maintain and update uniform, attire, and equipment specifications, which all staff members should consult as needed. Uniforms shall be worn as described therein and as specified in this policy.

The following shall apply to those assigned to wear department-issued uniforms:

- (a) Uniforms and equipment shall be maintained in a serviceable condition and ready for immediate use. Uniforms shall be neat, clean, and appear professionally pressed.
- (b) Officers in a non-uniformed assignment shall possess and maintain a serviceable uniform and the necessary equipment to perform duties as assigned.
- (c) Uniforms shall be worn in compliance with any applicable department specifications.
- (d) Uniformed staff members shall wear only the uniforms specified for their ranks and assignments.

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- (e) Uniforms are only to be worn while on-duty, for court, at official department functions or events, while in transit to or from work, or when authorized by the Chief Probation Officer or the authorized designee.
 - 1. When the uniform is worn while in transit, a civilian outer garment shall be worn over the uniform shirt to avoid bringing attention to the staff member while off-duty.
- (f) Staff members are not to purchase or drink alcoholic beverages while wearing any part of department authorized uniforms, including the uniform pants.
- (g) All supervisors will periodically inspect staff members under their command to ensure conformance to this policy.

1220.3.1 ACCESSORIES

Staff members shall adhere to the following when wearing department uniforms:

- (a) Mirrored sunglasses will not be worn.
- (b) Jewelry shall be in accordance with the specifications of the Personal Appearance Standards Policy.

1220.3.2 INSIGNIA, PATCHES, AND BADGE

Only the following elements will be affixed to department uniforms unless an exception is authorized by the Chief Probation Officer:

- (a) Shoulder patch - The authorized shoulder patch approved by the Department shall be machine-stitched to the sleeves of all uniform jackets.
- (b) Badge - The department-issued badge, or an authorized machine-stitched cloth replica, must be worn and visible at all times while in uniform.
- (c) Nameplate - The regulation nameplate, or an authorized machine-stitched cloth nameplate, shall be worn at all times while in uniform.
 - 1. When a jacket is worn, the nameplate, or an authorized machine-stitched cloth nameplate, shall be affixed to the jacket in the same manner as the uniform.
- (d) Rank insignia - The designated insignia indicating the staff member's rank must be worn at all times while in uniform.
- (e) Assignment insignias - Assignment insignias (e.g., Facility Training Officer (FTO)) may be worn as designated by the Chief Probation Officer.
- (f) Other insignias must be approved by the Chief Probation Officer.

1220.3.3 LOGOS

Items bearing the department logo will not be worn when performing duties of other employment as described in the Outside Employment and Outside Overtime Policy.

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1220.3.4 MOURNING BAND

Uniformed staff members shall wear a black mourning band across the department badge whenever a peace officer is killed in the line of duty or as directed by the Chief Probation Officer. These mourning periods will be observed:

- (a) Tulare County Probation Department officer - From the time of death until midnight on the 14th day after the death.
- (b) Officer from this or an adjacent county - From the time of death until midnight on the day of the funeral.
- (c) Funeral attendee - While attending the funeral of an out-of-region fallen officer.
- (d) National Peace Officers Memorial Day (May 15) - From 0001 hours until 2359 hours.
- (e) As directed by the Chief Probation Officer.

1220.4 ATTIRE

There are job duties and assignments within the Department that do not require a uniform because recognition and authority are not essential to their functions. All attire will adhere to [Tulare County Personnel Rule 20](#).

1220.5 OPTIONAL EQUIPMENT

Items allowed by the Tulare County Probation Department but that have been identified as optional shall be purchased entirely at the expense of the staff member. No part of the purchase cost shall be offset by the Department.

Maintenance of optional items (e.g., repairs due to normal wear and tear) shall be the financial responsibility of the purchasing staff member.

1220.6 UNAUTHORIZED UNIFORMS, ATTIRE, EQUIPMENT, AND ACCESSORIES

Department staff members may not wear any uniform, attire, item, accessory, or attachment unless specifically authorized by the Chief Probation Officer.

Department staff members may not use or carry any safety item, tool, or other piece of equipment unless specifically authorized by the Chief Probation Officer.

Speech, Expression, and Social Networking

1221.1 PURPOSE AND SCOPE

This policy is intended to address issues associated with the use of social networking sites and provide guidelines for regulating and balancing staff member speech and expression with the legitimate needs of the Department and the confidentiality of youths in the care and custody of the Department.

This policy applies to all forms of communication, including but not limited to film, video, print media, public or private speech, and use of all internet services, including the World Wide Web, email, file transfer, remote computer access, news services, social networking, social media, instant messaging, blogs, forums, and video-sharing and other file-sharing sites.

Nothing in this policy is intended to prohibit or infringe upon any communication, speech, or expression protected or privileged under law. This includes speech and expression protected under state or federal constitutions as well as labor or other applicable laws. For example, this policy does not limit a staff member from speaking as a private citizen, including acting as an authorized staff member of a recognized bargaining unit or an employee group, about matters of public concern, such as misconduct or corruption.

Staff members are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

1221.2 POLICY

Staff members of public entities occupy a trusted position in the community, and thus, their statements have the potential to contravene the policies and performance of this department. Due to the nature of the work and influence associated with the corrections profession, it is necessary that staff members of this department be subject to certain reasonable limitations on their speech and expression. To achieve its mission and efficiently provide service to the public, the Tulare County Probation Department will carefully balance the individual staff member's rights against the department's needs and interests when exercising a reasonable degree of control over its staff members' speech and expression.

1221.3 SAFETY

Staff members should carefully consider the implications of their speech or any other form of expression when using the internet. Speech and expression that may negatively affect the safety of Tulare County Probation Department staff members, such as posting personal information in a public forum or posting a photograph taken with a GPS-enabled camera, can result in compromising a staff member's home address or family ties. Staff members should therefore not disseminate or post any information on any forum or medium that could reasonably be anticipated to compromise the safety of any staff member or a staff member's family or associates. Examples of the type of information that could reasonably be expected to compromise safety include:

- (a) Disclosing a photograph and name or address of officer who is working in a specialized assignment.

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- (b) Disclosing the address of a fellow officer.
- (c) Disclosing where another officer can be located off-duty.

1221.4 PROHIBITED SPEECH, EXPRESSION, AND CONDUCT

To meet the department's safety, performance, and public-trust needs the following are prohibited unless the speech is otherwise protected (for example, a staff member speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit or an employee group on a matter of public concern):

- (a) Speech, expression, or communication that would in any way compromise the confidentiality of the identity of youths or their families.
- (b) Speech or expression made pursuant to an official duty that compromises or damages the mission, function, reputation, or professionalism of the Department or its staff members.
- (c) Speech or expression that, while not made pursuant to an official duty, is significantly linked to, or related to, the Department and could compromise or damage the mission, function, reputation, or professionalism of the Department or its staff members. Examples may include:
 - 1. Statements that indicate disregard for the law or the state or U.S. constitutions.
 - 2. Expression that demonstrates support for criminal activity.
 - 3. Participating in sexually explicit photographs or videos for compensation or distribution.
- (d) Speech or expression that could reasonably be foreseen as having a negative impact on the credibility of the staff member as a witness. For example, posting statements or expressions to a website that glorify or endorse dishonesty, unlawful discrimination, or illegal behavior.
- (e) Speech or expression of any form that could reasonably be foreseen as having a negative impact on the safety of juvenile detention facility staff members. For example, a statement on a blog that provides specific details on how and when custody transportations are made could reasonably be foreseen as potentially jeopardizing employees and youths by informing criminals of details that could facilitate an escape or attempted escape.
- (f) Speech or expression contrary to the Ethics section in the Standards of Conduct Policy adopted by the Tulare County Probation Department.
- (g) Use or disclosure, through whatever means, of any information, photograph, or video or other recording obtained or accessible because of employment with the juvenile detention facility for financial or personal gain, or any disclosure of such materials without the express authorization of the Chief Probation Officer or the authorized designee.
- (h) Posting, transmitting, or disseminating any photographs, video or audio recordings, likenesses, or images of department logos, emblems, uniforms, badges, patches, marked vehicles, equipment, or other material that specifically identifies the

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Department on any personal or social networking or other website or web page, without the express authorization of the Chief Probation Officer.

Staff members must take reasonable and prompt action to remove any content, including content posted by others, that violates this policy from any web page or website maintained by the employee (e.g., social or personal website).

1221.4.1 UNAUTHORIZED ENDORSEMENTS AND ADVERTISEMENTS

While staff members are not restricted from engaging in the following activities as private citizens or as authorized members of recognized bargaining units or employee groups, staff members may not represent the Tulare County Probation Department or identify themselves in any way that could be reasonably perceived as representing the Tulare County Probation Department in order to do any of the following, unless specifically authorized by the Chief Probation Officer (Government Code § 3206; Government Code § 3302):

- (a) Endorse, support, oppose, or contradict any political campaign or initiative
- (b) Endorse, support, oppose, or contradict any social issue, cause, or religion
- (c) Endorse, support, or oppose any product, service, company, or other commercial entity
- (d) Appear in any commercial, social or nonprofit publication, or motion picture, film, video, or public broadcast, or on any website

Additionally, when it can reasonably be construed that a staff member, acting in the individual's own capacity or through an outside group or organization, including as an authorized member of a recognized bargaining unit or an employee group, is affiliated with this department, the staff member shall give a specific disclaiming statement that any such speech or expression is not representative of the Department.

Staff members retain their right to vote as they choose, to support candidates of their choice, and to express their opinions as private citizens, including as authorized members of recognized bargaining units or employee groups, on political subjects and candidates at all times while off-duty. However, staff members may not use their official authority or influence to interfere with or affect the result of elections or nominations for office. Staff members are also prohibited from directly or indirectly using their official authority to coerce, command, or advise another employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes (5 USC § 1502).

1221.5 PRIVACY EXPECTATION

Staff members forfeit any expectation of privacy with regard to emails, texts, or anything published or maintained through file-sharing software or any internet site that is accessed, transmitted, received, or reviewed on any department technology system (see the Information Technology Use Policy for additional guidance).

The Department shall not require a staff member to disclose a personal username or password for accessing personal social media or to open a personal social website; however, the Department

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may request access when it is reasonably believed to be relevant to the investigation of allegations of work-related misconduct (Labor Code § 980).

1221.6 CONSIDERATIONS

In determining whether to grant authorization of any speech or conduct prohibited under this policy, the factors that the Chief Probation Officer or the authorized designee should consider include:

- (a) Whether the speech or conduct would negatively affect the efficiency of delivering public services.
- (b) Whether the speech or conduct would be contrary to the good order of the Department or the efficiency or morale of its staff members.
- (c) Whether the speech or conduct would reflect unfavorably upon the Department.
- (d) Whether the speech or conduct would negatively affect the staff member's appearance of impartiality in performance of duties.
- (e) Whether similar speech or conduct has been previously authorized.
- (f) Whether the speech or conduct may be protected and outweighs any interest of the Department.

1221.7 TRAINING

Subject to available resources, the Department should provide periodic training regarding the limitations on speech, expression, and use of social networking to all staff members of the Department.

Vehicle Use, Safety, and Maintenance

1222.1 PURPOSE AND SCOPE

The Department uses department-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that department-owned vehicles are used and maintained appropriately, regulations relating to the use and maintenance of these vehicles have been established. The term "department-owned" as used in this section also refers to any vehicle leased or rented by the Department.

1222.2 POLICY

It is the policy of this department to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Tulare County Probation Department provides vehicles for official business use and may assign take-home vehicles based on its determination of operational efficiency, economic impact to the Department, tactical deployments, and other considerations. The department will provide service for department-owned vehicles to ensure they remain operational and maintain their appearance, as resources allow.

1222.3 USE OF DEPARTMENT VEHICLES

Only authorized staff members should operate department-owned vehicles. Staff members who operate department-owned vehicles must comply with all applicable state laws and must possess a valid driver's license endorsed for the type of vehicle operated.

Additionally, members are responsible for helping maintain department vehicles so they are properly equipped, maintained, refueled, and cleaned.

1222.3.1 VEHICLE LOCATION SYSTEM

At the discretion of the Chief Probation Officer, vehicles may be equipped with a system to track the vehicle's location. While the system may provide vehicle location and other information, staff members are not relieved of their responsibility to use required communication practices to report their location and status.

Staff members shall not make any unauthorized modifications to the vehicle location system. When staff members check out a vehicle, they shall verify that the system is on and report any malfunctions to their supervisor. If the staff member finds that the system is not functioning properly at any time during a shift, the staff member should exchange the vehicle for one with a working system, if available.

System data may be accessed by Division Managers.

All data captured by the system shall be retained in accordance with the established records retention schedule.

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1222.3.2 KEYS

Staff members approved to operate a marked vehicle should be issued a copy of the keys as part of their initial equipment distribution. Staff members who are assigned a specific vehicle should be issued keys for that vehicle.

Staff members shall not duplicate keys. The loss of keys shall be promptly reported in writing through the staff member's chain of command.

Under no circumstances will youths be allowed to operate a vehicle or possess any vehicle keys.

1222.3.3 AUTHORIZED PASSENGERS

Staff members operating department-owned vehicles shall not permit persons other than County personnel or persons required to be conveyed in the performance of duty, or as otherwise authorized, to ride as passengers in the vehicle.

1222.3.4 PARKING

Staff members driving department-owned vehicles should obey all parking regulations at all times.

Department-owned vehicles should be parked in assigned stalls. Staff members shall not park privately owned vehicles in stalls assigned to department-owned vehicles or in other areas of the parking lot that are not so designated unless authorized by a supervisor. Privately owned motorcycles shall be parked in designated areas.

1222.3.5 ALCOHOL

Staff members who have consumed alcohol are prohibited from operating any department-owned vehicle. Regardless of assignment, members may not violate state law regarding vehicle operation while intoxicated.

1222.3.6 ACCESSORIES AND/OR MODIFICATIONS

There shall be no modifications, additions, or removal of any equipment or accessories without written permission from the assigned Division Manager or the authorized designee.

1222.3.7 NON-SWORN STAFF MEMBER USE

Non-sworn staff members using department-owned vehicles shall ensure that all weapons have been removed from a vehicle before going into service.

1222.4 VEHICLE SECURITY

Department-owned vehicles will be locked, and the keys will be secured when not in use. No keys should be left in the vehicle except when it is necessary to keep the vehicle running (e.g., equipment charging). Officers who exit a vehicle rapidly in an emergency situation or to engage in a foot pursuit must carefully balance the need to exit the vehicle quickly with the need to secure the vehicle.

Staff members will make every effort to ensure that department vehicles are parked in a secure location. Staff members shall ensure all weapons and control devices are secured while a vehicle is unattended.

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Youth workers assigned to clean vehicles must be closely supervised by staff members.

1222.4.1 REMOVAL OF WEAPONS

All firearms, weapons, and control devices shall be removed from a vehicle and properly secured in the department armory or designated storage area before releasing the vehicle for maintenance, service, or repair.

1222.5 INDIVIDUAL STAFF MEMBER ASSIGNMENT TO VEHICLES

Department-owned vehicles may be assigned to individual staff members at the discretion of the Chief Probation Officer or the authorized designee. Vehicles may be assigned for on-duty and/or take-home use. Assigned vehicles may be changed at any time. Permission to take home a vehicle may be withdrawn at any time.

The assignment of vehicles may be suspended when the staff member is unable to perform the staff member's regular assignment.

1222.5.1 ON-DUTY USE

Vehicle assignments shall be based on the nature of the staff member's duties, job description, essential functions, and employment or appointment status. Vehicles may be reassigned or used by other department staff members at the discretion of the Chief Probation Officer or the authorized designee.

1222.5.2 UNSCHEDULED TAKE-HOME USE

Circumstances may arise where staff members must use department-owned vehicles to commute to and from a work assignment. Staff members may take home department-owned vehicles only with prior approval of a supervisor and shall meet the following criteria:

- (a) The circumstances are unplanned and were created by the needs of the Department.
- (b) Other reasonable transportation options are not available.
- (c) The staff member lives within a reasonable distance (generally not to exceed a 60-minute drive time) of the County limits.
- (d) Off-street parking will be available at the staff member's residence.
- (e) The vehicle will be locked when not attended.
- (f) All firearms, weapons, and control devices will be removed from the interior of the vehicle and properly secured in the residence when the vehicle is not attended.

1222.5.3 ASSIGNED VEHICLES

Assignment of take-home vehicles shall be based on the location of the staff member's residence; the nature of the staff member's duties, job description, and essential functions; and the staff member's employment or appointment status. Residence in County is a prime consideration for assignment of a take-home vehicle. Staff members who reside outside the County may be required to secure the vehicle at a designated location or at the Department at the discretion of the Chief Probation Officer or the authorized designee.

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Department staff members shall sign a take-home vehicle agreement that outlines certain standards, including but not limited to how the vehicle shall be used, where it shall be parked when the staff member is not on-duty, vehicle maintenance responsibilities, and staff member enforcement actions.

Staff members are cautioned that under federal and local tax rules, personal use of a County vehicle may create an income tax liability for the staff member. Questions regarding tax rules should be directed to the staff member's tax adviser.

Criteria for use of take-home vehicles include the following:

- (a) Vehicles shall only be used for work-related purposes and shall not be used for personal errands or personal transportation, unless special circumstances exist and the Chief Probation Officer or the authorized designee gives authorization.
- (b) Vehicles may be used to transport the staff member to and from the staff member's residence for work-related purposes.
- (c) Vehicles will not be used when off-duty except:
 - 1. In circumstances when a staff member has been placed on-call by the Chief Probation Officer or the authorized designee and there is a high probability that the staff member will be called back to duty.
 - 2. When the staff member is performing a work-related function during what normally would be an off-duty period, including vehicle maintenance or traveling to or from a work-related activity or function.
 - 3. When the staff member has received permission from the Chief Probation Officer or the authorized designee.
 - 4. When the vehicle is being used by the Chief Probation Officer or the authorized designee or staff members who are in on-call administrative positions.
 - 5. When the vehicle is being used by on-call investigators.
- (d) While operating the vehicle, authorized armed staff members will carry and have accessible their duty firearms and be prepared to perform any function they would be expected to perform while on-duty.
- (e) The two-way communications radio and global positioning satellite device, if equipped, must be on and set to an audible volume when the vehicle is in operation.
- (f) Unattended vehicles are to be locked and secured at all times.
 - 1. All department identification, portable radios, and equipment should be secured.
- (g) Vehicles are to be parked off-street at the staff member's residence unless prior arrangements have been made with the Chief Probation Officer or the authorized designee. If the vehicle is not secured inside a locked garage, all firearms and control devices shall be removed and properly secured in the staff member's residence.
- (h) Vehicles are to be secured at the staff member's residence or the appropriate department facility, at the discretion of the Department, when a staff member will be away (e.g., on vacation) for periods exceeding one week.

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1. If the vehicle remains at the staff member's residence, the Department shall have access to the vehicle.
2. If the staff member is unable to provide access to the vehicle, it shall be parked at the Department.
 - (i) The staff member is responsible for the care and maintenance of the vehicle.

1222.6 USE OF PERSONAL VEHICLES

The Division Manager or the authorized designee must approve use of personal vehicles for official business.

The Division Manager or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in the vehicle and in a department file. All policies and procedures applicable to department vehicles shall apply to the personal vehicle while it is being used for official business.

1222.7 VEHICLE MAINTENANCE

Staff members are responsible for the cleanliness (exterior and interior) and overall maintenance of their assigned vehicles. Cleaning and maintenance supplies will be provided by the Department. Failure to adhere to these requirements may result in discipline and loss of vehicle assignment. The following should be performed as outlined below:

- (a) Staff members shall inspect their assigned vehicles daily for service/maintenance requirements and damage.
- (b) It is the staff member's responsibility to ensure the assigned vehicle is maintained according to the established service and maintenance schedule.
- (c) All scheduled vehicle maintenance and car washes shall be performed as necessary at a facility approved by the department staff member in charge of vehicle maintenance.
- (d) The department shall be notified of problems with the vehicle and approve any major repairs before they are performed.
- (e) When leaving the vehicle at the maintenance facility, the staff member will complete a vehicle repair card, explaining the service or repair, and leave it on the seat or dash.

1222.7.1 VEHICLE INSPECTIONS

Staff members shall be responsible for inspecting the interior and exterior of any assigned vehicle before taking the vehicle into service and at the conclusion of their shifts. Any previously unreported damage, mechanical problems, unauthorized contents, or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

The interior of any vehicle that has been used to transport any person other than a staff member of this department should be inspected prior to placing another person in the vehicle and again after the person is removed. This is to ensure that unauthorized or personal items have not been left in the vehicle.

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When transporting any youth, the transporting staff member shall search all areas of the vehicle that are accessible by the youth before and after that person is transported (see the Transportation of Youths Outside the Secure Facility Policy for further guidance regarding transportation of youths).

All department-owned vehicles are subject to inspection and/or search at any time by a supervisor. No staff member assigned to or operating such vehicle may have any expectation of privacy regarding the vehicle or any of its contents, regardless of who owns the contents. At a minimum, supervisors shall make monthly inspections of vehicles assigned to staff members under their command to ensure the vehicles are being maintained in accordance with this policy.

1222.7.2 VEHICLE SAFETY REPAIRS

Anyone authorized to drive department vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of the shift. Any previously unreported damage, mechanical problems, unauthorized contents, or other problems with the vehicle shall be promptly reported to a supervisor and documented.

Vehicles that are deemed unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Division Manager or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

All vehicles owned, leased, or used by this department shall be inspected annually by a qualified individual. Inspection reports will be forwarded to and maintained by the Division Manager or the authorized designee.

1222.8 TOLL ROAD USAGE

Law enforcement vehicles are not routinely exempt from incurring toll road charges. Staff members responding to or returning from an emergency call on the toll roads while on-duty are exempt from paying the toll if driving an authorized emergency vehicle as provided in Vehicle Code § 23301.5.

Commuting or returning to the Department after an emergency does not qualify for this exemption; staff members using Department-owned vehicles are subject to the toll charge.

To avoid unnecessary toll road violation charges, staff members shall adhere to the following:

- (a) Staff members operating department-owned vehicles on a toll road for any reason other than responding to an emergency or urgent call shall pay the toll charge or use the appropriate tollway transponder. Staff members may seek reimbursement from the County for any toll fees incurred in the course of official business.
- (b) Staff members driving department-owned vehicles through a toll plaza while responding to an emergency or urgent call shall notify, in writing, the appropriate Division Manager within five working days, explaining the circumstances.

1222.9 ATTIRE AND APPEARANCE

When operating any department-owned vehicle, staff members may dress in a manner appropriate for their intended activity. Whenever a staff member is in public view or has contact with the public,

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the staff member's attire and appearance, regardless of the activity, should reflect positively upon the Department.

1222.10 COLLISION, DAMAGE, ABUSE, AND MISUSE

When any department-owned vehicle is involved in a traffic collision, the involved staff member shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The staff member shall complete this department's vehicle collision form.

When a collision involves an department-owned vehicle or when a member of this department is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the staff member is incapable of completing this department's vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in memorandum format and forwarded to the appropriate Institution Supervisor. An administrative investigation should be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

Personal Protective Equipment

1223.1 PURPOSE AND SCOPE

This policy identifies the different types of personal protective equipment (PPE) provided by the Department as well as the requirements and guidelines for the use of PPE.

This policy does not address ballistic vests or protection from communicable disease, as those issues are addressed in the Body Armor Policy and Communicable Diseases - Staff Members Policy.

1223.1.1 DEFINITIONS

Definitions related to this policy include:

Disposable particulate mask - A class of disposable respirators approved by the Food and Drug Administration (FDA) and the National Institute for Occupational Safety and Health (NIOSH) as suitable for use where fluid or particulate resistance is a priority. Examples are N95 and N100 masks.

Personal protective equipment (PPE) - Equipment that protects a person from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.

1223.2 POLICY

The Tulare County Probation Department endeavors to protect staff members by supplying certain PPE as provided in this policy.

1223.3 OFFICER RESPONSIBILITIES

Staff members are required to use PPE as provided in this policy and pursuant to their training.

Staff members are responsible for proper maintenance and storage of issued PPE. PPE should be stored in an appropriate location so that it is available when needed.

Any staff member who identifies hazards in the workplace is encouraged to use the procedures in the Illness and Injury Prevention Policy to recommend new or improved PPE or additional needs for PPE.

1223.4 HEARING PROTECTION

Approved hearing protection shall be used by staff members during firearms training.

Hearing protection shall meet or exceed the requirements provided in 8 CCR 5098.

1223.5 EYE PROTECTION

Approved eye protection, including side protection, shall be used by staff members during firearms training, or during situations in which eye protection may be warranted. Eye protection for staff members who wear prescription lenses shall incorporate the prescription (e.g., eye protection that

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can be worn over prescription lenses). Staff members shall ensure their eye protection does not interfere with the fit of their hearing protection.

The Rangemaster shall ensure eye protection meets or exceeds the requirements provided in 8 CCR 3382.

1223.6 TRAINING

Staff members should be trained in the respiratory and other hazards to which they may be potentially exposed during routine and emergency situations.

All staff members shall be trained in the proper use and maintenance of PPE issued to them, including when the use is appropriate; how to put on, remove, and adjust PPE; how to care for the PPE; and the limitations (8 CCR 3380).

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Attachments

15 CCR § 1302 Definitions.pdf

Title 15, § 1302
§ 1302. Definitions.

The following definitions shall apply:

Administering medication - As it relates to pharmaceutical management, the act by which a single dose of medication is given to a patient by licensed health care staff members. The single dose of medication may be taken either from stock (undispensed) or dispensed supplies.

Alternate means of compliance - A process for meeting or exceeding the intent of the standards in an innovative way as approved by the Board of State and Community Corrections pursuant to an application.

Appeal hearing - An administrative procedure providing an appellant with an opportunity to present the facts of the appeal for the formal decision concerning matters raised pursuant to the purposes set forth in these regulations. Such hearing may be conducted using oral and/or written testimony as specified by the executive director of the Board or the Board.

Appellant - A county or city that files a request for an appeal hearing.

Authorized representative - An individual authorized by the appellant to act as its representative in any or all aspects of the hearing.

Behavioral health - Mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders, alcohol and drug addiction, and serious psychological distress, suicide, and mental disorders.

Behavioral/mental health director - The individual who is designated by contract, written agreement, or job description to have administrative responsibility for the behavioral/mental health program of the facility or system. The Health Care Administrator shall work in cooperation with the behavioral/mental health director to develop and implement mental health policies and procedures.

Board - The Board of State and Community Corrections, which acts by and through its executive director, deputy directors, and field representatives.

Camp - A juvenile camp, ranch, forestry camp, or boot camp established in accordance with [Section 881 of the Welfare and Institutions Code](#), to which youth who are made wards of the court on the grounds of fitting the description in [Section 602 of the Welfare and Institutions Code](#) may be committed.

Cisgender - A person whose gender identity corresponds to the gender the person was assigned at birth.

Clergy - Persons ordained for religious duties.

Committed - Placed in a jail or juvenile facility pursuant to a court order for a specific period of time, independent of, or in connection with, other sentencing alternatives.

Contraband - Any object, writing, or substance that the possession of which would constitute a crime under the laws of the State of California, pose a danger within a juvenile facility, interfere with the orderly day-to-day operation of a juvenile facility, or violate facility rules.

Title 15, § 1302
§ 1302. Definitions.

Control room - A continuously staffed secure area within the facility that contains staff member responsible for safety, security, emergency response, communication, electronics, and movement.

Court holding facility for youth - A local detention facility constructed within a court building used for the confinement of youths or youths and adults for the purpose of a court appearance, for a period not to exceed 12 hours.

Culturally responsive - Considering the diverse population of a facility with regard to race, language, ethnicity, sexual orientation, gender, gender expression, immigration status, and values.

De-escalation - In regard to use of force, the use and application of efforts and techniques, including conflict resolution, to discourage, decrease, or prevent threatening, disruptive, or violent behavior.

Delivering medication - As it relates to pharmaceutical management, the act of providing one or more doses of a prescribed and dispensed medication to a youth.

Developmental disability - Applies to those persons who have a disability that originates before an individual is 18 years old, continues or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. This term includes intellectual disability, cerebral palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to intellectual disabilities or to require treatment similar to that required for individuals with intellectual disabilities. The definition of developmental disability shall not include other disabilities that are solely physical in nature.

Direct visual observation - Means by which staff members must personally see a youth's movement and/or skin. Audio/video monitoring and mirrors may supplement but not substitute for direct visual observation.

Direct visual supervision - Circumstance when staff are constantly in the presence of the youth. Audio/video monitoring and mirrors may supplement but not substitute for direct visual supervision.

Dispensing - As it relates to pharmaceutical management and pursuant to the [Section 4024 of the Business and Professions Code](#), the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the youth, the contents of the container, and all other vital information.

Disposal - As it relates to pharmaceutical management, the destruction of medication or its return to the manufacturer or supplier on its expiration date or when retention is no longer necessary or suitable (e.g., upon youth discharge from the facility) or the provision of medication to the patient upon discharge.

DNA (deoxyribonucleic acid) - A chromosomal double-stranded molecule that exists in each living cell. DNA determines an individual's hereditary characteristics and can be used to distinguish and identify an individual from another person. This becomes critical when blood, hair, skin, or any other part of the body is used to prove one's involvement or lack of involvement in a crime scene.

Title 15, § 1302
§ 1302. Definitions.

Emergency - A significant disruption of normal facility procedure, policy, or operation caused by civil disorder, a single incident of mass arrest of youths, or natural disasters such as flood, fire, or earthquake; and that requires immediate action to avert death or injury and to maintain security.

Executive director - The executive director of the Board of State and Community Corrections.

Exercise - An activity that requires physical exertion of the large muscle groups.

Exigent - A description for an event or other circumstance that is urgent, unanticipated, and requires immediate action.

Facility administrator - The chief probation officer, sheriff, marshal, chief of police, or other official charged by law with administration of the facility.

Facility manager – The director, superintendent, police or sheriff commander, or other person in charge of the day-to-day operation of a facility holding youth.

Filing date - The date a request for an appeal hearing is received by the executive director of the Board.

Food - Any nourishing substance that is eaten, drunk, or otherwise taken into the body to sustain life, provide energy, and/or promote growth.

504 plan - A written educational plan developed by a group of educators, administrators, parents, and other relevant participants that addresses the needs of a student with a physical or mental impairment that may substantially limit major life activities, including but not limited to caring for oneself, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning as defined under Section 504 of the Rehabilitation Act of 1973.

Furlough - The conditional or temporary release of a youth from the facility.

Gender expression - The manner in which gender is expressed through clothing, appearance, behavior, speech, etc.

Gender identity - A person's sense of being male, female, some combination of male or female, or neither male nor female.

Gender fluidity - A gender identity that can vary over time. A gender fluid person may at any time identify as male, female, neutrois, any other non-binary identity, or some combination of identities. The person's gender can also vary at random or vary in response to different circumstances. Gender fluid people may also identify as multi-gender, non-binary, and/or transgender.

Gender nonconforming - Describes a youth whose appearance or manner does not conform to traditional masculine and feminine gender norms.

Group punishment -The act of sanctioning a group of uninvolved youths based on the actions of one or more youths. Group punishment is prohibited.

Title 15, § 1302
§ 1302. Definitions.

Health Care Administrator - The individual or agency designated with responsibility for health care policy and procedures pursuant to a written agreement, contract, or job description. The Health Care Administrator may be a physician, an individual, or a health agency.

Health care - Behavioral/medical, mental health, and dental services.

Health care clearance - A non-confidential statement that indicates to youth supervision staff members that there are no health contraindications to a youth being admitted to a facility and specifies any limitations to full program participation.

Health care provider - An individual appropriately licensed by the state and designated by contract, written agreement, or job description to have responsibility to provide preventive, curative, promotional, or rehabilitative health care in a systematic way to youths.

Hearing panel - A panel comprising three members of the Board who shall be selected by the chair at the time an appeal is filed. A fourth member may be designated as alternate. Members designated to the hearing panel shall not be employed by, or be citizens of, the county or city submitting an appeal.

Human trafficking - The trade of humans, most commonly for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the benefit of the trafficker or others.

Individual Education Program (IEP) - A written statement for each individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with the [Section 56345 of the Education Code](#) and applicable federal laws and regulation.

Intersex - Describes a youth whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female.

Juvenile facility - A juvenile hall, ranch or camp, forestry camp, regional youth education facility, boot camp, or special-purpose juvenile hall.

Juvenile hall - A county facility designed for the reception and care of youths detained in accordance with the provisions of this subchapter and the juvenile court law.

Labeling - As it relates to pharmaceutical management and pursuant to [Sections 4076 and 4076.5 of the Business Professions Code](#), means the act of preparing and affixing an appropriate label to a medication container.

Legend drugs - Any drugs defined as “dangerous drugs” under [Chapter 9, Division 2, Section 4022 of the Business and Professions Code](#). These drugs bear the legend, “Caution Federal Law Prohibits Dispensing Without a Prescription.” The Food and Drug Administration (FDA) has determined, because of toxicity or other potentially harmful effects, that these drugs are not safe for use except under the supervision of a health care practitioner licensed by law to prescribe legend drugs.

Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) - A diversity of sexuality and gender identity-based cultures. It may be used to refer to anyone who is non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, the letter “Q” is for those who identify as queer or are questioning their sexual identity. The letter “I” stands for intersex, which is defined above.

Title 15, § 1302
§ 1302. Definitions.

Linguistically appropriate - Delivered in a manner that effectively communicates with persons of limited English proficiency, those who have low literacy or are not literate, and individuals with disabilities.

Living unit - A self-contained unit containing locked sleeping rooms, single- and double-occupancy sleeping rooms, or dormitories, dayroom space, water closets, wash basins, drinking fountains, and showers commensurate to the number of youths housed. A living unit shall not be divided in a way that hinders direct access, supervision, immediate intervention, or other action if needed.

Local health officer - The licensed physician who is appointed by the Board of Supervisors pursuant to [Section 101000 of the Health and Safety Code](#) to carry out duly authorized orders and statutes related to public health within the physician's jurisdiction.

Meal - The food served and eaten, especially at one of the customary or regular occasions for eating during the day, such as breakfast, lunch, or dinner.

Minor - A person younger than 18; includes individuals whose cases are under the jurisdiction of the adult criminal court. This term includes "juvenile" as defined by Section 208.55 of the Welfare and Institutions Code.

Non-school day - A day when school is not in operation. It also applies when an individual youth is both not enrolled in school and not required to be in attendance.

Notice of decision - A written statement by the executive director of the Board that contains the formal decision of the executive director and the reason for that decision.

On-site health care staff members - Licensed, certified, or registered health care staff members who provide regularly scheduled health care services at the facility pursuant to a contract, written agreement, or job description. It does not extend to emergency medical staff members or other health care staff members who may be on-site to respond to an emergency or an unusual situation.

Over-the-counter (OTC) drugs - As it relates to pharmaceutical management, these are medications that do not require a prescription (non-legend).

Pilot project - An initial short-term method to test or apply an innovation or concept related to the operation, management, or design of a juvenile facility, jail, or lockup pursuant to an application to, and approval by, the Board.

Podular design - A design concept for detention facilities in which housing cells, dormitories, or sleeping rooms are positioned around the perimeter of a common dayroom, forming a housing/living unit. Generally, the majority of services for each housing/living unit (such as dining, medical exam/sick call, programming, school, etc.) occur in specified locations within the unit.

Post-dispositional youth - A youth detained in a facility after a dispositional order by the court.

Procurement - As it relates to pharmaceutical management, means the system for ordering and obtaining medications for facility stock.

Title 15, § 1302
§ 1302. Definitions.

Proposed decision - A written recommendation from the hearing panel/hearing officer to the full Board containing a summary of facts and a recommended decision on an appeal.

Prostheses - Artificial devices to replace missing body parts or to compensate for defective bodily function. Prostheses are distinguished from slings, crutches, or other similar assistive devices.

Psychotropic medication - Those drugs that are used to treat psychiatric symptoms. Drugs used to reduce the toxic side effects of psychotropic medications are not included.

Rated capacity - The number of beds approved by the Board that can be utilized by a juvenile facility based on the design requirements of Title 24, Part 1, Article 2, Section 13-201(c)6 of the California Code of Regulations.

Reasonable and necessary force - The amount and type of force that an objective, similarly trained, experienced, and competent youth supervision staff member, who if faced with similar facts and circumstances, would consider necessary and reasonable to ensure the safety and security of youths, staff members, others, and the facility.

Recreation - The youth's free time to choose from activities that occupy the attention and offer the opportunity for relaxation. Such activities may include ping-pong, TV, reading, board games, and letter writing.

Regional facility - A facility serving two or more counties bound together by a memorandum of understanding or a joint powers agreement identifying the terms, conditions, rights, responsibilities, and financial obligations of all parties.

Remodeling - The act of altering the facility structure by adding, deleting, or moving any of the building's components, thereby affecting any of the spaces specified in Title 24, Section 460A.

Repackaging - As it relates to pharmaceutical management, means transferring medications from the original manufacturers' container to another properly labeled container.

Request for appeal hearing - A clear written expression of dissatisfaction about a procedure or action taken, requesting a hearing on the matter, and filed with the executive director of the Board.

Responsible Physician - The physician who is appropriately licensed by the state and is designated by contract, written agreement, or job description to have responsibility for policy development in medical, dental, and mental health matters involving clinical judgments. The Responsible Physician may also be the Health Care Administrator.

Restraint devices - Includes any devices that immobilize a youth's extremities and/or prevent the youth from being ambulatory.

Room confinement - The placement of a youth in a locked room with minimal or no contact with persons other than correctional facility staff members and attorneys. Room confinement does not include confinement of a youth in a locked single-person room for brief periods as may be necessary for required institutional operations.

Room extraction - The forceful removal of a youth from a room.

Title 15, § 1302
§ 1302. Definitions.

Security glazing - A glass/polycarbonate composite glazing material designed for use in detention facility doors and windows and intended to withstand measurable, complex loads from deliberate and sustained attacks in a detention environment.

Separation - Limiting a youth's participation in regular programming for a specific purpose.

Sexual abuse - Sexual activity or voyeurism by one or more persons upon another person who does not consent, is unable to refuse, or is coerced into the act by manipulation, violence, or by overt or implied threats.

Sexual orientation - A person's emotional, romantic, and sexual attraction for members of the same, opposite, or both genders.

Shall - Is used to express something that is mandatory; "may" is permissive.

Snack - A small portion of food, drink, or a light meal, especially one consumed between regular meals.

Sole supervision - The independent supervision of one or more youths by youth supervision staff members who have successfully completed Juvenile Corrections Officer Core Training.

Special-purpose juvenile hall - A county facility used for the temporary confinement of a youth, not to exceed 96 hours, prior to transfer to a full-service juvenile facility or release.

Special visits - Visits by persons other than parents or guardians, those standing in loco parentis, and children of the youth, as outlined in Section 1374 of these regulations.

Status offender - A minor alleged or adjudged to be a person described in [Section 601 of the Welfare and Institutions Code](#).

Storage - As it relates to pharmaceutical management, means the controlled physical environment used for the safekeeping and accounting of medications.

Supervisory staff member - A staff member whose primary duties may include but are not limited to scheduling and evaluating subordinate staff members, providing on-the-job training, making recommendations for promotion, hiring and discharging subordinate staff members, recommending disciplinary actions, and overseeing subordinate staff member work. Supervisory staff members may be included in the youth-to-supervision staff member ratio when performing duties of direct youth supervision.

Transgender youth - Means a youth whose gender identity (i.e., internal sense of feeling male or female) is different from the youth's assigned sex at birth.

Trauma - An experience that causes intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, cognitive, or spiritual well-being.

Trauma-informed approaches - Policies, practices, and procedures that ensure that all parties involved recognize and respond appropriately to the impact of traumatic stress and ensure the physical and psychological safety of all youths, family members, and staff members.

Title 15, § 1302
§ 1302. Definitions.

Trauma-informed care - An organizational structure and system framework that involves understanding, recognizing, and responding to traumatic stress reactions and the effects of all types of trauma. Trauma-informed care also emphasizes raising awareness and providing resources about trauma and the impact of trauma on youths, family members, and staff members.

Trauma reminder - Something that reminds a person of a traumatic event or loss and can lead to fear, panic, agitation, numbness, physiological arousal, or other traumatic stress reactions.

Traumatic stress - Stress that occurs when youths are exposed to traumatic events and this exposure overwhelms their ability to cope.

Un-enrolled - Term for when an individual youth is not enrolled in school.

Use of force - An immediate means of overcoming resistance and controlling the threat of imminent harm to self or others.

Voyeurism - An invasion of privacy of a youth by another individual during private activities such as using the toilet or undressing, or by staff members for reasons unrelated to official duties, such as peering at a youth who is using a toilet in his or her room to perform bodily functions; requiring the youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions. Exceptions would include exigent circumstances or when such viewing is incidental to routine room safety checks.

Youth - Any person who is in the custody of the juvenile facility. This person may be a minor younger than 18 or a person over the age of 18. This includes persons whose cases are under the jurisdiction of the juvenile court and persons whose cases are under the jurisdiction of the adult court.

Youth supervision staff member - A juvenile facility staff member whose duty is to supervise the youth. Administrative, supervisory, food services, janitorial, or other auxiliary staff members are not considered youth supervision staff members.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment filed 1-11-2001; operative 2-10-2001 (Register 2001, No. 2).
3. Amendment filed 6-23-2003; operative 7-23-2003 (Register 2003, No. 26).
4. Amendment of section filed 6-18-2007 including agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
5. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).

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§ 1302. Definitions.

6. Amendment filed 11-14-2018; operative 1-1-2019 (Register 2018, No. 46). This database is current through 10-22-21 (Register 2021, No. 43) 15 CCR 1302, 15 CA ADC 1302.

15 CCR § 1301 Other Standards and Requirements.pdf

Title 15, § 1301

§ 1301. Other Standards and Requirements.

Nothing contained in the standards and requirements hereby fixed shall be construed to prohibit a city, county, or city and county agency operating a local juvenile facility from adopting standards and requirements governing its own employees and facilities provided such standards and requirements meet or exceed and do not conflict with these standards and requirements. Nor shall these regulations be construed as authority to violate any state fire safety standard, building standard, or applicable statutes.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#); and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: [Section 209, Welfare and Institutions Code](#); 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1301, 15 CA ADC 1301

15 CCR § 1314 Appeal.pdf

15 CCR § 1314

§ 1314. Appeal.

The appeal hearing procedures are intended to provide a review concerning the Board application and enforcement of standards and regulations governing juvenile facilities. A county, city, city and county, or joint juvenile facility may appeal on the basis of alleged misapplication, capricious enforcement of regulations, or substantial differences of opinion that may occur concerning the proper application of regulations or procedures.

(a) Levels of appeal

(1) There are two levels of appeal:

(A) Appeal to the executive director.

(B) Appeal to the Board.

(2) An appeal shall first be filed with the executive director.

(b) Appeal to the executive director

(1) If a county, city, city and county, or joint juvenile facility is dissatisfied with an action of the Board staff, it may appeal the cause of the dissatisfaction to the executive director. Such appeal shall be filed within 30 calendar days of the notification of the action with which the county or city is dissatisfied.

(2) The appeal shall be in writing and:

(A) State the basis for the dissatisfaction.

(B) State the action being requested of the executive director.

(C) Attach any correspondence or other documentation related to the cause for dissatisfaction.

(c) Executive director appeal procedures

(1) The executive director shall review the correspondence and related documentation and render a decision on the appeal within 30 calendar days except in those cases where the appellant withdraws or abandons the appeal.

(2) The procedural time requirement may be waived with the mutual consent of the appellant and the executive director.

(3) The executive director may render a decision based on the correspondence and related documentation provided by the appellant and may consider other relevant sources of information deemed appropriate.

(d) Executive director's decision. The decision of the executive director shall be in writing and shall provide the rationale for the decision.

(e) Request for appeal hearing by Board.

15 CCR § 1314

§ 1314. Appeal.

(1) If a county, city, city and county, or joint juvenile facility is dissatisfied with the decision of the executive director, it may file a request for an appeal hearing with the Board. Such appeal shall be filed within 30 calendar days after receipt of the executive director's decision.

(2) The request shall be in writing and:

(A) State the basis for the dissatisfaction.

(B) State the action being requested of the Board.

(C) Attach any correspondence related to the appeal from the executive director.

(f) Board hearing procedures

(1) The hearing shall be conducted by a hearing panel designated by the chairman of the Board at a reasonable time, date, and place, but not later than 21 days after the filing of the request for hearing with the Board, unless delayed for good cause. The Board shall mail or deliver to the appellant or authorized representative a written notice of the time and place of hearing no fewer than seven days prior to the hearing.

(2) The procedural time requirements may be waived with mutual consent of the parties involved.

(3) Appeal hearing matters shall be set for hearing, heard, and disposed of by a notice of decision within 60 days from the date of the request for appeal hearing, except in those cases where the appellant withdraws or abandons the request for hearing, or the matter is continued for what is determined by the hearing panel to be good cause.

(4) An appellant may waive a personal hearing before the hearing panel and, under such circumstances, the hearing panel shall consider the written information submitted by the appellant and other relevant information as may be deemed appropriate.

(5) The hearing is not formal or judicial in nature. Pertinent and relative information, whether written or oral, shall be accepted. Hearings shall be tape recorded.

(6) After the hearing has been completed, the hearing panel shall submit a proposed decision in writing to the Board at its next regular public meeting.

(g) Board decision

(1) The Board, after receiving the proposed decision, may:

(A) Adopt the proposed decision.

(B) Decide the matter on the record with or without taking additional evidence.

(C) Order a further hearing to be conducted if additional information is needed to decide the issue.

15 CCR § 1314

§ 1314. Appeal.

- (2) The Board decision or notice of a new hearing ordered, notice of decision, or other such actions shall be mailed or otherwise delivered by the Board to the appellant.
- (3) The record of the testimony exhibits, together with all papers and requests filed in the proceedings and the hearing panel's proposed decision, shall constitute the exclusive record for a decision and shall be available to the appellant at any reasonable time for one year after the date of the Board's notice of decision in the case.
- (4) The Board's decision shall be final.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment filed 1-11-2001; operative 2-10-2001 (Register 2001, No. 2).
3. Amendment of first paragraph filed 6-23-2003; operative 7-23-2003 (Register 2003, No. 26).
4. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
5. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).
This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1314, 15 CA ADC 1314.

15 CCR § 1300 Severability.pdf

15 CCR § 1300
§ 1300. Severability

If any article, subsection, sentence, clause, or phrase of these regulations is for any reason held to be unconstitutional, contrary to statute, exceeding the authority of the Board of State and Community Corrections, or otherwise inoperative, such decision shall not affect the validity of the remaining portion of these regulations.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New subchapter 5 (articles 1-15), article 1 (sections 1300-1304) and section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
3. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49). This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1300, 15 CA ADC 1300.

**15 CCR § 1312 Juvenile
Criminal History Information.pdf**

15 CCR § 1312

§ 1312. Juvenile Criminal History Information

Such juvenile criminal history information as is necessary for conducting facility inspections as specified in [Section 209 of the Welfare and Institutions Code](#) shall be made available to the Board of State and Community Corrections staff. Such information shall be held confidential except that published reports may contain such information in a form that does not identify an individual.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Sections 204.5](#) and [209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
3. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49). This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1312, 15 CA ADC 1312.

**15 CCR § 1313 County Inspection and
Evaluation of Building and Grounds.pdf**

15 CCR § 1313

§ 1313. County Inspection and Evaluation of Building and Grounds.

On an annual basis, or as otherwise required by law, each juvenile Facility Manager shall obtain a documented inspection and evaluation from the following:

- (a) The county building inspector or person designated by the Board of Supervisors to approve building safety.
- (b) The fire authority having jurisdiction, including a fire clearance as required by [Section 13146.1\(a\) and \(b\) of the Health and Safety Code](#).
- (c) The local health officer, inspection in accordance with [Section 101045 of the Health and Safety Code](#).
- (d) The county superintendent of schools on the adequacy of educational services and facilities as required in [15 CCR 1370](#).
- (e) The juvenile court as required by [Section 209 of the Welfare and Institutions Code](#).
- (f) The Juvenile Justice Commission as required by [Section 229 of the Welfare and Institutions Code](#) or Probation Commission as required by [Section 240 of the Welfare and Institutions Code](#).

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment filed 1-11-2001; operative 2-10-2001 (Register 2001, No. 2).
3. Amendment of subsections (c) and (f) filed 6-23-2003; operative 7-23-2003 (Register 2003, No. 26).
4. Amendment of first paragraph and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).

This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1313, 15 CA ADC 1313.

15 CCR § 1310 Applicability of Standards.pdf

15 CCR § 1310

§ 1310. Applicability of Standards.

All standards and requirements contained herein shall apply to any county, city and county, or joint juvenile facility that is used for the confinement of youths.

- (a) Juvenile halls, camps, ranches, forestry camps, and boot camps shall comply with all regulations.
- (b) Special-purpose juvenile halls shall comply with all regulations except the following:
 - 1. 1322(c): Youth Supervision Custody/Staff Member Orientation and Training.
 - 2. 1370: Youth Educational Services.
 - 3. 1415: Youth Health Education.
 - 4. 1464: Food Services and Supervision.
 - 5. 1481: Special Clothing.
 - 6. 1488: Hair Care Services.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

- 1. New article 2 (sections 1310-1314) and section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
- 2. Amendment filed 1-11-2001; operative 2-10-2001 (Register 2001, No. 2).
- 3. Amendment of first paragraph and subsections (a) and (b) and repealer of subsections (c)-(f) filed 6-23-2003; operative 7-23-2003 (Register 2003, No. 26).
- 4. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49). This database is current through 10-22-21 (Register 2021, No. 43), 15 CCR 1310, 15 CA ADC 1310.

15 CCR § 1304 Alternate Means of Compliance.pdf

15 CCR § 1304
§ 1304. Alternate Means of Compliance.

- (a) An alternate means of compliance is the long-term method used by a local juvenile facility/system, approved by the Board of State and Community Corrections, to encourage responsible innovation and creativity in the operation of California's local juvenile facilities. The Board may, upon application of a city, county, or city and county, consider alternate means of compliance with these regulations either after the pilot project process has been successfully evaluated or upon direct application to the Board. The city, county, or city and county shall present the completed application to the Board no later than 30 days prior to the expiration of its pilot project, if needed.
- (b) Applications for alternate means of compliance shall meet the spirit and intent of improving facility management, shall be equal to, or exceed the intent of, existing standard(s), and shall include reporting and evaluation components. An application for alternate means of compliance shall include, at a minimum, the following information:
 - (1) Any lawsuits brought against the applicant local facility, pertinent to the proposal.
 - (2) A summary of the "totality of conditions" in the facility or facilities, including but not limited to:
 - (A) Program activities, exercise, and recreation
 - (B) Adequacy of supervision
 - (C) Types of [youth] affected
 - (D) Classification procedures
 - (3) A statement of the problem the alternate means of compliance is intended to solve, how the alternative shall contribute to a solution of the problem, and why it is considered an effective solution.
 - (4) The projected costs of the alternative and projected cost savings to the city, county, or city and county, if any.
 - (5) A plan for developing and implementing the alternative, including a timeline where appropriate.
 - (6) A statement of how the overall goal of providing safety to [staff members] and [youths] was or would be achieved during the pilot project evaluation phase.
 - (7) Documentation of community outreach, engagement, or public notice regarding application.
- (c) The Board may consider applications for alternate means of compliance based on the relevance and appropriateness of the proposed alternative, the applicant's history of compliance/noncompliance with regulations, the completeness of the information provided in the application, the experiences of the jurisdiction during the pilot project, if applicable, and [staff member] recommendations.
- (d) Within 10 working days of receipt of the application, Board staff shall notify the applicant in writing that the application is complete and accepted for filing, or that the application is being returned as deficient. If the application is returned, the applicant will be notified of what specific additional information is needed. This does not preclude the Board members from requesting additional information necessary to make a determination that the alternate means of compliance proposed meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application shall be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time, and location of the meeting at which the application shall be considered.

15 CCR § 1304
§ 1304. Alternate Means of Compliance.

- (e) When an application for an alternate means of compliance is approved by the Board, Board staff shall notify the applicant in writing within 10 working days of meeting any conditions included in the approval and the time period for which the alternate means of compliance shall be permitted. Regular progress reports and evaluative data as to the success of the alternate means of compliance shall be submitted by the applicant. If disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.
- (f) The Board may revise the minimum standards during the next biennial review based on data and information obtained during the alternate means of compliance process. If, however, the alternate means of compliance does not have universal application, a city, county, or city and county may continue to operate under this status as long as they meet the terms of this regulation.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
3. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).
4. New subsection (b)(7) filed 11-14-2018; operative 1-1-2019 (Register 2018, No. 46).
This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1304, 15 CA ADC 1304.

15 CCR § 1303 Pilot Projects.pdf

Title 15, § 1303
§ 1303. Pilot Projects.

- (a) The Board of State and Community Corrections may, upon application of a city, county, or city and county, grant pilot project status to a program, operational innovation, or new concept related to the operation and management of a local juvenile facility. An application for a pilot project shall include, at a minimum, the following information:
- (1) The regulations which the pilot project shall affect.
 - (2) Any lawsuits brought against the applicant local juvenile facility, pertinent to the proposal.
 - (3) A summary of the “totality of conditions” in the facility or facilities, including but not limited to:
 - (A) Program activities, exercise, and recreation.
 - (B) Adequacy of supervision.
 - (C) Types of youth affected .
 - (D) Classification procedures.
 - (4) A statement of the goals the pilot project is intended to achieve, the reasons a pilot project is necessary, and why the particular approach was selected.
 - (5) The projected costs of the pilot project and projected cost savings to the city, county, or city and county, if any.
 - (6) A plan for developing and implementing the pilot project, including a timeline where appropriate.
 - (7) A statement of how the overall goal of providing safety to staff members and youths shall be achieved.
 - (8) Documentation of community outreach, engagement, or public notice regarding application.
- (b) The Board may consider applications for pilot projects based on the relevance and appropriateness of the proposed project, the applicant's history of compliance/noncompliance with regulations, the completeness of the information provided in the application, and staff member recommendations.
- (c) Within 10 working days of receiving the application, the Board staff shall notify the applicant in writing that the application is complete and accepted for filing, or that the application is being returned as deficient. When the application is returned, the applicant will be notified of the specific additional information that is needed. This does not preclude the Board members from requesting additional information necessary to make a determination that the proposed pilot project actually meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application shall be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time, and location of the meeting at which the application shall be considered.

Title 15, § 1303
§ 1303. Pilot Projects.

- (d) When an application for a pilot project is approved by the Board, Board staff shall notify the applicant in writing, within 10 working days of the meeting, of any conditions included in the approval and the time period for the pilot project. Regular progress reports and evaluative data on the success of the pilot project in meeting its goals shall be provided to the Board. The Board may extend time limits for pilot projects for good and proper purpose.
- (e) If the application is disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, of the reasons for disapproval. This application approval process may take up to 90 days from the date a complete application is received.
- (f) Pilot project status granted by the Board shall not exceed 12 months after its approval date. When deemed to be in the best interest of the applicant, the Board may extend the expiration date. Once a city, county, or city and county successfully completes the pilot project evaluation period and desires to continue with the program, it may apply for an alternate means of compliance. The pilot project shall be granted an automatic extension of time to operate the project pending the Board's consideration of an alternate means of compliance.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
3. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).
4. New subsection (a)(8) filed 11-14-2018; operative 1-1-2019 (Register 2018, No. 46).
This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1303, 15 CA ADC 1303.

**15 CCR § 1311 Emergency Suspension
of Standards or Requirements.pdf**

15 CCR § 1311

§ 1311. Emergency Suspension of Standards or Requirements

Nothing contained herein shall be construed to deny the power of any Facility Manager to temporarily suspend any standard or requirement herein prescribed in the event of any emergency that threatens the safety of a local juvenile facility, youth, staff member, or the public. Only such regulations directly affected by the emergency may be suspended. The Facility Manager shall notify the Board in writing in the event that such a suspension lasts longer than three days. In no event shall a suspension continue more than 15 days without the approval of the chairperson of the Board for a time specified by the chair.

Note: Authority cited: [Sections 210](#) and [885, Welfare and Institutions Code](#). Reference: [Section 209, Welfare and Institutions Code](#).

HISTORY

1. New section filed 3-6-97; operative 4-5-97 (Register 97, No. 10).
2. Amendment of section filed 6-18-2007 for agency name change pursuant to [Section 6024, Penal Code](#); operative 7-18-2007 (Register 2007, No. 25).
3. Amendment of section and note filed 12-2-2013; operative 4-1-2014 (Register 2013, No. 49).
This database is current through 10-22-21 (Register 2021, No. 43)
15 CCR 1311, 15 CA ADC 1311.

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