

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT  
JUVENILE DETENTION POLICY AND PROCEDURE MANUAL**

TO: ALL STAFF

BULLETIN #: D-401

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**SUBJECT: CLASSIFICATION POLICY**

**POLICY**

Housing placement in the San Joaquin County Juvenile Detention Facility shall provide for the safety of the youth, other youth, facility staff, and the public by placing youth in the most appropriate, least restrictive housing, and program settings. All youth shall receive a comprehensive classification assessment and placement in a suitable housing unit. Each housing unit is designed to accommodate youth of similar age, status, sophistication and/or risk. The ultimate goal is to assign youth to a housing unit that will best assist the youth in receiving services, with consideration given to safety and security. Detention Administration has provided guidelines for the assignment of youth to the appropriate housing unit; however, Detention Administration may authorize exceptions to the general guidelines.

**PROCEDURES**

A. Booking

1. All youth upon admittance to the facility shall remain in the Intake area, until the following assessments have been completed:
  - a. Detention Risk Assessment Instrument (DRAI)
  - b. Positive Achievement Change Tool (PACT) Pre-Screen
  - c. Massachusetts Youth Screening Instrument (MAYSI-2)
2. If the booking occurs when there is not an Intake Probation Officer on duty, the PACT Pre-Screen will be completed the following day. The Duty Officer shall complete the DRAI and the Intake Juvenile Detention Officer shall ensure the MAYSI-2 is administered prior to the youth being placed on a housing unit.
3. If there is no Intake Probation Office on duty, the Intake Juvenile Detention Officer shall look in JJIS to see if a PACT Pre-Screen or a PACT Full Assessment has been completed on the youth. If so, the youth shall be classified utilizing the most recent PACT assessment until a current assessment is completed. If a PACT assessment has not previously been completed on a youth, the youth shall be placed on a housing unit with an available bed until a PACT Pre-Screen has been completed by the Intake Probation Officer.

B. Screening for the Risk of Sexual Abuse

1. The Intake Probation Officer shall complete the Intake Sexual Abuse Screening form (Attachment A) with 72 hours of each admission into Juvenile Hall.
2. The Intake Sexual Abuse Screening form shall include the following:
  - a. Prior sexual victimization or abusiveness
  - b. Gender nonconforming appearance or manner; or identification as lesbian, gay or bisexual, transgender, queer or intersex, and whether the youth may therefore be vulnerable to sexual abuse
  - 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 perception of vulnerability
  - k. Any other specific information about the individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from other youth.
3. Staff shall ascertain this information through conversations with the youth during the admittance process, medical and behavioral health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files.
4. Information obtained during this screening is sensitive information and shall not be used to the youth's detriment by staff or other youth.

C. Classification Factors

1. Youth shall not be separated from the general population or assigned to a single occupancy room based solely on the youth's 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. This 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.

2. Facility staff shall not consider lesbian, gay, bisexual, transgender, questioning or intersex identification or status as an indicator of likelihood of being sexually abusive.
3. The assignment of housing will be based upon factors that include, but are not limited to:
  - a. Age
  - b. Maturity
  - c. Sophistication
  - d. Emotional Stability
  - e. Program Needs
  - f. Legal Status
  - g. Public Safety Considerations
  - h. Medical/Mental Health Considerations
  - i. Gender/Gender Identity of Youth
  - j. Criminal History
  - k. Current Offense

D. Facility Design

1. The San Joaquin County Juvenile Detention Facility has five 30-bed housing units and one 29-bed housing unit, with a maximum rated capacity of 179 beds.

2. [REDACTED]

[REDACTED]

E. Housing Units

1. Housing Unit designations will be determined by the facility population and classification of the youth and will be determined by Detention Administration.

2. The following guidelines shall generally be used for the assignment of housing:
  - a. Pre-dispositional male youth will be housed according to risk level on the PACT risk assessment instrument.
  - b. Youth pending Adult Court or commitments to the Division of Juvenile Justice will be housed together.
  - c. All pre-dispositional and post-dispositional female youth will be housed together.
  - d. When the facility is nearing capacity, pre-dispositional male youth who score low to moderate-high will be temporarily housed with the female youth. However, the tiers will be separated by gender when possible.
  - e. Commitment youth will be housed together. When the Commitment Unit is full, a waiting list will be established for those youth pending transfer to the Commitment Unit.
3. Once a youth has been assigned to a housing unit, the Unit JDUS shall ensure the following assessments have been completed:
  - a. Medical Clinic
  - b. Behavioral Health Services
  - c. School

F. Restriction Codes

1. All youth shall be evaluated for a Restriction Code at booking, which the Juvenile Detention Officer (JDO) shall enter in JJIS in the current booking under the Medical/Security Codes.

2. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3. Youth having restrictions shall be housed on any unit; however, Unit 5 staff shall screen all Court committed youth to ensure youth with a [REDACTED] do not participate in work detail outside the facility's secure perimeter.
4. Youth with the following restriction codes shall not be housed [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

G. Classifying Youth

1. The Intake Juvenile Detention Officer (JDO) shall complete the Classification Worksheet (Attachment B) at booking, prior to the youth being assigned to a housing unit.
2. The Intake JDO shall indicate the youth's age, gender, court status and risk to reoffend as determined by the PACT Pre-Screen Assessment.
3. The Intake JDO shall list any and all Restriction Codes.
4. The Duty Officer shall sign off on the Classification Worksheet and make any recommended changes. Changes to the housing unit classification and/or Restriction Codes shall be documented in the "Notes" section of the form.

## H. Reclassifying Youth

1. The AM Juvenile Detention Unit Supervisor (JDUS) is responsible for Reclassifying Youth regarding an appropriate housing unit at the following intervals:
  - a. Whenever an investigation occurs, which may impact the status of the youth
  - b. After the youth receives a Court commitment
  - c. Prior to release, transfer to Camp Peterson, or transfer to any other facility (i.e., jail, placement)
  - d. When it has been discovered a youth has been incorrectly classified
  - e. When a youth displays an inability to follow unit rules and expectations and displays an increasing pattern of behavior that jeopardizes the safety and security of the institution
2. The AM JDUS shall complete the Reclassification Worksheet (Attachment C) and have the Juvenile Detention Facility Supervisor (JDUS) assigned to the housing unit or the Duty Officer approve and sign the form. Any modifications to the classification or restriction codes must be documented in the "Notes" section.
3. Restriction Codes shall be re-evaluated every Monday by the AM Juvenile Detention Unit Supervisor (JDUS) and may be modified by the Juvenile Detention Facility Supervisor (JDUS) assigned to the housing unit. If there is a change in Restriction Code status, a new Reclassification Worksheet shall be completed.
5. Once a youth has been reclassified as a commitment youth, the unit JDUS shall advise the youth of his/her estimated length of stay and program guidelines.
6. Youth committed to Camp Peterson shall be advised of the estimated length of stay and provided the Camp Peterson Handbook, which describes program guidelines and screening criteria for inclusion and exclusion from the program.
7. The Juvenile Detention Facility Supervisor assigned to each housing unit is ultimately responsible for ensuring all youth are appropriately housed.

## I. Transfers

1. All transfers are to be authorized by the Duty Officer, who is responsible for the overall safety and security of the institution, youth, and staff.
2. Appropriate criteria for the transfer of a youth may include:

- a. The youth does not meet the classification criteria for that unit.
  - b. The youth is more appropriate for the program offered on another unit.
  - c. The protection of a youth.
  - d. The youth is a particularly destabilizing influence on a unit.
  - e. The youth is displaying severe mental health issues.
  - f. The youth is displaying anti-social and behavioral issues.
  - g. The youth has current assaultive behavior.
3. Inappropriate criteria for the transfer of a youth may include:
- a. Gang affiliation, but not acting out.
  - b. Unit staff wishing to transfer difficult youth.

I. Over-Count Sleepers

1. The responsibility of implementing the over-count sleeper procedures will be coordinated by the 3:00 p.m. to 11:00 p.m. Duty Officer. The unit selection and the number of out-of-room sleepers will be relayed to the respective unit shift leaders no later than 8:00 p.m.
2. The JDUS of the housing unit will select youth for out-of-room sleeping based upon restriction status, unit behavior, and lack of history of violent or assaultive behavior in the institution. A youth [REDACTED] does not, in itself, prevent a youth from consideration as a sleeper. If a JDUS wishes to consider a youth with a [REDACTED] as a sleeper, he/she must first submit the youth for a reduction in restriction status, to be approved by the JDFS assigned to the housing unit and/or the Duty Officer.
3. Youth sleeping out-of-room will be provided a mattress, bedding, and a “Stack-a-Bunk” for placement in the assigned unit day room.
4. A minimum of two (2) staff will be assigned to the unit with the over-count status.
5. All housing units shall be at capacity before having any over-count sleepers.



## Intake Sexual Abuse Screening

1. Have you ever been the victim of abuse or sexual abuse?

2. Which do you identify?

A) Lesbian

B) Gay

C) Bisexual

D) Transgender

E) Queer

F) Intersex

G) Straight

H) Other

3. Current Charges

4. Prior Charges



5. Age

6. Level of Emotional and Cognitive Development

Was the MAYSI completed? Yes or No

Please see Behavioral Health Assessment

7. Record the Following

Height - \_\_\_\_\_

Weight - \_\_\_\_\_

8. Are you aware of any Mental illness or Mental Disabilities you may have? Yes or No.

*Such as Schizophrenia, bi-polar disorder, personality disorder, thought disorder or adjustment disorder.*

If Yes What?

Please see Behavioral Health Assessment

9. Do you have any Physical Disabilities?

If Yes What?

Please see Clinic Evaluation

10. Do you feel that you are vulnerable to others around you? Yes or No

If yes why?

[Type here]

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11. Any other information the youth has given to indicated a need for increased Supervision or safety precautions.

[Type here]

Attachment A

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## CLASSIFICATION WORKSHEET

- Youth's Name: \_\_\_\_\_ J#: \_\_\_\_\_
- Classification at Intake on (date): \_\_\_\_\_ By (D.O./JDUS): \_\_\_\_\_

**YOUTH'S CHARACTERISTICS** (Check all that apply)

- Age             <12     14     16     18  
                    13     15     17     19
- Sex             Male     Female
- Court Status    Pre-Dispositional  
                    Court Committed – Juvenile Detention  
                    Court Committed – Juvenile Camp  
                    Court Committed – Pending Placement  
                    Pending Adult Court  
                    Pending DJJ/CDCR
- PACT  
 Assessment     Low Risk             Moderate-High Risk  
                    Moderate Risk       High Risk Level

**Appropriate Housing Unit:**    1       2       3       4       5       6       **Camp Peterson**

**PRESENT RESTRICTION CODE** (Check all that apply)

<u>QUALIFIER</u>	<u>RESTRICTION CODE</u>
<input type="checkbox"/> 707(b) WIC Offenses	99
<input type="checkbox"/> History of Escape	99
<input type="checkbox"/> Felony Bench Warrant	99
<input type="checkbox"/> Out-of-State or Out-of-County Resident	99
<input type="checkbox"/> Replacement from Out-of-State Placement	99
<input type="checkbox"/> ICE Hold	99
<input type="checkbox"/> DJJ Parolee/DJJ Commitment	99
<input type="checkbox"/> Sex-Related Offenses	55
<input type="checkbox"/> Suicidal Gestures	200
<input type="checkbox"/> Self Harm	200
<input type="checkbox"/> Behavior Significant to Warrant Close Monitoring	200
<input type="checkbox"/> Pregnant Youth	12
<input type="checkbox"/> Epileptic/Seizure History	11
<input type="checkbox"/> Psychotropic Medication	15
<input type="checkbox"/> Physically Challenged	25
<input type="checkbox"/> Bed Rest	13
<input type="checkbox"/> No Restriction	-0-

Notes:

\_\_\_\_\_

\_\_\_\_\_

D.O./JDUS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment B

## RE-CLASSIFICATION WORKSHEET

Youth's Name: \_\_\_\_\_ J#: \_\_\_\_\_  
 Classification at Intake on (date): \_\_\_\_\_ By (D.O./JDUS): \_\_\_\_\_  
 Re-Classification Review on \_\_\_\_\_ By \_\_\_\_\_  
 (date): \_\_\_\_\_ (JDUS/JDFS): \_\_\_\_\_  
 Present Living \_\_\_\_\_  
 Unit            1    2    3    4    5    6 \_\_\_\_\_

### YOUTH'S CHARACTERISTICS (Check all that apply)

Age             <12     14     16     18  
                    13     15     17     19  
  
 Sex              Male     Female  
  
 Court Status    Pre-Dispositional  
                    Court Committed – Juvenile Detention  
                    Court Committed – Juvenile Camp  
                    Court Committed – Pending Placement  
                    Pending Adult Court  
                    Pending DJJ/CDCR

### PACT

Assessment     Low Risk                     Moderate-High Risk  
                    Moderate Risk             High Risk Level

### PRESENT RESTRICTION CODE (Check all that apply)

<u>QUALIFIER</u>	<u>RESTRICTION CODE</u>
<input type="checkbox"/> 707(b) WIC Offenses	99
<input type="checkbox"/> History of Escape	99
<input type="checkbox"/> Felony Bench Warrant	99
<input type="checkbox"/> Out-of-State or Out-of-County Resident	99
<input type="checkbox"/> Replacement from Out-of-State Placement	99
<input type="checkbox"/> ICE Hold	99
<input type="checkbox"/> DJJ Parolee/DJJ Commitment	99
<input type="checkbox"/> Sex-Related Offenses	55
<input type="checkbox"/> Suicidal Gestures	200
<input type="checkbox"/> Self Harm	200
<input type="checkbox"/> Behavior Significant to Warrant Close Monitoring	200
<input type="checkbox"/> Pregnant Youth	12
<input type="checkbox"/> Epileptic/Seizure History	11
<input type="checkbox"/> Psychotropic Medication	15
<input type="checkbox"/> Physically Challenged	25
<input type="checkbox"/> Bed Rest	13
<input type="checkbox"/> No Restriction	-0-

Attachment C

**PROPOSED CHANGE OF RESTRICTION (Check if applies)**

<u>QUALIFIER</u>	<u>RESTRICTION CODE</u>
<input type="checkbox"/> 707(b) WIC Offenses	99
<input type="checkbox"/> History of Escape	99
<input type="checkbox"/> Felony Bench Warrant	99
<input type="checkbox"/> Out-of-State or Out-of-County Resident	99
<input type="checkbox"/> Replacement from Out-of-State Placement	99
<input type="checkbox"/> ICE Hold	99
<input type="checkbox"/> DJJ Parolee/DJJ Commitment	99
<input type="checkbox"/> Sex-Related Offenses	55
<input type="checkbox"/> Suicidal Gestures	200
<input type="checkbox"/> Self Harm	200
<input type="checkbox"/> Behavior Significant to Warrant Close Monitoring	200
<input type="checkbox"/> Pregnant Youth	12
<input type="checkbox"/> Epileptic/Seizure History	11
<input type="checkbox"/> Psychotropic Medication	15
<input type="checkbox"/> Physically Challenged	25
<input type="checkbox"/> Bed Rest	13
<input type="checkbox"/> No Restriction	-0-

***Youth to be transferred to Appropriate Housing Unit:***

***1      2      3      4      5      6      Camp Peterson***

D.O./JDFS Signature: \_\_\_\_\_ Date: \_\_\_\_\_