

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

TO: ALL STAFF

BULLETIN #: D-905

APPROVED BY: STEPHANIE L JAMES
CHIEF PROBATION OFFICER

REPLACES: 5/2/2016

ISSUE DATE: 1/28/2019

SUBJECT: GRAVEYARD SHIFT RESPONSIBILITIES

PROCEDURES

A. Shift Procedures

1. Graveyard staff shall follow the following procedures:
 - a. Take a physical count of the youth.
 - b. Pull on all room doors to make sure they are locked.
 - c. Verify the count against the shift sheet.
 - d. Resolve any differences immediately.
 - e. Report any discrepancies to the Duty Officer.
 - f. Turn off room lights and radio.
 - g. Night-lights will be left on.
 - h. Do not open doors to youth's rooms without a standby. Exception: Emergency situation. (Declare emergency via radio and receive confirmation of your transmission before opening door).
 - i. Staff are not to leave the unit except in an emergency. An Incident Report is required under such circumstances.
 - J. A minimum of every Fifteen-minute at random or varied intervals safety checks will be conducted throughout the shift. Any unusual behavior or room condition will be immediately reported to the Duty Officer.

B. Unit Duties

1. All duties contained on the Graveyard Check Off List must be completed and documented each shift (Attachment A).

GRAVEYARD CHECK OFF LIST

UNIT: _____ DATE: _____ STAFF: _____

Take a physical count of the youth. Pull on all room doors to make sure they are locked. Verify the count against the shift log and resolve any difference immediately.

Please take a moment to complete form. Check the appropriate answer to each question and provide a brief explanation, if applicable. Turn in to JDFS with graveyard paperwork.

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|---|------------------------------|--|-----------------------------|
| 1. Document the result of the Make Your Day Review Checklist in JJIS. | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 2. If requested by BHS, complete Sleep Observation IR and forward to BHS. | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 3. Was the supply closet and bookshelves straightened? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 4. Was the staff room and restroom cleaned (sink and toilet)? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 5. Was the toilet paper, towels, and hygiene care resupplied (hygiene packs)? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 6. Were all the trashcans emptied, liners replaced, and trash bundled and set out? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 7. Were the counter tops, file drawers, and cabinets cleaned and straightened? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 8. If needed, clean the microwave and coffee pot. | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 9. If needed, clean the refrigerator and defrost. | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 10. Have the radios been turned off and re-charged? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 11. Has the unit paperwork been filed (clinic slips, etc.)? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 12. Were new unit forms prepared for the next shift (Shift Log, Room Inspections, Room Confinement, Meal Count Form, Make Your Day Review Checklist)? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 13. Have all maintenance issues been reported to the D.O. (broken toilets, sinks, etc.)? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 14. Did you clean all empty rooms? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |

Updated 6.5.2019