

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

TO: ALL STAFF

BULLETIN #: D-150

APPROVED BY: STEVE JACKSON
CHIEF PROBATION OFFICER

REPLACES: 1/24/2019

SUBJECT: POLICY AND PROCEDURE MANUALS

ISSUE DATE: 12/2/25

POLICY

Departmental policies and procedures are intended to define clear expectations and criteria for employees in carrying out the mission of the department. Additionally, policies and procedures act as a training aid, help staff achieve consistency, and provide clear direction for maintaining a safe work environment.

Departmental policies and procedures do not address every conceivable situation which might arise. Policies and procedures therefore serve as the framework within which decisions should be made when unique circumstances exist. If in doubt, employees should ask a supervisor or manager for direction or clarification on how to apply a specific policy or procedure.

All departmental policies and procedures shall be made accessible to the Board of State and Community Corrections to ensure compliance with all regulations that are applicable to the facility.

PROCEDURES

A. Manuals

The Department maintains two (2) policy and procedure manuals, the Administrative Manual and the Juvenile Detention Policy and Procedure Manual. All staff assigned to Juvenile Detention Services shall be familiar with both.

B. Distribution

1. The Department Administrative Manual is available through the Knowledge Management System (KMS) and the Juvenile Detention Policy and Procedure Manual is available on the department's network and on the departments website.
2. KMS notifies all staff via email of any revisions to the Administrative Manual and requires staff to acknowledge the policy.
3. The Office Secretary assigned to Juvenile Detention will forward revisions to the Juvenile Detention Manual to all Detention staff via e-mail.

C. Review of Manuals

1. The Detention Policy and Procedure Manual shall be administratively reviewed at a minimum every two years and updated as necessary.
2. All Probation Department employees are required to review the Department Administrative Manual annually and acknowledge they have done so through KMS.
3. Additionally, all Detention staff are required to review the Detention Policy and Procedure Manual annually and acknowledge they have done so with their signature at the time of their annual evaluation. (Attachment A).

**SAN JOAQUIN COUNTY
EMPLOYEE PERFORMANCE REPORT**

EMPLOYEE NAME: (Printed)	CLASSIFICATION	EMPLOYEE ID #	DEPARTMENT PROBATION	DEPT #
REASON FOR RATING <input type="checkbox"/> PROBATION FINAL <input type="checkbox"/> PROBATION REGULAR <input type="checkbox"/> SPECIAL			RATING PERIOD FROM: _____ TO: _____	

SATISFACTORY (Section A is to be completed for recognition of special performance. If improvement is needed, comments are required in Sections B and C).

Comment Sections (Attach additional sheets if necessary)

A. Special recognition is given this employee for the following aspects of job performance:

B. Employee needs to improve performance in the following aspects of job performance:

C. Plans for employee development:

UNSATISFACTORY (Comments are required) *

This employee does not meet the required standards of work established by this department because of the following:

*NOTE: Periods of unsatisfactory service are excluded from seniority for layoff purposes or credit for promotional examinations. Employees who receive an Unsatisfactory Performance Evaluation must be re-evaluated within 90 days of the date of an Unsatisfactory rating.

- I hereby certify that this report was discussed with me. I understand my signature does not necessarily mean I agree with this report.
- I request an appointment to discuss this rating with the review officer designated by my appointing authority.

EMPLOYEE SIGNATURE:	DATE:
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I ACKNOWLEDGE THAT I HAVE READ, REVIEWED, AND UNDERSTAND THE CONTENTS OF THE DEPARTMENT'S ADMINISTRATIVE MANUAL AND THE JUVENILE DETENTION MANUAL INCLUDING REVISIONS.

EMPLOYEE SIGNATURE:	DATE:
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RATED BY:	TITLE:	DATE:
REVIEWED BY:	TITLE:	DATE:

Electronic Evaluation Form: 6/02

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Attachment A