



Youth Detention Facility OPERATIONS ORDER

Employee Identification Badge

Purpose and Scope

To ensure the security of the Sacramento County Youth Detention Facility (YDF), all school, clinic, mental health, kitchen, General Services, other designated employees, and volunteers that work in the secure perimeter of YDF shall display a departmental photo identification badge on their person at all times while on duty. Pursuant to 830.10 of the Penal Code, any uniformed peace officer shall wear a badge, nameplate, or other device which bears clearly on its face the identification number or name of the officer.

Affected Personnel

All Sworn Staff - YDF

Authority

Penal Code 830.10

Administrative Directive

Effective Date

December 1, 2019

I. Photo Identification Badge

- A. The photo identification badge shall consist of a plastic card displaying the current photographic image of the bearer. It shall include the employee's last name, first name, title and employer. Staff shall not alter the appearance of their Identification badge in any way.

II. Badge Issue

- A. All personnel working in YDF shall be issued an identification badge from the Probation Department during their initial processing. General Services employees shall be issued an identification badge from their respective agency.

Approved by: Dave Semon
Effective: 12/01/2019
Authority: Penal Code 830.10
Administrative Directive

III. Proper Display

A. All personnel working in YDF shall display their identification badge on their person so it is visible at all times within the secure perimeter of the Youth Detention Facility.

IV. Replacement


A. In the event the identification badge is lost or stolen, the employee shall immediately make a written notification to the employee's immediate supervisor describing the circumstances of the loss. In the event of theft, the employee shall also notify the law enforcement agency of jurisdiction to report the theft. A replacement identification badge shall be issued upon receipt of written notification including the crime report number.

Attachments

Photo ID Badge Application Form

Amends/Replaces Previous Order

Employee Identification Badge 07/31/12

Authorized By  **Date** 11/15/19
Dave Semon, Division Chief

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Sacramento County Probation Department
Photo Identification Badge Application Form

Employee Name _____ Date _____

Job Classification/Employer _____

Circle One: Initial Issue Replacement Issue

Stolen ID Badge Replacement Crime Report Number _____

By signing this form, I acknowledge the receipt of the above item. If my identification badge is lost, stolen or damaged, I will immediately make a written notification to my immediate supervisor. In the event my card is stolen, I will report the theft to the law enforcement agency of jurisdiction and make a report of the theft. Replacement of the identification badge will be made upon receipt of the written notification, including the crime report in the event of theft. I understand that the identification badge remains the property of the Sacramento Probation Department. I agree to surrender the identification badge to the probation Supervisor upon demand.

Signed _____ Date _____

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