

**FIELD TRIPS
YOUTH REPORTING CENTERS (YRCs)**

AUTHORITY:	Administrative Directive	
RESCINDS:	Procedure Manual Item 2-6-303, dated 07/07/16	
FORMS:	Field Trip Central Youth Reporting Center	(Attachment A)
	Field Trip North Youth Reporting Center	(Attachment B)
PURPOSE:	To provide a uniform method for authorizing, planning, and supervising field trips for Youth Resource Centers (YRCs).	

I. GENERAL INFORMATION

- A. A field trip is a staff-supervised activity of a group of **youth** who attend a YRC. Field trips are program-related, educational, restorative, and/or for community service purposes. When used, they should complement or coincide with the treatment goals of each individual **youth** and the overall mission of the YRC.
- B. The unit supervisor, in conjunction with the planning, collaborative service provider(s), is in charge of approving all field trips.
- C. The general criteria used to determine field trip eligibility includes:
 - 1. The **youth** has demonstrated sufficient progress within the program to justify the belief that he/she will comply with field trip rules and pose no discernible threat to the community.
 - 2. **Youth** may be considered only after staffing the justification for such field trip activity has occurred between the **youth's** treatment team (Deputy Probation Officer [DPO], Deputy Juvenile Correctional Officer II [DJCO II] and collaborative service provider[s]).
- D. The maximum ratio of supervision is ■ DJCO for every ■ **youth**. Final staff to youth ratio will be determined based upon phase/level of **youth** participating, experience of staff assigned to **supervise** the field trip, and the nature/location of the field trip. Collaborative service providers such as HCA, OCDE staff, and Volunteers in Probation/Volunteer Probation Officers (VIPs/VPOs) may be used to augment supervision, provided they have been thoroughly informed of the field trip procedures.
- E. Probation staff in charge of driving must have a valid California driver's license and insurance. **Youth** must be transported in County vehicles unless the staff driving has received departmental authorization to transport **the youth** in their **personal** vehicle.

II. PROCEDURE

- A. DJCO staff will:

1. Coordinate and verify trip information via the sponsoring agency and/or the unit supervisor. The scheduling DJCO will review the schedule and coordinate with the unit supervisor for approval. This will include all the pertinent details, such as date and time of trip, destination and directions, transportation requirements, assigned staff, necessary money/funds, and/or if food is needed.
2. Ensure the **youth** participating have a signed and completed the YRC Waiver for activity participation and a Medical Consent Authorization form, signed by the parent or guardian. Verbal authorization alone is not permitted. This form is to be signed by the parent and witnessed by staff. If the **youth** is a "Placement Minor," and the Court has ordered that the "PO is authorized to sign the Medical Consent", then the assigned field DPO may sign the Field Trip Authorization form. Copies of both the YRC Field Trip Authorization and Medical Consent Authorization will be kept by both the DJCO and assigned DPO.
3. Any prescribed medications needed during the field trip will accompany the youth on the trip and remain in the possession of staff.
4. Ensure all minors are **appropriately** dressed for the activity.
5. Prior to departure, all staff assigned to accompany **the youth** on the field trip will have discussed and established their roles and duties, including proper supervision, radio/cell-phone protocol, and how staff will respond in the event of an emergency, including a **youth** leaving the group, **an** altercation, medical emergency, etc.
6. To the degree possible, male or female staff (DJCO and DPO) will accompany field trip groups, in order to adequately address supervision of **the youth**.
7. Upon departure, sign **out** each **youth** in the unit logbook and include the estimated time of return.
8. Staff will have access to appropriate safety equipment, consistent with PMI 1-4-119 (Field Officer Safety Information/Required Equipment for Field Activities). Staff are expected to use proper judgment, response, and communication, in order to address their safety and equipment needs.
9. Contact Station 14, via the County 800-megahertz pak-set radio and advise them of your transportation and field trip destination, consistent with PMI 1-5-317 (Use of 800 MHz Two-Way Radio Equipment and Dispatch Operation).
10. During the activity, ensure the **youth** remain as a group and are continually supervised at all times. In certain circumstances, if staffing ratios allow it, the group may be broken up into smaller groups, as long as constant supervision can be maintained.
11. As a reminder, the YRC is a detention alternative. The **youth** are neither "in custody" nor serving a **custodial** commitment. In the event a **youth**

decides to leave without permission, attempt to counsel **him/her** to cooperate and stay with the group. However, if the **youth** decides to leave the group; contact **his/her** parent/guardian, notify staff and the unit supervisor and complete a Special Incident Report (SIR).

12. In the event of a medical emergency, contact the appropriate emergency response agency and render first aid as required. Notify the **youth's** parent/guardian and the unit supervisor. Make appropriate arrangements and take the **youth** home or to a doctor in the event of serious medical emergency. Document the incident via the SIR.
13. Upon completion of the field trip and return to the facility, staff at their discretion, may conduct a "pat-down" search of the **youth** based upon level of direct or indirect supervision during the trip.

B. Collaborative Service Provider, Assigned DPO and DJCO will:

1. Determine which **youth** can participate in the field trip, according to the **youth's** program level, weekly grades and input from the **youth's** treatment team, as needed.
2. The coordinating DJCO and DPO will contact the sponsoring collaborative service provider who is planning the trip and arrange/delegate for transportation and staffing needs.
3. Coordinate with the Orange County Department of Education (OCDE), if during school hours. Provide the school with a list of **youth** participating in field trips during the school day.
4. Make arrangements with the appropriate sponsoring agency for petty cash as needed. Ensure receipts are returned to the appropriate agency or unit supervisor.

REFERENCES:

Procedures:	1-4-101	Incidents or Injuries Involving the Public
	1-5-317	Use of 800-MHz Two-Way Radio Equipment and Dispatch Operation
	2-6-302	Non-Custodial Transportation Process Youth Reporting Centers (YRCs)
	3-1-001	Care and Use of County-Owned Facilities/Equipment
	3-1-005	Institutional Field Trips

Policies:	D-6	Transportation of Probationers and Custody	Transportation
	D-7	Search and Seizure	
	E-8	Volunteers	
	E-9	Use of Resources for Minors, Parental Consent and Field Trips	
	G-8	Injuries and Medical Emergencies	

Attachments

V. Ledesma

APPROVED BY:

**Field Trip
Central Youth Reporting Center
1001 S. Grand Avenue Santa Ana, CA 92705**

Name of Student: _____

Destination: _____

Nature of Trip (explain): _____

Date of Trip _____ Departure Time _____ Return Time _____

I have reviewed and understand the conditions of the off-campus field trip plan described above. I give my consent for my son/daughter to participate in the above-named field trip.

Signature of Parent or Guardian: _____ Date: _____

STUDENTS RIDING THE BUS OR VAN TO AN ACTIVITY ARE EXPECTED TO RETURN BY BUS OR VAN.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize my child's principal or his/her representative as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until revoked in writing and delivered to said agent(s).

Name of Doctor: _____ Phone No: _____

Youth's Address: _____ Health Problems: _____

Name of Person to call if Parent/Guardian is not home: _____ Phone No: _____

Parent/Guardian Signature: _____ Date: _____

**Field Trip
North Youth Reporting Center
160 W. Cerritos Ave. Bldg. #4 Anaheim, CA 92805**

Name of Student: _____

Destination: _____

Nature of Trip (explain): _____

Date of Trip _____ Departure Time _____ Return Time _____

I have reviewed and understand the conditions of the off-campus field trip plan described above. I give my consent for my son/daughter to participate in the above-named field trip.

Signature of Parent or Guardian: _____ Date: _____

STUDENTS RIDING THE BUS OR VAN TO AN ACTIVITY ARE EXPECTED TO RETURN BY BUS OR VAN.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize my child's principal or his/her representative as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

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Parent/Guardian Signature: _____ Date: _____