

# Shaving

## 1026.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures for youth to shave. This policy applies to all juvenile facility staff.

## 1026.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15, Article 10, § 1487;
- Juvenile Facility Services Policy: Issue of Personal Care Items;
- Welfare and Institutions Code §§ 209, 210 & 885.

## 1026.3 POLICY

Youth shall be allowed to shave on a daily basis.

## 1026.4 FREQUENCY

Male youth, except those who may not shave for reasons of identification in court, shall be allowed to shave their faces daily.

Female youth shall be allowed to shave their underarms and legs weekly.

## 1026.5 ISSUANCE

Refer to Juvenile Facility Services Policy: Issue of Personal Care Items for discussion of issuance and disposal of shaving implements.

Staff shall issue youth a new razor for each use, upon their request, during hygiene time periods. Youth shall be under direct visual supervision while using a razor. Staff shall retrieve razors from youth immediately after use and ensure all razors are accounted for. Shaving implements shall not be shared.

## 1026.6 SUSPENSION OF USE

The facility manager(s) or designee shall suspend this requirement in relation to youth who are considered to be a danger to themselves or others. Staff shall complete a Notice of Shaving Suspension Status form (attachment) and submit to the unit supervising probation officer (SPO)/ duty officer (DO) for approval. The SPO/DO shall forward to the facility manager(s) for review and signature.

The unit SPO/DO signing a Notice of Shaving Suspension Status form shall ensure an entry is made in the youth's detention contacts in the Juvenile and Adult Management System (JAMS).

Date(s) revised: 07/18/2016

# Riverside County Probation Department

Policy Manual

## *Shaving*

---

Created: 02/22/2009

Attachments:

1. [Notice of Shaving Suspension Status](#)

# RIVERSIDE COUNTY PROBATION DEPARTMENT

Serving Courts • Protecting Our Community • Changing Lives



## NOTICE OF SHAVING SUSPENSION STATUS

IJH    RJH    SWJH    AMC-YTEC

Youth's Name: \_\_\_\_\_ CID: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that I am suspended from shaving for safety reasons. I have the right to appeal this decision to the Facility manager(s).*

*I understand the length of the suspension is determined by the Duty Officer/Supervisor.*

REASONS FOR THE SHAVING SUSPENSION:

YOUTH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO/SPO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Youth refused to sign but was noticed on this date. \_\_\_\_\_  
Staff Signature Date

**Youth is no longer suspended from shaving.**

DO/SPO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUTH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_