

ANNUAL FACILITY SECURITY REVIEW

- AUTHORITY:** California Code of Regulations, Title 15, Section 1326
Administrative Directive
- RESCINDS:** Procedure Manual Item 3-1-G, dated 08/01/13
Procedure Manual Item 3-3-029, dated 08/07/13
Procedure Manual Item 3-8-101, dated 11/02/11
- FORMS:** Annual Security, Staffing and Video Surveillance Review (Attached)
- PURPOSE:** To establish provisions for an annual review, evaluation and record keeping of internal and external security measures by the facility director.

I. GENERAL PROVISIONS

- A. The **facility** Division Director shall conduct at least annually, a thorough review of security to include (1) key control inventory review, (2) effectiveness of security related practices and procedures, (3) assessment of buildings and equipment and (4) staff training effectiveness and needs related to security. **The purpose of the review is to ensure that all issues, procedures, and policies regarding facility security are in compliance with current Board of State and Community Corrections regulations, departmental policy and procedures, and the law. The review specifically confirms compliance with Prison Rape Elimination Act staffing standards and video surveillance to protect youth from sexual abuse.**
- B. The review will be recorded on the "Annual Institutional Security Review" Form (F057-6308).

II. PROCEDURE

- A. Within the first month of each fiscal year, the **facility** Division Director shall initiate the annual security review process.
- B. The annual **facility** security review will evaluate: (1) the effectiveness of relevant procedures, equipment and training to ensure the safety of **youth**, staff, and the community; (2) the **facility's** effectiveness in preventing escapes and (3) the **facility's** key control practices.
- C. Annual Institutional Security Review forms shall be completed and maintained by the **facility** Division Director with a copy forwarded to the Chief Deputy Probation Officer, Juvenile Intake and Detention Bureau.

REFERENCES:

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|-------------|---------|---|
| Procedures: | 1-2-102 | Volunteers in Probation Program |
| | 1-4-123 | Prevention, Detection, Reporting and Response to Incidents of Sexual Misconduct |

- 3-1-002 Control of Weapons, Ammunition and Explosives in Facilities
- 3-1-006 Handcuffs/Transportation Belts/Shackles
- 3-1-015 Use of Force – Physical, Mechanical & Chemical
- 3-1-017 Public Tours
- 3-1-018 Custody/Medical Transportation
- 3-1-019 Unauthorized Persons on Grounds
- 3-1-029 Transfer of Youth Between Open Institutions
- 3-1-102 Reporting Juvenile Facility Escapes
- 3-1-104 Hostage Crisis and Major Disturbance Management
- 3-1-106 Deaths, Serious Suicide Attempts and Other Serious Incidents Related to Minors in Custody

Policies:

- A-1 Policy, Procedure and the Law
- C-10 Administrator in Charge, Officer of the Day or Duty Officer
- C-23 Emergency or Disaster Deployment of Staff
- D-1 Threats, Harm, Danger to Employees and Others
- D-2 Use of Physical Restraint/Corporal Punishment
- D-4 Handcuffs
- D-9 Tear Gas
- D-10 Hostage Crisis and Major Disturbance Management
- F-4 Visits with Minors in Juvenile Institutions; Placements
- F-9 Tours of Juvenile Institutions
- G-8 Injuries and Medical Emergencies

S. Chandler / K. Carvo

Attachment

APPROVED BY:

**Orange County Probation
 Juvenile Intake and Detention Bureau
 Annual Security, Staffing and Video Surveillance Review**

FACILITY NAME: FACILITY DIRECTOR: REPORT COMPLETED BY:	SECURITY LEVEL: <input type="checkbox"/> Secure <input type="checkbox"/> Semi-Secure <input type="checkbox"/> Camp	REPORT DATE: REPORTING PERIOD Fy:
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RATED CAPACITY: NUMBER OF BUILDINGS:	OPERATIONAL CAPACITY:	24 HR DUTY OFFICER COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	24 HR ADMIN COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
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ANNUAL SECURITY REVIEW - Procedure and Practice

I	Emergency Procedures/	EMERGENCY PROCEDURES:
II	Physical Security / Perimeter / Escape Prevention / Keys and Security Equipment / Use of Force	USE OF FORCE: PERIMETER SECURITY: KEY CONTROL: SECURITY EQUIPMENT: ESCAPE PREVENTION:
III	Operations / Intake and Housing / Visiting / Transportation	VISITING PROCEDURES: TRANSPORTATION: INTAKE, HOUSING AND CLASSIFICATION:
IV	Staff Training	STAFF TRAINING:

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VIDEO SURVEILLANCE SYSTEM REVIEW			
Does the facility have a video surveillance system? If yes, is the system monitored by security staff?		<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
Is there camera coverage of all interior doors and exit doors? Explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do all interior rooms, including but not limited to bathrooms, bedrooms, closets, mop rooms, storage areas and offices have functioning locks?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are these doors kept locked when not in use?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIBE ANY BLIND SPOTS:			
If any blind spot poses a potential risk to safety and security what has been done to mitigate that risk?			
SURVEILLANCE SYSTEM DETAILS			
DATE SYSTEM WAS INSTALLED:	DATE OF LAST UPGRADE:	OPERATING SYSTEM:	DESIGN ENGINEERING FIRM:
NUMBER OF INDOOR CAMERAS:	NUMBER OF OUTDOOR CAMERAS:	NUMBER OF WORK STATIONS:	NUMBER OF MONITORS:
KITCHEN / WAREHOUSE / SUPPLY/ MAINTENANCE AREAS			
Are youth permitted in kitchen areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there cameras in the kitchen areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If youth are permitted in kitchen areas and there are no cameras, what safety measures have been put in place to mitigate the risks?			
Are youth permitted in warehouse / supply areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there cameras in the warehouse / supply areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If youth are permitted in basement areas and there are no cameras, what safety measures have been put in place to mitigate the risks?			
Are youth permitted in maintenance areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there cameras in the maintenance areas?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If youth are permitted in maintenance areas and there are no cameras, what safety measures have been put in place to mitigate the risks?			
OUTDOOR AREAS			
Does the facility have exterior cameras? (If no, skip to last question)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the cameras fixed, Pan Tilt Zoom (PTZ) or both?			
Do the cameras cover parking lots?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the cameras cover entrance and exit roads?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the cameras cover activity areas routinely utilized by youth?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If there are no cameras or limited camera coverage, what safety measures have been put in place to mitigate the risks?			
If there is no or limited video surveillance capacity, what are the plans to install or expand surveillance capacity? (Refer to PREA Standard 115.313) Please explain:			

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INCIDENTS / REPORTS OF SEXUAL ABUSE			
Has the facility had any substantiated or unsubstantiated incidents of sexual abuse?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, list date, time, specific location and type (youth/youth, staff/youth or youth/staff) for each incident			
DATE	TIME	SPECIFIC LOCATION	TYPE
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Describe corrective action(s) taken in response to the above incident(s) to prevent or mitigate the risk of future occurrences:			
NAME: Douglas Sanger Division Director		Signature:	DATE:
NAME: Institution PREA Liaison		Signature:	DATE:
Name: Department PREA Coordinator Copy of this report to be retained for PREA audit		Signature	DATE:
Name: Chief Deputy ~ Institutions		Signature	DATE: