

ANNUAL FACILITY SECURITY REVIEW

- AUTHORITY:** Administrative Directive
California Code of Regulations, Title 15 – Minimum Standards for Juvenile Facilities, Section 1326
- RESCINDS:** Procedure Manual Item 3-1-G, dated 01/13/16
- FORMS:** Annual Security, Staffing and Video Surveillance Review (Attachment)
- PURPOSE:** To establish provisions for an annual review, evaluation and record keeping of internal and external security measures by the facility director or designee.

I. GENERAL PROVISIONS

- A. The facility Division Director (**DD**) or **designee** shall conduct at least annually, a thorough review, **evaluation, and documentation** of security **of the facility** 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 (**PREA**) 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 **DD or designee** 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 **DD or designee** with a copy forwarded to the Chief Deputy Probation Officer, **Operations** Bureau.

REFERENCES:

Procedures: 1-2-102 Volunteers in Probation Program

1-4-123	Prevention, Detection, Reporting and Response to Incidents of Sexual Misconduct
3-2-005	Control of Weapons, Ammunition and Explosives in Facilities
3-3-001	Reporting Juvenile Facility Escapes
3-3-002	Hostage Crisis and Major Disturbance Management
3-3-003	Deaths and Other Serious Incidents Related to Youth in Custody
3-3-006	Unauthorized Persons on Grounds
3-4-005	Public Tours
3-5-006	Transfer of Youth Between Open Facilities/Returning Youth to Facilities
3-6-001	Use of Force –Facilities
3-6-002	Handcuffs/Transportation Belts/Shackles

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

Attachment

M. Arreguin

APPROVED BY:

**Orange County Probation
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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: OPERATIONAL CAPACITY: NUMBER OF BUILDINGS:	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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ANNUAL STAFFING PLAN REVIEW

PREA Standard 115.313(a) The agency shall ensure that each facility it operates shall develop, implement and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

Have there been any findings of staffing inadequacy by the court, Federal, State or Local oversight bodies? YES NO

Explain:
Corrective actions taken:

Are unannounced rounds conducted by a supervisor or administrator to identify and deter staff sexual misconduct during all shifts? YES NO (refer to PREA standard 115.313(4)(e))
How are these unannounced rounds documented?

Staffing in the facility is based on which standard: Title 15, section 1321 Juvenile Hall (1:10 during waking hours / 1:30 during sleeping hours)
 Camps (1:15 during waking hours / 1:30 during sleeping hours)
PREA Standard 115.313 All facilities (1:8 during walking hours / 1:16 during sleeping hours)

Are there special considerations that impact staffing levels in the institution or individual housing units (elevated security, high risk population, etc.)
 YES NO *Explain below.

LIVING UNIT / GROUP NAME:	TOTAL BEDS (ROOMS or DOORMS) PER UNIT:		UNIT POPULATION GENDER:	STAFFING RATIOS: (i.e: 1:8, 1:15) <small>*Explain any exceptions to routine staffing levels in the space below:</small>			NUMBER OF SJCO STAFF	ONE DAY SNAP SHOT NUMBER & GENDER OF UNIT STAFF ON DUTY Date reviewed: <small>Attach a copy of the schedule template for PREA / BSCC audit purposes</small>		
	1 bed Rooms	Dorm Beds		Shift 1 6a-2p	Shift 2 2p-10p	Shift 3 10p-6a		Shift 1 6a-2p	Shift 2 2p-10p	Shift 3 10p-6a
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed				M: F:	M: F:	M: F:	M: F:
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed				M: F:	M: F:	M: F:	M: F:
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed				M: F:	M: F:	M: F:	M: F:
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*Use this space to explain any exceptions to routine staffing ratios:

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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"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there camera coverage of all interior doors and exit doors?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Explain:			
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:			
Division Director or designee	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: