

ANNUAL FACILITY SAFETY REVIEW

- AUTHORITY:** Administrative Directive
California Code of Regulations, Title 15 – Minimum Standards for Juvenile Facilities, Section 1326
- RESCINDS:** Procedure Manual Item **3-4-004**, dated **08/18/23**
- FORMS:** Annual **Safety**, Staffing and Video Surveillance Review (Attachment)
- PURPOSE:** To establish provisions for an annual review, evaluation and record keeping of internal and external **safety** 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 **safety** of the facility to include (1) key control inventory review, (2) effectiveness of **safety** related practices and procedures, (3) assessment of buildings and equipment and (4) staff training effectiveness and needs related to **safety**. The purpose of the review is to ensure that all issues, procedures, and policies regarding facility **safety** 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 **Safety, Staffing and Video Surveillance** Review” Form (F057-6308).

II. PROCEDURE

- A. Within the first month of each fiscal year, the facility DD or designee shall initiate the annual **safety** review process.
- B. The annual facility **safety** 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 **Safety** Review forms shall be completed and maintained by the facility DD or designee with a copy forwarded to the Chief Deputy Probation Officer, **Juvenile** Operations Bureau.

REFERENCES:

Procedures: 1-2-102 Volunteers in Probation Program

1-4-123	Prevention, Detection, Reporting and Response to Incidents of Sexual Abuse, Harassment, and Misconduct in Juvenile Facilities (PREA)
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	Death and Other Serious Incidents Related to Youth in Custody
3-3-006	Unauthorized Persons on Grounds
3-4-005	Public Tours
3-5-006	Youth Housing and Classification
3-6-001	Use of Force –Facilities
3-6-002	Handcuffs, Transportation Belts, Shackles, and Flex Cuffs

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 Facilities ; Placements
F-9	Tours of Juvenile Facilities
G-8	Injuries and Medical Emergencies

Attachment

S. Rivera

APPROVED BY:

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

3-4-004
Attachment

FACILITY NAME: FACILITY DIRECTOR: REPORT COMPLETED BY:		SAFETY LEVEL: <input type="checkbox"/> Secure <input type="checkbox"/> Semi-Secure <input type="checkbox"/> Camp		REPORT DATE: REPORTING PERIOD FY:	
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					
ANNUAL SAFETY REVIEW - Procedure and Practice					
I	Emergency Procedures/	EMERGENCY PROCEDURES:			
II	Physical Safety / Perimeter / Escape Prevention / Keys and Safety Equipment / Use of Force	USE OF FORCE: PERIMETER SECURITY: KEY CONTROL: SAFETY EQUIPMENT: ESCAPE PREVENTION:			
III	Operations / Intake and Housing / Visiting/ Transportati on	VISITING PROCEDURES: TRANSPORTATION: INTAKE, HOUSING AND CLASSIFICATION:			
IV	Staff Training	STAFF TRAINING:			

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

3-4-004
Attachment

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 **facility** or individual housing units (elevated security, high risk population, etc.)

☐ YES ☐ NO *Explain below.

LIVING UNIT / GROUP NAME:	TOTAL BEDS (ROOMS or DORMS) 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 SPCO STAFF	ONE DAY SNAPSHOT NUMBER & GENDER OF UNIT STAFF ON DUTY <small>Date reviewed: Attach a copy of the schedule template for PREA / BSCC audit purposes</small>		
	1 bedroom	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:
			<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:
			<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:
			<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:
			<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:
			<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:
			<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:

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

3-4-004
Attachment

*Use this space to explain any exceptions to routine staffing ratios:

VIDEO SURVEILLANCE SYSTEM REVIEW

Does the facility have a video surveillance system?
If yes, is the system monitored by security staff?

☐ YES ☐ NO
☐ YES ☐ NO

Is there camera coverage of all interior doors and exit doors?

☐ YES ☐ NO

Explain:

Do all interior rooms, including but not limited to bathrooms, bedrooms, closets, mop rooms, storage areas and offices have functioning locks?

☐ YES ☐ NO

Are these doors kept locked when not in use?

☐ YES ☐ 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 WORKSTATIONS:

NUMBER OF MONITORS:

KITCHEN / WAREHOUSE / SUPPLY/ MAINTENANCE AREAS

Are youth permitted in kitchen areas?

☐ YES ☐ NO

Are there cameras in the kitchen areas?

☐ YES ☐ 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?

☐ YES ☐ NO

Are there cameras in the warehouse / supply areas?

☐ YES ☐ 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?

☐ YES ☐ NO

Are there cameras in the maintenance areas?

☐ YES ☐ 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)

☐ YES ☐ NO

Are the cameras fixed, Pan Tilt Zoom (PTZ) or both?

Do the cameras cover parking lots?

☐ YES ☐ NO

Do the cameras cover entrance and exit roads?

☐ YES ☐ NO

Do the cameras cover activity areas routinely utilized by youth?

☐ YES ☐ NO

If there are no cameras or limited camera coverage, what safety measures have been put in place to mitigate the risks?

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

3-4-004
Attachment

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:

INCIDENTS / REPORTS OF SEXUAL ABUSE

Has the facility had any substantiated or unsubstantiated incidents of sexual abuse? ☐ YES ☐ 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 ~ Facilities	Signature	DATE: