

Facility Annual Staffing Report

Name of Facility:		Allocated Bed Capacity:	
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The overall supervision and monitoring staffing ratio requirements are established by the Department for each facility type. In calculating staffing ratio requirements the following items are taken into consideration:

- a. Generally accepted juvenile detention and correctional/secure residential practices;
- b. Any judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies or internal or external oversight bodies;
- c. The composition of the youth population;
- d. Any applicable State or Local Laws, regulations, or standards;
- e. Any other relevant factors;

Facilities Management Team is required to review, make adjustments and complete the security staffing report annually. Each facility submits the Security Annual Staffing Report by the **10th of December** with the required signatures.

The staffing report minimums are based on the facility allocated bed capacities assigned. PREA standard 115.313 Supervision and monitoring section (c) - each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which the staff will fully document in the Staff System. The minimum per shift has been designed to meet this requirement. Only direct care security staff is included in the ratios. Facilities are required to base staffing plan on the DJJ Security Staffing Needs Analysis Summary.

Policy 8.1, Security Management section V. Minimum Staffing Requirements will ensure that the facility is meeting the required staffing.

Staffing Considerations	YES	NO
1. The facility staffing generally accepted juvenile detention and correctional/secure residential practices.		
2. Does the facility have any judicial finding of inadequacy? <i>If yes, please explain.</i>		
3. Are there any findings of inadequacy from Federal investigative agencies? <i>If yes, please explain.</i>		
4. Does the facility have any findings of inadequacy from internal or external oversight bodies? <i>If yes, please explain.</i>		
5. The facility has staffing to cover all components of the facility's physical plant (including "Blind Spots" or areas where staff or residents may be isolated). <i>If yes, please explain.</i>		
6. The facility has staffing to cover the composition of the resident population (to include male, female and LGBTI). <i>If yes, please explain.</i>		

7. Does facility has staffing to cover the number and placement of supervisory staff. <i>If no, please explain.</i>		
8. Based on the shift the facility programming occurs, does the facility have the required staffing? <i>If no, please explain.</i>		
9. The facility meets applicable State, local laws, regulations, or standards that relates to security staffing. <i>If no, please explain.</i>		
10. The facility has included a yearly review of PREA substantiated and unsubstantiated incidents of sexual abuse, any other relevant factors in the security staff plan? <i>If n, please explain.</i>		
11. As part of your staffing plan, does the facility use the Community Correction Staff System (CCSS)?		

Documentation of the Daily Staffing
Community Correction Staff System (CCSS)

The facility will enter into the Community Correction Staff System (database) the following staffing information daily.

1. Name of Facility
2. Date
3. Shift
4. Number of direct care staff
5. Shift Minimum Number
6. Number of Staff Reported
7. Statement/Reason why minimum was not met.

Annual Staffing Adjustments

When reviewing and/or updating the facility staffing plans for adjustments, the following is considered to assess, determine, and document whether adjustments are needed to:

1. Prevailing staffing patterns;
2. The facility’s deployment of video monitoring system and other technologies; and
3. The resources the facility has available to commit to ensure adherence to the staffing plan.

Recommended Adjustments:

Current number of direct security staff: _____

Additional direct security staff needed: _____

Does the current staff plan meet the required PREA ratio? (1:8 Awake & 1:16 Sleep Hours) Yes No

If no, please give details.

Position/Title	Signature	Date
Assistant Director/Security		
Facility PREA Compliance Manager		
Facility Director		

Approved or Disapproved of Recommended Adjustments:

Position/Title	Signature	Yes	No	Date
Regional Administrator				
Assistant Deputy Commissioner/Security Facilities				
Agency PREA Coordinator				

Notes: