REPORT TO THE TWENTY-FOURTH LEGISLATURE

STATE OF HAWAII

2007

PURSUANT TO HCR 130, H.D.1, 2006 REQUIRING THE DEPARTMENT OF PUBLIC SAFETY TO CONDUCT A SECURITY AUDIT OF THE HAWAII YOUTH CORRECTIONAL FACILITY

PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
JANUARY 2007

On August 7, 2006 the following staff was detached to Hawaii Youth Correctional Facility (HYCF) in response to House Concurrent Resolution #130.

1.   Larry Patterson Security Coordinator, Team Leader:
2.   Captain Mark Patterson from HCF
3.   Captain Dallen Paleka from HCF
4.   Lt. Denise Johnston from OCCC
5.   Lt. Bernadine Maruquin from WCCC
6.   John Borders, CIP Coordinator

TASK   HOUSE CONCURRENT RESOLUTION 130 H.D. 1 SPECIFICALLY RELATES TO PREVENTING ESCAPES BY EXAMINING THE FOLLOWING AREAS:

1.   A review of HYCF practices relating to the control and security of keys, tool, and other instruments.

2.   A review of the security features of all of the physical structures of each building such as doors, locks, windows, walls, and other items and objects located on the perimeter grounds that may affect security of the facility.

3.   A review of existing security policies and procedures and its affect on the operations and good governance of the facility.

4.   A review of existing emergency plans and safety procedures for wards and staff at the facility; and

5.   Recommendations for security practices, policies, procedures, and any other factor that would contribute to making HYCF more secure and safe with regard to escapes.

BACKGROUND
The Hawaii Youth Correctional Facility (HYCF) is the State's only secure juvenile facility. It is comprised of three sites. (Please reference the attached map). A description of each site will follow.

Secure Custody (Number 1 on Map)

The Secure Custody Facility (SCF) was designed to house long term adjudicated boys. Administration, Medical, Staff Lounge, Visitation Rooms and two intake cells are located in close proximity to a Central Control Unit. HYCF Central Control Unit staff controls access to the secured courtyard.

Three housing modules, school, gymnasium and main Kitchen facility surround the central courtyard. The three modules are referred to as Module A, Module B and Module C. Each module has 10 rooms, a common area, a group room, small kitchen and social workers office. Central Control monitors activity on each module via camera surveillance and youth are directly supervised by HYCF Youth Officer(s) (YCOs).

Observation and Assessment (Number 7 on Map)

The Observation and Assessment Cottage ("O&A"), a freestanding living unit located a few hundred feet from SCF, was originally design as an observation and assessment unit for new intake boys. O&A has since use changed to utilizing its ten cells to provide space for up to 20 female youth. The unit has common area, an exercise room, kitchen area, social worker office and small staff office. The unit also has a fenced area for outdoor recreation. Communication with the SCF Central Control Unit is maintained via radio and telephone.

Ho'okipa Makai (Number 16 On Map)

Ho' okipa Makai referred to as "HM", is a freestanding fenced unit located approximately one-quarter mile from the main Secured Facility (across Kalanianaole Highway). This unit houses short-term adjudicated boys. The unit is comprised of two open dormitories. One dormitory has bunk beds space for 12 boys and the second has space for six boys. The unit also has a common, kitchen and laundry area. There is also an area for family visitation. An outdoor basketball court provides the opportunity for large muscle exercise. Communication with the SCF Control Unit maintained via radio and telephone.

There are thirteen other locations that comprise the HYCF facility (see attached map).

METHODOLOGY

Two teams were established to perform the following procedures in the security audit process:

- Review existing Policies & Procedures and assess compliance to "Standards for Juvenile Correctional Facilities" by the American Correctional Association in cooperation with the Commission on Accreditation for Corrections, dated February 2003. "Standards for Juvenile Correctional Facilities" by the American Correctional Association 2006 updates. Assess facility operation utilizing Audit instrument developed for security assessment of Correctional facilities.

- Interview HYCF's staff, wards, and Office of Youth Services (OYS), director Sharon Agnew and HYCF Administrator Kaleve Tufuno.

Team "A" responsible for:
1- Security Designation of the facility
2- Staffing
3- Central Control
4- Count Procedures
5- Movement Control
6- Security Inspections
7- Facility Security Operational Manual
8- Emergency Procedures

Team "B" responsible for:
1- Communication
2- Control of Contraband
3- Use of Force
4- Key Control
5- Perimeter Security
6- Admission & Discharged
7- Tool Control

Public Safety Department's Capital Improvement Projects Coordinator was assigned to review security design components and physical plant to ascertain if the facility is in compliance with design specifications and if the current usage relates to the original security design plan for security electronics and hardware.

FINDINGS

The PSD audit team found that HYCF is in non-compliance with the majority of the **"Standards for Juvenile Correctional Facilities" by the American Correctional Association (ACA) in cooperation with the Commission on Accreditation for Corrections dated February 2003.**

HYCF lacks a clearly defined security program due to the absence of established policies and procedures. The absence of a clearly defined security program is the root cause of the existing security problems.

The absence of an established security program has permitted a culture to develop where staff is forced to make up their own practices due to a lack of direction and guidance from administration.

The lack of clearly define procedures in the performance of basic security tasks such as conducting head counts and logging them in the logbooks, doing room inspections, counting and logging the number of keys in their possession, searching wards upon return from contact with the general public basic security functions that are not addressed in established procedures, primary elements of a good security program that is presently absent from the facilities established practices?

It must be noted that there are a number of Youth Correctional Officers (YCOs) and other staff that on a daily basis have developed good Correctional practices without the benefit of facility procedures to support their efforts.

It must also be noted that during the PSD audit teams stay at HYCF, the team did not observe nor hear reports from staff nor did any ward report any incidents of physical abuse.

Security staff is not provided with minimal facility procedures that have been approved and signed by the administrator that would establish clear security expectations to guide their performance. The lack of a security program with standardized procedures put at risk the staff, wards, and general public.

There appears to be minimal attention given to the Youth Correctional Officer (YCO) rank structure. YCOs are structured to be a Para-military unit, yet there is no established uniform, which at times make it difficult to determine who the YCO's are. The YCO rank structure exist with only two levels: YCO (YCO III) and Youth Correctional Supervisor (YCS YCO IV). There was no document identifying satisfactory completion of any approved training program for the YCS. This training is a major component in meeting ACA standards.

Responsibility for the security program, treatment programs, and the facility operation is currently assigned to the Correctional Supervisor 1(CS1). The current acting CS1 has

little or no security background and therefore, cannot effectively guide or direct the performance expectation generally found in facility-generated procedures or work assignment descriptions that would allow for staff performance assessments. This lack of continuity, in conjunction with limited procedures and no Emergency Response Procedures in place, are a major issue that needs to be immediately addressed in developing escape and response procedures.

Another glaring issue is the lack of understanding in the distinction between Policy and Procedure. In 1979, a document entitled Policies/Procedures: A Resource Manual (Dupree and Milosvich) was developed for the National Institute of Corrections Jail Division. That document and Policy and Procedure Workbook (Nichols and Miller 1981) has been recognized as the definitive works on policies and procedures development.

In many organizations the terms "policy and "procedure" are used interchangeably to describe a management directive regarding an organizational activity. The terms are being misused at HYCF; policy should be generated by OYS, and procedures written by HYCF.

A **policy** is a definitive statement of position on an issue concerning the organization's effective operation.

A **procedure** is a detailed, step-by-step description of the activities necessary to fulfill the policy.

In general terms, a policy reflects the organization's philosophy on an issue. It defines what the organization intends to do consistently about issue, and why the organization will take that action.

A procedure, on the other hand, describes step-by-step how (and when, where and by whom) the organization will implement the policy.

The Policy and Procedure Manual is an organized compilation of policies and procedures developed to address all aspects of the detention facility and its operations.

Charles Logan (Bureau of Justice Statistics, U.S. Dept of Justice, 1993) defined the mission of corrections in terms of eight basic outcomes:

> To keep prisoners
> 1)   to keep them in
> 2)   keep them safe
> 3)   keep them in line
> 4)   keep them healthy
> 5)   Keep them busy- and to do it with fairness
> 6)   without undue suffering

7)   efficiently as possible.

Focusing policies and procedures on achieving specific outcomes link desired goals to results. Each outcome has a set of related policy and procedure topics.

The primary focus of the Security audit was to determine if HYCF's current policies, procedures and practices. Focused on limiting or preventing escapes and minimized the introduction of contraband. The following areas are the areas where the team placed its focus:

- Staffing
- Head counts
- Secure perimeter
- Key control
- Personal searches
- Contraband control
- Facility maintenance
- Cell checks/supervision
- Electronic surveillance
- Security inspections
- Facility searches
- Tool control
- Search of visitors
- Facility security features
- Classification

The Standards for Juvenile Correctional Facilities was used to determine the security compliance level of HYCF in cooperation with the Commission on Accreditation for Corrections published by ACA dated February 2003. The following is analysis of various breaches identified in these standards:

1)   PURPOSE AND FACILITY MISSION   (AUDIT TEAM A)

ACA Standard 3-JTS-1A-04: There is a written statement that describes the philosophy, goals, and purposes of the facility. This statement is reviewed at least annually and updated if necessary.

Observation: Facility found in non-compliance with ACA standard. Current facility procedure 1.01.14 "Statement of purpose" is dated January 24, 1986 and is not referenced as a guide according to staff and administration.

A new policy, dated 3/17/06, is in draft form using the OYS mission as the facility mission:

"The Right Services, for the Right Child, at the Right Time, in the Right Way."

Under procedures, the new policy states "HYCF will develop a written mission statement that describes its philosophy, goals, and purpose within the context of the legislative mandate of the Department."

Recommendation: HYCF should, under the guidance of OYS come into compliance with ACA standard through a process of finalizing and distributing approved procedures. The facility's mission statement should be distributed to all staff to ensure that all staff is aware of their role in the facility's mission, goals and objectives.

2)   POLICY AND PROCEDURES MANUAL   (AUDIT TEAM A)

ACA Standard: 3-JTS-1A-17: **The policies and procedures for operating and maintaining the facility and its satellites are specified in a manual that is accessible to all employees and the public.**

Observation: Facility found in non-compliance with ACA standard. The manual has not been updated annually, is not accessible to all employees, and needs to be restructured to reflect the current changes.

Recommendation: Review of procedures for disseminating OYS policy manuals and HYCF procedural manuals. Ensure the manual(s) is updated to reflect the current system and is accessible to all employees.

ACA Standard: 3-JTS-1A-18: **Each department and major administrative unit in the institution maintains and makes available to employees a manual of standard operating procedures that specifies how policies are to be implemented. These procedures are reviewed at least annually and are updated as needed.**

Observation: HYCF found to be in non-compliance with ACA standard. Facility staff did not know HYCF procedures, or where the manual was located.

Recommendation: Administration should create a manual of standard operating procedures and ensure that all staff has access to a current manual, ensure training is conducted and a system for annually reviewing and updating is put in place.

3)   CLASSIFICATION   (AUDIT TEAM A)

ACA Standard 3-JTS-5B-03: The written plan for juvenile classification specifies criteria and procedures for determining and changing the status of a juvenile.

Observation: Facility found to be in non-compliance with ACA standard. The current facility procedure under Chapter 18 Classification is entitled "CUSTODY CONTROL LEVELS" Policy # 1.18.51 and is dated January 1, 1986. This policy is outdated as it describes the different levels as Maximum, Close, Medium, and Minimum and references adult corrections standards that fail to meet current juvenile standards.

In interviewing staff no clearly defined "official" classification system was presented as current practice.   A variety of forms are used but none as part of a comprehensive plan to ensure only youth that require secure custody are identified. Conflicting answers were given as to what the exact forms for assessment, classification, and levels are.

A policy draft dated 4/1/05 # 1.47.25 entitled "Initial security classification assessment, community risk assessment, and community" is awaiting final approval. It is not clear how the facility will operationally separate high-risk wards from lower risk wards.

Recommendation: The Policy and Procedures for classification should be reviewed for accuracy and completeness to meet the requirement that, upon intake, youth are placed appropriately and safely in the facility, and provides for later reclassification in appropriate circumstances.

4)   STAFF/JUVENILE INTERACTION   (AUDIT TEAM A)

ACA Standard 3-JTS-2B-01:   Physical plant design facilitates personal contact and interaction between staff and juveniles.

Observation: The facility is routinely in non-compliance during all 3 watches. The physical plant's original design of the 3 living units (Hookipa, O/A, SCF) places the YCO in direct supervision of the juveniles. All living units have a desk that the YCO operates from in an open area facilitating contact between YCOs and Wards.

The DOJ Juvenile Standard is as follows:

a)   Direct supervision 1 staff per 8 juveniles during waking hours.

b)   Direct supervision 1 staff per 16 juveniles during sleeping hours.

Recommendation: Current facility procedures should be reviewed for accuracy and completeness. Current procedures are not specific in addressing procedures to ensure proper staffing and interaction between staff and juveniles.

5)   RATED CAPACITY   (AUDIT TEAM A)

ACA Standard 3-JTS-2B-02: **The facility is designed and constructed so that juveniles can be grouped in accordance with a classification plan.**

Observation: The current population exceeds the design capacity of the facility, which makes it difficult to properly place wards by custody classification.
The initial 1992 security plan did not allow for the housing of females at the current location nor was there detailed documentation outlining plans for the housing of females.

Recommendation: A review and assessment of existing security plans should be completed to assess the appropriateness of existing space utilization for housing wards.

6)   STAFFING   (AUDIT TEAM A)

ACA Standard:3-JTS-1C-04: **The staffing requirements for all categories of personnel are determined to ensure that juveniles have access to staff, programs, and services.**

Observation: Facility found to be in non-compliance with ACA standard. Although the audit team was provided a staffing plan, the team was not provided with any form of comprehensive plan that would comply with the standard cited above.

Recommendation: The facility administration should review its current staffing, plan define staff roles and responsibility, and provide a clear chain of command to meet the needs of the established mission. The current staffing plan does not address this nor take into account the recommendations from past analysis that outlined step for improving the security program.

ACA Standard 3-JTS-1C-05: **The facility uses a system to determine the number of staff needed for essential positions. The system considers at a minimum: Holidays, regular days off, annual leave and average sick leave.**

Observation: Facility found in non-compliance with standard. The staffing plan provided did not include a system for determining essential positions.

Recommendation: Ensure the staffing plan is able to determine essential positions, functions and coverage.

ACA Standard -JTS-1C-06: **The facility administrator can document that the overall vacancy rate among staff positions authorized to work directly with juveniles does not exceed 10 percent for any 18-month period.**

Observation: The amount of vacant positions exceeded 10%.

Recommendation: The Administration should review current vacant positions and should take necessary steps to fill.

7)   CONTROL CENTERS   (AUDIT TEAM A)

ACA Standard 3-JTS-2G-10: **In secure facilities, space is provided for 24-hour control center for monitoring and coordinating the facility's security, safety, and communications systems. The control center provides access to a washbasin and toilet.**

Observation: Facility found to be in non-compliance with ACA standards. Control room dose not allow for contentious uninterrupted and communication, space does not contain washbasin or toilet.   No written policy was provided that designated the central control of the SCF building serves as the HYCF master control. No written policy or procedure was provided for generally accepted practices of a Control Center such as the logging formal/informal headcounts, Ward movements, notification requirement for incidents, staff calling in sick, issuing keys, and radios. Many security functions are communicated but not consistently documented. It was noted that on all 3 watches that the entry door was left un-secured.

Recommendation: Facility policy and procedure be reviewed and/or updated to ensure a 24-hour master control operation complies with current ACA standards.

PSD Audit Standards 3.03: **Control center staff is knowledgeable of initial emergency response responsibilities, including response to electronic alarms, initial staff notification and callback, and issuing of emergency equipment.**

Observation: Facility found in non-compliance with PSD audit standard. The 3 shifts gave different answers to what the emergency response is. Some were knowledgeable but the majority did not know. No written procedure was provided.

Recommendation: Facility control room staff be provided with procedural guidelines and training in how to deal with Emergency situations.

PSD Audit Standards 3.04 **Current and legible logs are maintained documenting the issue, and retrieval of emergency keys, restraint devices, control devices, and other emergency equipment maintained per existing policy.**

Observation: facility found in non-compliance with standard. No logs or system of documentation were provided.

Recommendation: Written procedure be generate that requires the documentation of Emergency equipment.

PSD Audit Standards 3.05 **Key control procedures are consistently followed; including requirements for use of key chits, accounting for keys and key rings, notification of failure to return keys, reporting of broken/lost keys, and the responsible management of the key board/cabinet.**

Observation: Facility found in non-compliance. No logs, written procedure, or system of documentation were provided.

Recommendation: Facility policy and procedure should be and updated implemented immediately to ensure the master control operation complies with current standards.

8)   INMATE COUNTS   (AUDIT TEAM A)

ACA Standard 3-JTS-3A-13: **The facility has a system for physically counting juveniles. The system includes strict accountability for juveniles assigned to work and educational release, furloughs, and other approved temporary absences.**

Observation: Facility found in non-compliance with ACA standard. The audit team was not provided a copy of a written policy or procedures that establishes procedures for scheduled, informal and emergency counting of wards. The only policy that was presented was HYCF Policy # 1.08.08, Subject: Custody, Security and Safety Measures, dated April 2, 1987, which cites and/or refers to the conducting of headcount at transitional periods. The policy appears to be outdated and does not detail headcount procedure involved in the conduct of headcount. Staff stated that the present practice is that the housing unit calls in their headcounts to Central Control at the beginning and ending of the shift. However facility staff did not consistently adhere to this practice. Central Control does not have a dedicated official headcount form to document and tabulate the figures that are called-in from the different cottages and living units. The counts in each cottage are also not consistently logged in the Central Control logbook.

The team did not observe any formal headcount performed at the facility during any shift change.

In addition to the beginning and ending of the shift count, housing unit staff stated that they also conduct headcount at their respective work area assignments prior to wards reporting to and returning from scheduled activities and also random headcount during the shift. Again, these informal counts are not documented and/or logged consistently.

Due to the absence of a procedure, headcount is uncoordinated and inconsistent. There are no standing headcounts and there is no official announcement of conducting and clearing of headcount by Central Control. Although some of the security staff is very much aware of the headcount procedures, it appears that the basic and crucial problem is the lack of a guideline for staff to follow and to do it in an accurate, efficient and proper manner.

Recommendation: A facility counts procedure for HYCF be developed, outlining procedures for taking, recording and monitoring the formal counts. This procedure should clarify who is responsible to ensure that count procedures are followed.

9)   TOOL CONTROL   (AUDIT TEAM B)

ACA Standard:3-JTS-3A-23:   Written policy, procedure, and practice govern the control and use of tools and culinary and medical equipment. Tools and utensils that can cause death or serious injury (e.g., hacksaw, welding equipment, butcher knives, barber shears) should be locked in control panels and issued in accordance with a prescribed system. Provision should be made for checking tools and utensils in and out and for the control of their use at all times.

Observation: Facility found in non-compliance with ACA standard. No written procedures where provided by facility.

Recommendation: Written procedures for identifying, monitoring and tracking of tool should be developed and implemented, along with identifying the person accountable for the system in writing.

10)   PERIMETER SECURITY   (AUDIT TEAM B)

ACA Standard:3-JTS-2G-02::   The facility's perimeter is controlled by appropriate means within the perimeter to prevent access by the general public without proper authorization. The means chosen to ensure perimeter security should reflect the facility's needs based on size and the degree of security required.

Perimeter surveillance can be maintained through mechanical surveillance devices (e.g., electronic, pressure, or sound detection systems), mobile patrols, or some combination of these techniques. All areas adjacent to the perimeter should be visible under all conditions.

<u>ACA Standard 3-JTS-2G-03:</u> **Pedestrians and vehicles enter and leave at designated points in the perimeter.**

<u>Observation</u>: Facility found in non-compliance with ACA standards. The facility lacks clearly defined perimeter security procedures.

<u>Recommendation</u>: Policy and procedures should be implemented to conform to ACA standards. The use of wireless real-time tracking technology should be considered. Electronic systems, which operates on radio waves or Global positioning technology is less labor intensive and more cost effective than building fence lines. The TSI PRISM system, which provides an automatic headcount every 2 seconds, including the location of each ward and / or staff member, can address a variety of needs. Enhancing the existing Close Circuit Television system to cover the entire facility with motion detectors is also recommended. See attachments

11) KEY CONTROL   (AUDIT TEAM B)

<u>ACA Standard 3-JTS-3A-22:</u> **Written policy, procedure and practice govern the control and use of keys.**

<u>Observation</u>: Facility found to be in non-compliance with ACA standards. There is a procedure in place that is written and maintained in the Administrative portion of the Secure Control Facility that is dated July 11, 1984 and was written for what is now Women's Community Correctional Center. According to procedure and observation, there is no one person responsible for the keys and key control of all facility keys. According to the Acting Institutional Facility Superintendent there is no facility Locksmith. When keys need to be made they either take them to a local lock shop or order them if they are detention keys. Blanks are held in the Vocational Operations. Maintenance of the locks in the institution is covered under the General Construction/Maintenance Supervisor.

<u>Recommendation</u>: Establish a designated key control officer to maintain facility keys accountability. Incorporate system like the Key Watcher by Morse Watchman Smart Key system, which requires keys to be individually locked in a hi-tech, wall mounted key storage cabinet. This system is designed to provide a total accountability and control key secured within. See attachment.

12) MONITORING OF SECURITY PROGRAM   (AUDIT TEAM A)

ACA Standard 3-JTS-3A-10: Written policy, procedure, and practice provide that supervisory staff conducts a daily inspection, including holidays and weekends, of all areas occupied by juveniles and submit a daily written report to their supervisor. Unoccupied areas are to be inspected weekly.

ACA Standard 3-JTS-3A-11: Written policy, procedure, and practice require that the facility administrator or designee, assistant facility administrator(s), and designated department heads visit the facility's living and activity areas at least weekly to encourage informal contact with staff and juveniles and to informally observe living and working conditions.

Observation: Facility found in non-compliance with ACA standards. No documentation presented to support that facility is incompliance with this standard.

Recommendation: Procedures should be developed to ensure compliance with standard.

ACA Standard 3-JTS-3A-12: Written policy, procedure, and practice require at least weekly inspection and maintenance of all security devices, and corrective action is initiated when necessary.

Observation: Facility found to be in non-compliance with the aforementioned ACA standards. No approved written procedures where in place at the facility.

Recommendation: HYCF administration should establish written procedure to ensure that the facility's physical plant continues to be properly maintained.

13) EMERGENCY PROCEDURES   (AUDIT TEAM A)

ACA standards:3-JTS-3B-12: All facility personnel are trained in the implementation of written emergency plans. Work stoppage and riot/disturbance plans are communicated only to appropriate supervisory or other personnel directly involved in the implementation of those plans.

Observation: Facility found in non-compliance with ACA standards. Facility failed to produce any approved documents that supported compliance with this standard.

Recommendation: HYCF should develop procedures that are in compliance with ACA standard.

ACA Standard 3-JTS-3B-14: **There are written plans that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to: riots, hunger strikes, disturbances, and taking of hostages. These plans are made available to all applicable personnel and are reviewed at least annually and updated as needed.**

Observation: Facility found in non-compliance with ACA standards. The emergency procedures section from the policy manual is not posted
at each work site and is not easily accessible to staff at all times No training records were provided. Staff said they did not know what the written procedures were but said they would use "common sense". No written plans were provided and staff did not know what the current procedure was.

Recommendation: Develop a written procedure and document the training of staff. Review specify policies and procedures and create or update procedures annually or as needed to ensure compliance with ACA standards. . Emergency procedures should detail the fire and emergency evacuation plan, routinely documented drills, emergency notification procedures for facility administration, the community response, and specific guidelines for natural disasters (i.e., tornado, flood). Annual training for staff and review of these procedures with the local fire marshal ensures staff readiness. Procedures should identify responsibilities for each member of the staff during an emergency situation.

14) TRAINING   (AUDIT TEAM A)

ACA Standards 3-JTS-1D-02: **The training plan is developed, evaluated, and updated based on an annual assessment that identifies current job-related training needs.**

Observation: Facility found in non-compliance with ACA standard. No training plan or procedures for providing training was provided by facility.

Recommendation: Ensure that procedures are developed that comforms with ACA standard.

ACA Standards 3-JTS-1D-03: **an advisory training committee composed of the facility's training coordinator and representatives from other institutional departments develop the facility's training plan. The committee meets at least quarterly to review progress and resolve problems, and a written record of these meetings is forwarded to the facility's administrator.**

Observation: Facility found in non-compliance with ACA standard. The facility does not have an advisory training committee or training plan that addresses this standard.

Recommendation: Create a committee that meets quarterly, develops the facility's training plan, and reports its findings to the Administrator.

ACA Standards 3-JTS-1D-04: The facility's training plan provides for ongoing formal evaluation of all pre-service, in-service, and specialized training programs. A written report is prepared annually.

Observation: Facility found in non-compliance with ACA standard. The facility does not have a training plan.

Recommendation: Develop ongoing evaluation of training that includes assessments of staff from trainees to supervisors. Create an effective training program and ensure quality of training. The following issues need to be addressed:

- A) OYS needs to have specific input regarding training to ensure proper funding, support, effective assessment, and monitoring.

- B) Standards need to be developed to ensure proper dissemination and application of identified training objectives.

- C) The training of all supervisors is highly recommended.

- D) A comprehensive training program should include initial, refresher, supervisory, and specialty training.

15)   USE OF FORCE   (AUDIT TEAM B)

ACA standard 3-JTS-3A-31: Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statuary authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to administrative staff for review.

Observation: Facility found in non-compliance with ACA standard. There is no policy-generated form the Office of Youth Services establishing Use Of Force guidelines. There is no written protocol regarding training in the use of force or the use of mechanical restraints. There is no established UOF procedures pertaining to

supervisory protocol, use of authorized equipment and non-existing training requirement at the facility level creates a troubling situation.

Recommendation: OYS should develop Use Of Force policy to provide guidance for HYCF. HYCF should conduct a review of facility procedures to ensure compliance with ACA standards aforementioned to include process for reviewing, monitoring, tracking, reporting and training requirements.

On and defining protective gear to conform to State of Hawaii and Federal occupational safety requirements.

16) CONTRABAND CONTROL   (AUDIT TEAM B)

ACA Standard 3-JTS-3A-19: States written policy, procedures, and practices provide for the searches of facility and juveniles to control contraband and provide for its disposition. These polices are made available to staff and juveniles. Policies and procedures are reviewed at least annually and updated if necessary.

Observation: This standard was found to be in non-compliance. After reviewing all document provide by HYCF with no standards established by OYS, the PSD audit team concluded that there is no established contraband control process in place.

Recommendation: OYS and HYCF review its current policies, procedures and practices to ensure that there is documentation that is in compliance with 3-JTS-3A-19. This document represents and overview of the information collected full documentation can be furnished upon request.

CONCLUSION:

There is a great need for policy and procedure development and there needs to be a comprehensive plan for implementation. This plan needs to address the following issues:

- How will policies and procedures be disseminated?

- What training is required?

- Who will conduct this training?

- Who will receive the training?

- How will training be monitored?

- What system will be put in place to ensure compliance?

- Who will be responsible for ensure policies and procedures remain current.

- What will be the sequencing of implementation
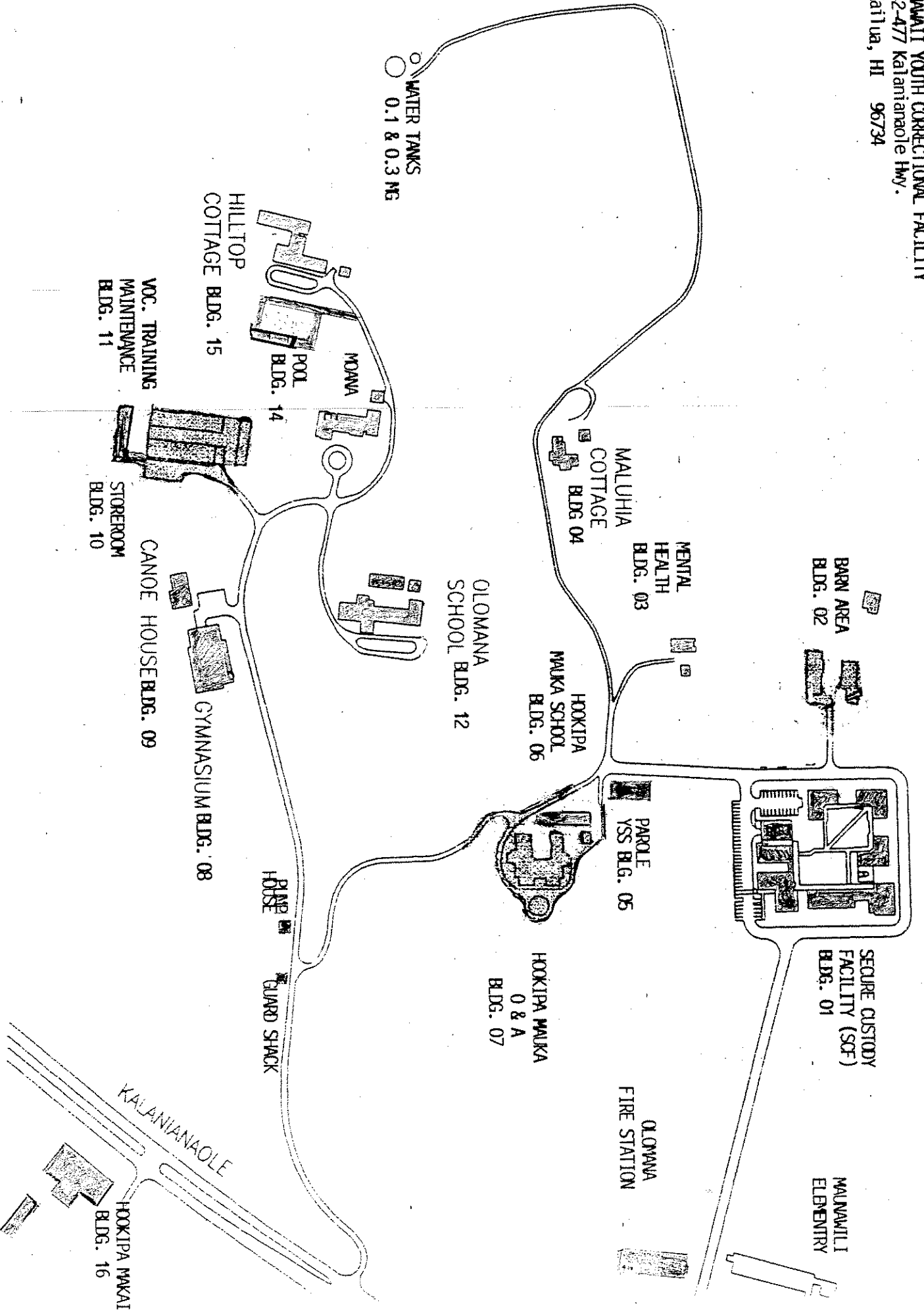

Attachments:

Map of HYCF
TSI PRISM description
Morse Watchman Key Watcher description
HYCF Risk and Vulnerability Analysis of Physical Plant & Grounds.
HYCF Audit Instrument

HAWAII YOUTH CORRECTIONAL FACILITY
42-477 Kalanianaole Hwy.
Kailua, HI 96734

WATER TANKS
0.1 & 0.3 MG

HILLTOP
COTTAGE BLDG. 15

VOC. TRAINING
MAINTENANCE
BLDG. 11

POOL
BLDG. 14

MOANA

STOREROOM
BLDG. 10

CANOE HOUSE BLDG. 09

GYMNASIUM BLDG. 08

MALUHIA
COTTAGE
BLDG. 04

MENTAL
HEALTH
BLDG. 03

OLOMANA
SCHOOL BLDG. 12

HOKIPA
MAUKA SCHOOL
BLDG. 06

BARN AREA
BLDG. 02

PAROLE
YSS BLDG. 05

HOKIPA MAUKA
O & A
BLDG. 07

SECURE CUSTODY
FACILITY (SCF)
BLDG. 01

PUMP
HOUSE

GUARD SHACK

KALANIANAOLE

HOKIPA MAKAI
BLDG. 16

OLOMANA
FIRE STATION

MAUNAWILI
ELEMENTRY

ALANCO
Technologies, Inc.
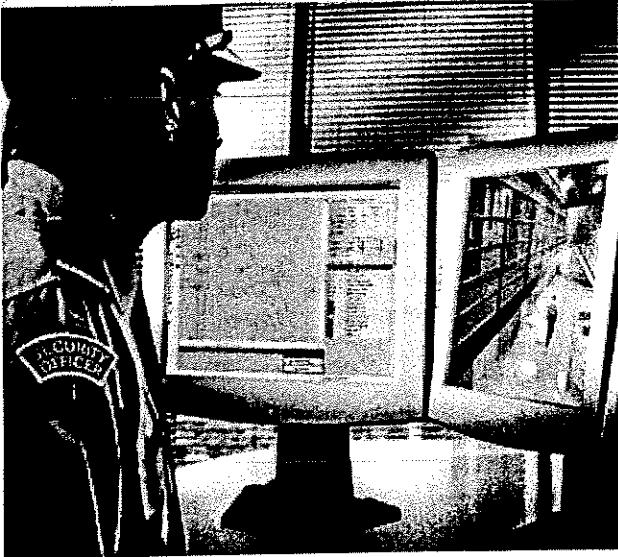
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The future of Corrections Management

Alanco/TSI PRISM, Inc., a subsidiary of Alanco Technologies, Inc., is the premier provider of RFID for high security applications. The company was a pioneer in the long range active RFID technology and has subsequently developed 2nd and 3rd generations of leading edge products.

The TSI PRISM Difference. The TSI PRISM product is the only truly real-time location and tracking technology specifically tailored for the stringent requirements of the correctional facilities market. It's also the most widely used, and has been proven in state prison facilities continuously since August 2000. It provides a revolutionary capability for correctional facilities to improve security and safety by providing real-time identification and tracking of inmates and staff at two-second intervals. Unlike other "tracking" systems that periodically separate persons into zones of a facility, TSI PRISM provides continuous tracking and positioning depicting graphically where a subject is, anywhere in the facility.

The TSI PRISM consists of three primary components:

1) Tamper detecting radio transmitters attached to the wrists of inmates and the utility belts of officers,

2) A strategically placed array of receiving antennae.

3) A network of computers employing Alanco/TSI PRISM software.

TSI PRISM Provides:

- Continuous tracking and evidence retention

- Movement controls without physical barriers

- Spatial Separation of subjects

- Automatic Identification of bystanders

- Location and duress alarms with location

- Secure identification tags for various purposes

TSI PRISM is the most effective new tool for the next generation of correctional management techniques. To find out more, call us today at (480) 998-7700 or visit our contact page for full contact information.

Vice President, Engineering

Full Contact Information

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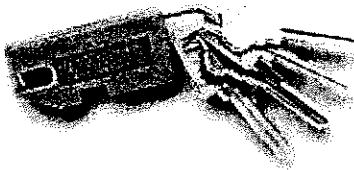
KEYWATCHER SYSTEM

KEYWATCHER

If it's lost, what's the cost?
Replacing and re-keying is expensive, but lost confidence costs even more.

- KeyWatcher
- Key Management Systems
- Computerized key control with total accountability

No more sloppy tags, no more outdated manual logs, no more wondering who took the key.

SMART KEY

The system starts by attaching your key to the patented smart key. The tough, tamper-proof housing holds a smart chip that creates the electronic link between the key and the cabinet. Each key is individually electronically coded and they come in a variety of colors. No sloppy tags or labels.

STORAGE CABINET

The Secure Key Storage Cabinet is a solid 18 gauge steel cabinet with a built in CPU and keypad. You don't need a computer - it's built in. It mounts on any wall and is available with an optional glass front. You can configure multiple cabinets to handle thousands of keys. Power failure? Not a problem, KeyWatcher will run for up to 48 hours with it's internal battery system, should power go off.

ACCESS

Your keys are securely locked until the proper pre-assigned PIN code is entered. KeyWatcher will unlock the door, locate the right key and signify it with a red light. Only that key is released and KeyWatcher records who removed it and when.

When you want to return the key you simply enter your user PIN code, open the door and put the key back in ANY slot.
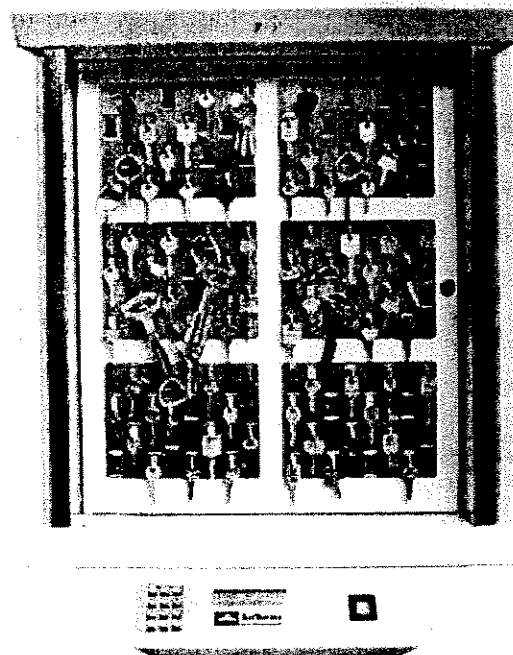
Model shown is a 96-key, illuminated KeyWatcher III

future access.

KeyWatcher takes accountability for your keys. KeyWatcher also lets you know when something is wrong. An overdue key, an open door, or even misuse of the keypad will trigger an alarm and record the event in the log file.

Other access options include Magnetic, Prox, and Biometric Readers.

REPORTING
KeyWatcher has powerful audit trail reporting. You can track key movements by date, time or PIN code. You can track user activity - who took which key and when.

CONNECTIVITY
With its built-in serial port connectivity you can access, program and monitor KeyWatchers over a network from anywhere in the world! Access reports, change users or configure KeyWatcher using TCP/IP from your location.

● Key-Pro™ SOFTWARE
KeyWatcher has some sophisticated software that is powerful yet easy to use. Key-Pro Performance Software allows you to manage your keys the way you want. Assign users and put restrictions on them - this allows you to customize every user and which keys they can access and how long they should have them. You are allowed to have up to 1000 users. Key-Pro also features real time logging, activity is recorded and reported in real time. Key-Pro was specifically designed to help KeyWatcher System Managers do their jobs more easily with:
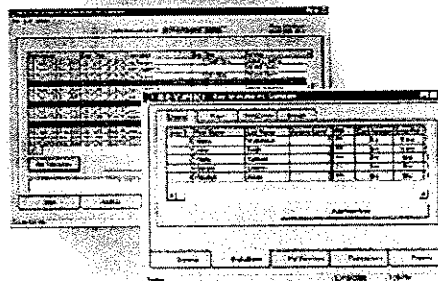
- **User-Friendly Interface**
  The ability to customize KeyWatcher(s) in an easy-to-use graphical interface for quicker installations.
- **Real-time Transaction Polling**
  This compelling feature has a built-in scheduler that automatically downloads all KeyWatcher data to centralized or remote computers. As a result, transaction and alarm information is viewable in real-time via Key-Pro's graphical interface.
- **Exclusive Synchronization**
  Key-Pro's exclusive Auto-Sync function lets system managers easily customize their own programming modifications using an ordinary PC. Benefit from bi-directional synchronization of KeyWatcher data at anytime from multiple locations.
- **Maximized Network Capabilities**
  System managers at different PCs may administer multiple KeyWatcher systems, even ones from remote locations. The software's database may be installed on a shared network drive, permitting key management reports to be generated from remote computers.
- **Extensive Key Management Reporting**
  System managers will appreciate being able to administer more specifically detailed KeyWatcher reports with less time and effort than ever before. These reports can be generated based on specific key, user and alarm transaction. Key-Pro provides comprehensive reporting with extended sorting methods, including delineation by last name, first name, ascending and descending sequential order.
- **Local Area Network Access**
  Accessibility to the key management systems over a LAN has been upgraded, enabling systems managers to perform functions on any KeyWatcher via a TCP/IP.

your area Morse Watchmans representative immediately to upgrade to the enhanced Key-Pro Performance Software.

THE MOST RECOGNIZED NAME IN SECURITY MANAGEMENT PRODUCTS

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APPENDIX 1

HAWAII YOUTH CORRECTIONAL FACILITY
SECURE CUSTODY FACILITY

RISK AND VULNERABILITY ANALYSIS
PHYSICAL PLANT & GROUNDS

As part of a PSD Technical Assistance Team, headed by Mr. Larry Patterson, PSD Security Coordinator, this author was tasked with performing a Risk and Vulnerability Assessment for the potential to escape from the facility compound by wards housed at the thirty bed (design-capacity) Secure Custody Facility (SCF) on the grounds of the Hawaii Youth Correctional Facility (HYCF), Kailua, Oahu, Hawaii. During the course of my site visits to the HYCF-SCF I was able to visit and/or review the following:

- Plans and specifications for the initial construction of HYCF-SCF prepared by Anbe, Aruga, Ishizu Architects of Honolulu, Hawaii in 1994;

- Security Manual developed by the Security HYCF-SCF by Integrus Architecture of Spokane, Washington, nationally recognized security and corrections architectural specialists. Integrus also has extensive experience with PSD facilities;

- Plans and specifications for improvements to the Closed-Circuit Television System, prepared by Ronald N. S. Ho & Associates of Honolulu, Hawaii;

- A tour of the HYCF-SCF facility as well as the grounds immediately adjacent, thereto.

As mentioned earlier, my specific assignment was to evaluate the vulnerability of the physical plant of the SCF to a determined ward's efforts to successfully escape from the facility's established "security line" to the unsecured perimeter grounds outside; the ability to detect an "escape in progress" by facility security personnel; as well as their

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John Borders, CIP Coordinator

ability to successfully thwart the escape attempt by the ward escapee.

Not included in my survey/were the other buildings on the HYCF campus. The primary reason for this exclusion stems from the fact that the juvenile males and females housed in the other campus housing facilities were, according to the staff I had the opportunity to speak with, considered to be considerably lower risk to the public safety were they to "walk away". To be certain, escapes from the facility by the juvenile wards of the other housing buildings had occurred. However, staff indicated the escapes from wards housed at SCF posed the greatest danger to the community.

Background Information

The Secure Custody Facility is located on the grounds of the Hawaii Youth Correctional Facility. HYCF is a collection of buildings on both sides of Kalanianaole Highway that confine both male and female juveniles and provide various administrative, operational and programmatic support functions to them. As of August 7, 2006 a total of 62 male and female wards were confined at the HYCF complex.

The SCF compound confines male juveniles only and, as a subset of the total population, these wards may be best described as needing the confined in the most secure environment available on the campus and being provided the most intensive supervision by HYCF staff.

The building has 31,469 gross building square feet and provides approximately 1,000 square feet of living and support space for the 30 wards it was designed to hold. There are three (3), single-celled, housing modules of ten (10) cells each, incorporated into a portion of the compound's perimeter wall system that includes administration, food service & laundry & maintenance operations, security/control station, visitation, education and a gymnasium. Fifty-six parking stalls are available for staff and visitors on two sides of the compound as well as a two-lane perimeter roadway that encircles the compound.

Shaped somewhat like a doughnut, there is a grassed interior courtyard with sidewalks to the various building components for interior circulation. Perimeter CMU-wall heights from finished grade were measured at 16'-0" except for the gymnasium which is nearly 30'-0" tall to the roof ridge.

The SCF compound is situated on 10.65 acres of land (zoned Preservation) within its nearly 300 acre tract. It is approximately ½ mile from Kalanianaole Highway on level terrain of the slopes of Mount Olomana.

The security manual, prepared by Integrus Architecture defined the perimeter walls as medium-security with all cells fully grouted with high strength cement grout with ¾" reinforced steel bars keyed (8" o.c.) vertically in each cell and tied to a grid of horizontally-laid rebar at each 8" course. Wall systems and the levels of security associated with each are clearly enumerated in both plans and the security manual.

The review of the security programming documentation as well as the plans and specifications furnished by HYCF staff revealed a carefully thought through design whose emphasis was to provide no aid to an escaping inmate. Further, with the improvements made to the CCTV system, the facility's ability to detect and quickly respond to escapes in progress is even better than at the time the facility was originally constructed. In the visit to the facility compound's central control station, this author observed security staff working there demonstrate great fluency in the use of the various controls that operate the audio and visual aids available to them.

Security Electronics (Division 17 equipment) as well as Security Architectural (Division 11 – detention equipment) systems appeared in good working order; however, staff informed me that that they were no maintenance contracts for these systems at the present time.

Both supervisory and operational security staff assigned to the SCF's central control station demonstrated their proficiency in operating the various door controls, A/V and

intercom systems. Noteworthy to the control station was the updated color A/V monitors which staff demonstrated the reach of the pan/tilt/zoom cameras to the Hookipa Boys Cottage on the opposite side of Kalanianaole Hwy as well as the Girls Cottage about ¼ mile away from the SCF.

Assessment of Risks and Potential Vulnerabilities – SCF

SCF - Physical Plant Design/Construction

As mentioned in the earlier section, this author's review of the initial pre-architectural programming manual for the security systems incorporated into the facility's plans and specifications as well as subsequent improvements made to update the closed circuit television system's monitors, multiplexers, controllers, etc. concluded the initial programming, design and construction revealed a facility consistent with the original intent – a secure custody facility – not unlike other secure custody facilities for juvenile wards requiring same across the U. S. mainland.

The staff observed whose function was to control movement (as well as detect attempts by SCF facility wards to escape from the compound's interior) demonstrated proficiency with these tasks indicating fluency with the usage of the equipment being operated.

Accordingly, insofar as the physical plant is concerned, this author believes that as presently configured, the SCF can delay a determined escape effort for a sufficiently long enough period of time to: (1) detect the escape attempt; and (2) direct security personnel, if available, to successfully respond in the apprehension of the offender.

SCF – Security Architectural Hardware (Division 11)

This author noted that construction of the SCF included installation of the appropriate detention locksets and related items and, additionally security doors and other detention hollow metal items, including windows, glazing, etc. appropriate for use in an SCF.

Their condition was considered to be good to excellent and showed obvious signs of being regularly maintained by staff.

Absent anything to the contrary, this author concludes that all currently installed security architectural systems -- fixed or operable – are capable of enabling the SCF to fulfill its public safety mission.

SCF – Security Electronics Systems (Division 17)

The security electronics system (Division 17) were originally designed by Buford Goff & Associates of Columbia, South Carolina who are widely considered to be the premiere security electronics design engineers for correctional occupancies. In the case of the SCF, the Division 17 design is very user friendly and operator 'learning curve' gentle. The staff this operator observed in the central control station as well as in the housing module "B" demonstrated complete fluency with the various control functions. All systems were fully operational at the time of my site visit and staff indicated historical 'outage downtime' was usually minimal.

Absent anything to the contrary, this author concludes that all currently installed security electronics systems are capable of enabling the SCF to fulfill its public safety mission.

Contributing Factors to Escape Potential from SCF – Exterior Perimeter and Adjacent Site

Outboard of the SCF's exterior walls, the exterior perimeter is flat, topographically speaking for distances extending from 50 yards to 150 yards. Given the positioning of newer pan/tilt/zoom cameras capable of covering the exterior areas of SCF, escaping juvenile wards would be under surveillance within in the zone referred to as the SCF's Exterior Perimeter.

Additionally, the P/T/Z cameras have zoom characteristics that would enable monitoring any escapes traveling beyond the exterior perimeter of the SCF into the surrounding areas along a likely avenue of escape. It should be noted however that, the topography beyond

the exterior perimeter has numerous swales where grade changes from 10' to 25' in spots. Visual observation will be hampered by determined individuals traveling within these swales, especially at night.

Operational Contributing Factors Influencing Escape Potential from SCF

This author was apprised by HYCF/OYS/DOJ personnel that there are chronic shortages of staff at the SCF facility and additionally, elsewhere at the HYCF. Further, of the positions actually filled there has and continues to be a high level of absence due to illness, etc. As a result, the management of HYCF has been forced to rely on staff reporting to work staying additional shifts. Oftentimes, maintenance (and other staff) are called on to perform the duties of a Youth Correctional Officer. Still others are repeatedly sought to return on their days off to fill a vacant post assignment. This is an ongoing and prolonged "condition of employment" which is debilitating and contributes to the "low morale factor" HYCF staff confided to this author.

Constantly working more than 12 hours a daily for weeks and months and years takes its toll on those personnel who must be alert observers of the behaviors of those sometimes called "behaviorally challenged". Technology will certainly assist and advances in technology make it easier for the "trained observers" to performer their duties. Yet it is foolish to assume that one can ask staff to constantly work many hours daily, day after day, week after week, month after month and not expect a diminishing of their powers of observation.

This author noted inconsistencies in current operational activities at the SCF (notably with respect to weekend visitation activities) from the original design mandates. During the original pre-architectural space planning efforts in the early 1990's, OYS/HYCF staff met with the programmers of the SCF to describe the processes associated with, amongst other things, the matter of visitation of juvenile ward offenders and their families and friends. Over the years, as HYCF staff explained it, the location where visits took place (inboard of a secure pedestrian sallyport and adjacent to the building's control station) to the vehicle 'sallyport' area adjacent to the receiving areas for food services, laundry and

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John Borders, CIP Coordinator

other storage. Absent a secure chain-ink, single-gated sallyport outboard of a 12'-0" solid metal, sliding gate, the potential for escape via the exterior perimeter to the surrounding area is very high for a juvenile planning an escape during a visitation period.

Conclusions and Recommendations

1. No one likes to be harshly criticized and this author realizes how easy it would be to take "potshots" at others. Constructive criticism, on the other hand, should be received with the expectation that, at least in the eyes of the person delivering it, the criticism being given is meant to "attack the problem observed" and not the persons having responsibilities in solving the problem, itself. It is the hope of this author that the following conclusions and recommendations are received by the very dedicated, hard working staff he had the good fortune of meeting last August.

2. If possible, cease visitation in the vehicle sallyport; or if this is not practicable, make plans to fund the construction of a vehicle sallyport outboard of the metal, sliding gate.

3. Seek funding to add digital video recording capability. Upgrade the security video systems to include motion detection and, once detected, add motion tracking capability, too. Increase number of P/T/Z and re-position certain existing P/T/Z cameras to enhance "field of vision".

4. Define and envelope the SCF Exterior Perimeter boundaries. Seek funding to install an 8'-0" high, boundary fence (with gates on the roadways accessing the SCF) that incorporate taut-wire or similar intrusion-detection technology and interface with the programmable logic circuitry (i.e., the 'brains' of the security systems) for the SCF.

5. Increase efforts to establish new security positions and recruit to fill existing security positions. If the practice of 'filling vacant critical security posts with maintenance workers' must continue into the foreseeable future, provide them with training in security operations.

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John Borders, CIP Coordinator

Standard No.	Standard Requirement	Comments	C	NC	NA
01. COMMUNICATIONS - *Objective:* To provide a secure, efficient means of contact within and outside the institution to facilitate effective supervision of inmates and ensure health, safety, and security of staff, inmates, and visitors.					
1.01	There is written policy that establishes responsibility for radio assignment for each person in the communication network and for supervision and maintenance of communication equipment and operations.				
	The use of personal communication equipment (radio, cell phone, etc.) Is strictly prohibited unless authorized by the Warden.				
1.03	All communication systems and equipment comply with department standards.				
1.04	The facility has an adequate number of serviceable, portable, radios, battery recharge stations and a replacement system to maintain security and safety for the facility and staff.				
1.05	Radios that are installed in institution vehicles are in good condition.				
1.06	Each security position has at least Two method of direct communication with the control center.				
1.07	All communication equipment, including emergency telephone systems, is tested at the beginning of each shift at the post/area from which they will be used.				
1.08	A system is established to communicate the locations of community work crews to the control center and institution. Outside work, crew supervisors will notify the control center of their general location as required by written policy.				
1.09	Security officers in non-stationary or non-visible positions routinely notify control center staff of their general location in the institution, as required by policy.				

Standard No.	Standard Requirement	Comments	C	NC	NA
	02. CONTRABAND CONTROL - Objective: To control the introduction, fabrication, and unauthorized transfer of inmate property; provide for the responsible and secure handling, storage, and transportation of inmate property; and ensure secure storage of evidence in a manner that preserves the chain of evidence.				
2.01	Inmate do not possess of items/objects other than those listed as authorized by written policy.				
2.02	Staff are knowledgeable of, and in compliance with written policies that establish responsibility and procedures for:				
	Handling contraband received in the mail;				
	Disposition of any agency property located among the Contraband;				
	Disposition of contraband/property belonging to an inmate who is paroled/expired etc.;				
	Control of contraband through inmate property inventory;				
	Systematic searches of all areas of the institution;				
	Limitation and inspection of goods received from outside the institution;				
	Searches of visitors;				
	Limitation and inspection of items brought into the institution by visitors;				
	Random and for-cause searches of staff, personal staff items brought into the institution, and preservation of the chain of evidence.				
2.03	An inmate found in possession of contraband is issued a receipt for its removal unless the item is clearly determined to be state property.				
2.04	A secure storage area is designated for use during referral of a contraband charge to disciplinary proceedings or an outside court.				
2.05	An inmate is permitted to exercise options for disposition of property (send home, destroy, donate to state, etc.) if the contraband is of a nuisance nature, and not dangerous contraband.				
2.06	All inmate appeals or court actions are exhausted before disposition of contraband.				
2.07	Disposition methods are not of personal benefit to staff.				

Standard No.	Standard Requirement	Comments	C	NC	NA
2.08	The Warden has assigned responsibility for evidence management to one staff member.				
2.09	A secure storage area is designated for evidence storage, and is accessible only by authorized staff. All access and egress in this area is logged noting person, date, and evidence number.				
2.10	All evidence is assigned a number, logged (in/out including staff and inmate names, date, and method of disposition), and secured in the storage area by the staff seizing the evidence. The logging information is attached to the evidence.				
2.11	There is a separate storage (within the secure storage area) provided for evidence, which is dangerous in nature, has been used in commission of a crime, or is a part of a felony prosecution.				
2.12	Evidence is disposed of within 60 days of the conclusion of all legal and administrative procedures.				
03. INMATE COUNTS - *Objective:* To provide accountability for the entire inmate population at all times, at all locations in order to prevent escape, assure a safe, secure living/working environment, while providing safety for the general public.					
3.01	There is written policy that establishes procedure for the scheduled, informal, and emergency counting of inmates.				
3.02	All "out counts" are approved by the Chief of Security/designee in advance of count time.				
3.03	The final inmate count is approved and signed by the Chief of Security/designee before a "count cleared" indication is given.				
3.04	All institution staff that supervises inmates is trained in inmate count procedures and their individual responsibilities in relation to accounting for an inmate's whereabouts. Staff is monitored to ensure that frequent, informal counts of inmates under their control are being conducted.				

Standard No.	Standard Requirement	Comments	C	NC	NA
3.05	There are at least six formal counts in a 24-hour period				
	— (2) two formal counts per watch, with a minimum of one "standing" count on the second and third watches				
3.06	At least one of these formal counts is scheduled and conducted in the morning before inmates begin checking out of housing areas for scheduled activities.				
3.07	All inmate movement ceases from the time count is announced until the count is cleared, unless authorized in advance, by the Warden/designee.				
3.08	All vehicles that must be searched (industries, construction, and delivery vehicles) are locked, and remain in the institution until the count has cleared.				
3.09	Staff is required to count living, breathing bodies.				
3.10	Staff conducting count does not allow distractions while in the count process.				
3.11	Inmates are not allowed to conduct or be involved in any part of the count documentation process.				
3.12	Security staff is responsible for maintaining the master count with up-to-date information of all housing moves, transfers, releases, and other activities that may affect the master count and accounting for inmates.				
3.13	All count documentation--signed by staff conducting, tabulating, and/or clearing count-- is maintained for a minimum of 90 days.				
3.14	Policy dictates the process for recount in the event of a miscount (whether it is a picture/ID count, stand-up count etc.).				
04. CONTROL CENTER (S) - *Objective:* To serve as the nerve center for facilities providing a secure area of operations critical to the facilities' security.					
4.01	A secure space and accommodations are provided for 24-hour master control operation. Facility communications, access, and egress may be controlled from this area.				
4.02	The facility maintains an effective communications system between the master control, offender living areas, and security posts, all areas of the facility, and mutual aide agencies.				

Standard No.	Standard Requirement	Comments	C	NC	NA
4.03	Control center staff is knowledgeable of initial emergency response responsibilities, including response to electronic alarms, initial staff notification and callback, and issuing of emergency equipment.				
4.04	Current and legible logs are maintained documenting the issue, and retrieval of emergency keys, restraint devices, control devices, chemical agents, and other emergency equipment maintained per existing policy				
4.05	Key control procedures are consistently followed; including requirements for use of key chits, accounting for keys and key rings, notification of failure to return keys, reporting of broken/lost keys, and the responsible management of the key board/cabinet.				
4.06	Sound security practices are observed in the consistent, responsible use of interlock systems, sally ports, communication equipment, door locking systems, security gates, etc., for which the control center is responsible.				
4.07	The control center has a secure entrance, a secure vestibule with two doors that are interlocked, or a keying system that ensures one of the doors is locked at all times. The entrance is not accessible to inmates.				
4.08	Walls of the control center are of secure construction and materials, with at least two-hour security glass (and bars if possible). There is no false ceiling.				
4.09	The control center is uncluttered and has sufficient storage space for all equipment. All equipment is properly stored to facilitate counting. Sight lines to gates, doors, and persons provide a clear line-of-sight and the ability to operate in a safe and secure manner. Emergency lighting is available in the control center.				
4.10	There is written policy that limits access to the control room to authorized personnel. Unauthorized staff is not in the control room(s) at any time.				
4.11	All weapons, gas, and tools are maintained in the control room and have accurate inventories.				
4.12	The control center is equipped with communications equipment to be able to make necessary internal/external communications during a power outage and/or disruptions in normal telephone service.				

05. CONTROLLED MOVEMENT - Objective: To provide accountability for inmates, ensuring security and safety of staff, inmates, and all others.

Standard No.	Standard Requirement	Comments	C	NC	NA
5.01	There is written policy that requires control of the movement of inmates by means of a pass system, gate passes, ID cards,				
5.02	Inmate movement, is monitored, tracked, and coordinated with security operations.				
5.03	Written policy is established for monitoring, tracking, and coordinating the mass movement of inmates.				
504.00	Inmates do not have access to movement documents such as passes or documentation pertaining to any such item.				
5.05	All passes are legible and bear the authorized signature of a staff member, and include: the inmate's name and ID number, name of				
5.06	All movements have a safeguard system to ensure inmates arrive at their destination. The system includes direct communication by				
06. USE OF FORCE - *Objective:* To provide direction in the use of force and security equipment in a manner that minimizes the likelihood of injury to staff, inmates, and others; prevents the destruction of property; minimizes risks to the general public associated with the escape of inmates; and meets department's mission.					
6.01	Written policy is established dictating use of force procedures, standardization of equipment, training, documentation requirements,				
6.02	All staff--including supervisory and management employees--who are responsible for use of force, are trained to ensure informed and				
6.03	Written policy dictates that when use of physical force is necessary to achieve a legitimate correctional objective, only the minimum amount				
6.04	Written policy is followed requiring all staff involved in a use of force situation to submit reports and supporting documentation.				
6.05	Written policy is followed requiring an immediate medical examination of the inmate(s) involved in the use of force incident.				
6.06	Policy dictates administrative review of specified use of force incidents.				
6.07	All planned use of force incidents are videotaped.				
6.08	All planned use of force incidents are performed only by direction of the Chief of Security/designee.				
6.09	The wearing of specified protective gear and adherence to sanitation procedures is required in all planned use of force to prevent injury or				
6.10	Inmates controlled with restraints are monitored by security staff and checked by medical staff at intervals required by written policy.				
6.11	Written policy provides protocol for the authorization of the use of chemical agents.				

Standard No.	Standard Requirement	Comments	C	NC	NA
07.	**INMATE PROPERTY** - *Objective:* To provide control of inmate ability to acquire, possess, store and dispose of property consistent with sound correctional practice and safe, orderly operation of department facilities				
7.01	Written policy establishes limitations on the amount of property an inmate may have in his possession, which items are allowable, and				
7.02	Each inmate is provided with an inmate handbook or other written information that addresses policies on allowable property and the				
7.03	An inmate property file is established and maintained for each inmate with a complete inventory signed by the inmate and staff responsible				
7.04	An up-to-date inventory of each inmate's property is maintained and items are added or removed as property is received, sent out, or				
7.05	An inmate property room is maintained for the secure storage of property during periods when the inmate is placed temporarily in				
706.00	The property officers strictly control the amount and type of property allowed and all items received that are not allowed are sent out at the				
7.07	Electronic equipment meets the standards (type, size, value, etc.) established by the department and are etched with the inmate's SID				
7.08	Inmates are held responsible for ensuring their property is kept orderly and under sanitary conditions to facilitate periodic inspections				
7.09	All property not on the property inventory, or allowable property list, is confiscated during cell searches and prior to any transfer of the				
7.10	Inmate property that is not claimed by the inmate within one year of an inmate's escape, death, parole, or release is disposed of within				
7.11	Written policy places a maximum dollar value on single items of personal property. Major items such as televisions, approved				
7.12	Inmates are authorized by policy to possess law library materials in their housing area which are directly pertaining to his/her own				
7.13	A policy state who has access to the property room and ensures limited access and secure storage.				
08.	**KEY CONTROL** - *Objective:* To provide guideline in the accountability, control and use of keys within any correctional facility while facilitating a safe secure working and living environment, and providing public safety.				
8.01	There is a comprehensive key control policy that is clearly written, maintained in a secure area, and available to staff for reference				
8.02	A full-time locksmith is designated by the Warden/designee and is assigned responsibility for key control and maintenance in the				
8.03	Policy requires an inventory and cross inventory on all keys, blanks, pattern keys and locks. Documentation is up-to-date and accurately				

Standard No.	Standard Requirement	Comments	C	NC	NA
8.04	Keys, pattern keys, blank, and locks are securely stored and inventoried using a systematic filing and storage method that ensures				
8.05	The number of copies and blanks for any given key in the storage area agrees with inventories.				
806.00	All key rings have been soldered or bound to prevent the removal of keys and loss of keys.				
8.07	Written authorization is required by the Chief of Security of the institution before any duplication of keys or modification of locks or				
8.08	Records pertaining to perimeter keys and locks cannot be kept or retained in the control center.				
8.09	A supervisor other than the locksmith conducts an internal inventory of the lock shop at least quarterly.				
8.10	Written policy controls the permanent issuance of keys to personnel. A quarterly inventory is conducted of all permanent-issue key rings.				
8.11	The records for each key includes:				
	· Key number to lock and location;				
	· Location of lock to key number;				
	· Key number to key ring;				
	· Key ring number of assigned keys; and				
	· Key ring assignment.				
8.12	Key issuance takes place from a control center or secure area not accessible to inmates.				
8.13	All keys are returned to the issuing location at the end of the workday or when the employee to whom the keys were issued leaves the				
8.14	There is a clearly marked key board or cabinet used at all times for key issue, return, and storage that ensures ease of access, security,				
8.15	There is a special designation on the key board/cabinet for key rings that are issued on a permanent basis, keys that are inactive, and				
8.16	Written policy addresses the loss and/or breakage of keys including procedures for search, inventory, and changing of affected locks.				
8.17	Written policy requires the immediate recovery of keys that are taken from the institution by staff and addresses procedures for the return				

Standard No.	Standard Requirement	Comments	C	NC	NA
8.18	All key sets have a tag indicating the key ring number, and a tag indicating the number of keys on the ring.				
8.19	Policy requires a daily count of keys be performed in control at least once every 24 hours.				
8.20	Post orders of issuing officers fully describe the responsibilities related to issuance and retrieval of keys/key rings and reporting loss.				
8.21	Institution policy prohibits the handling of security keys by inmates.				
8.22	There are emergency key rings for various buildings and areas of the institution stored in a readily accessible, secure control center.				
8.23	Emergency keys and locks are color-coded for quick identification and are checked weekly by key control staff.				
8.24	Emergency fire keys are notched for low-visibility identification.				
8.25	Emergency key rings have a metal ring disc ("chit") stamped with the name of the area the ring accesses and the number of keys on the ring.				
8.26	Emergency keys are stored in a readily accessible place that is clearly separate from the standard key-issue board or cabinet. An				
8.27	Selected emergency keys are duplicated and kept in a separate secured location (i.e. tower or arsenal).				
8.28	Emergency keys which access perimeter locks and gates are maintained outside the secure perimeter and access to these keys is				
8.29	Policy requires the rotation of emergency keys to equalize wear and the testing of all emergency keys/locks at least annually by a staff				
8.30	The issuance of restricted keys is documented with the key ring number, date, time of issue and return, the person they were issued				
8.31	There is greater restriction of access to highly sensitive areas such as pharmacy, armory, lock shop, etc.				
8.32	The lock shop is of high-security construction with poured or reinforced concrete blocks and rebars, a solid ceiling, no wall				
8.33	Access to the lock shop is restricted to authorized personnel and a log is maintained of all persons accessing the area.				
8.34	The filing and storage of keys, pattern keys, blanks, chits, and other keying supplies is in order and systematic.				
8.35	A specific, secure board/cabinet is maintained which holds a pattern key and at least one additional key for each lock in the institution.				
8.36	Pattern keys can be easily distinguished from the duplicates.				

Standard No.	Standard Requirement	Comments	C	NC	NA
8.37	Worn, broken, or discarded locks are routinely destroyed and records are maintained of their destruction.				
8.38	Procedural safeguards are in place preventing delivery of lock shop supplies through the general institution warehouse without proper				
8.39	Records of training of all new employees, before keys are issued, are maintained.				
	9. PERIMETER SECURITY - *Objective:* To provide control and security as the last major line of facility defense against escape and intrusion.				
9.01	There is written policy that establishes a requirement and procedures for continuous surveillance of the institution perimeter.				
9.02	There is an electronic technician on staff and/or on call who is trained in the maintenance and repair of all electronic detection systems in				
9.03	The inner and outer fence heights are appropriate for the security designation of the institution. Medium custody and higher:				
	· Heavy-gauge galvanized fencing with possibility of fine mesh/fabric enhancements;				
	· Two twelve-foot fences with rolled razor wire;				
	· Fences have minimum of 20-30 feet separation;				
	· Outer fence has more razor wire at the bottom than top;				
	· Ground between fences is sterilized with a no-access zone inside and outside the fence.				
9.04	The number of inner and outer razor rolls and the type of barb used (long or short) is appropriate for the perimeter security category of				
9.05	The inner and outer concrete slabs are appropriate for the perimeter security category of the institution being reviewed.				
9.06	Perimeter lighting between the fences and with at least thirty feet on either side.				
9.07	Perimeter lighting is connected to a reliable emergency power supply and is tested at least quarterly.				
9.08	There are no rusted or broken areas on the perimeter fence or accompanying barrier wires that compromise the integrity of the				
9.09	There are no washed out areas or gaps greater than two (2) inches at the bottom of the perimeter fence or under concrete pads.				
9.10	All landscaping trees and vegetation which could be used to facilitate escape, provide cover, are within seventy feet of the inner perimeter				

Standard No.	Standard Requirement	Comments	C	NC	NA
9.11	All perimeter towers and rover vehicles are equipped with hand operated spotlights and communication equipment.				
9.12	Inner compound cross fencing that intersects with the perimeter fence incorporates razor wire on both sides along the top for a least				
9.13	A crash barrier system is installed at every breach in the perimeter fence created for the purpose of vehicular access to the institution.				
9.14	The type of electronic detection system is appropriate for the perimeter security designation of the institution.				
9.15	Alarm zones for perimeter electronic detection systems are clearly marked on the outer fence and are visible from the perimeter road.				
9.16	Perimeter electronic detection systems tie into all inner compound cross fencing for the distance of at least one full fence panel.				
9.17	Each zone of an electronic detection system is checked visually every 24 hours and a report of the findings is forwarded to the Chief				
9.18	Perimeter patrol vehicles are maintained in a safe and fully operable condition.				
9.19	A security supervisor makes an unannounced daily visit to each perimeter post at least once during a shift.				
9.20	Perimeter staff demonstrate competence, through practice/observation and questioning, in the following respects:				
	· Response to suspicious persons or situations;				
	· Response to helicopter/aircraft intrusion;				
	· In weapon use;				
	· The use of force policy;				
	· Response to hostage situations and escape situations;				
	· Relief procedures;				
	· Equipment exchange; and				
	· Response time to specific areas of the perimeter.				
9.21	Security procedures prevent inmate access to buildings located on the perimeter that are points of entrance and exit.				

FACILITY

HYCF SECURITY AUDIT

DATE:

Standard No.	Standard Requirement	Comments	C	NC	NA
9.22	Employees with inner-institution assignments and all visitors are processed through the main entrance of the institution.				
9.23	The identification of all persons entering and exiting the institution is determined and verified by staff assigned and trained to control				
9.24	Staff, contractors, and volunteers must present ID and control staff visually verifies that the bearer of the card is the person authorized to				
9.25	All inmates exiting the institution are searched upon entry and exit, identified by photograph, logged out, and verified for return.				
9.26	Inmates are prohibited from carrying articles out of or into the institution.				
9.27	All visitors are subject to passage through a metal detector before entering the institution.				
9.28	All vehicles, trailers, carts, equipment, etc. are thoroughly inspected before being allowed to enter or exit the institution.				
9.29	Trucks that are loaded or unloaded within the institution are kept under the supervision of an employee or escort officer. Loaded				
9.30	An assigned escort officer while in the institution accompanies all commercial vehicles.				
9.31	All vehicles use steering wheel locks or is locked, secured, and remain under supervision while in the institution.				
9.32	Vehicles and equipment that can breach perimeter fencing that remain in the institution overnight are rendered inoperable by				
9.33	No vehicles, other than authorized emergency vehicles when necessary, are allowed to enter or exit the institution during a period				
9.34	Perimeter sally out gates are operated as an interlocked system. Overrides are approved and supervised by the Chief of Security.				
9.35	All perimeter sally port out gates are operated from a secure location remote from inmate and vehicle traffic.				
10. POST ORDERS - *Objective:* To establish guidelines to be used in the development, revision, implementation, and monitoring of security directions.					
10.01	Written policy establishes a requirement that current post orders be maintained at every security post.				
10.02	The institution Chief of Security has established a system that ensures post orders are reviewed and signed by the assigned officer,				
10.03	The facility's Chief of Security has a system for a 90-day review and the annual revision of all post orders. The original post order is				

Standard No.	Standard Requirement	Comments	C	NC	NA
10.04	Written policy and practice prohibits changes in post orders by memo, hand written notations, or addendum/supplements.				
10.05	Post orders delineate, in detail, the expectation of the post assignment to include the following major categories: · Zone of Control; · Key Control; · Communications; · Physical Force; · Traffic Control; · Count Procedures; · Escort Procedures; · Inventory Control; · Relief Procedures; · Incident Reporting; · Record Keeping; · Scheduled Activities; and · Emergency Procedures for that area.				
10.06	There are current post orders which may be in with general post orders for temporary or emergency posts like: · Hospital watch; · Attempted suicide; · Dry cell; and				

Standard No.	Standard Requirement	Comments	C	NC	NA
	Crime scene preservation				
10.07	Highly sensitive post orders such as tactical team, escape, and evacuations are maintained in manuals, stored in secure areas, and				
11. ADMISSION AND DISCHARGE - *Objective*: To admit and release prisoners by means consistent with the agency's responsibility to ensure the health and safety of staff, inmates, and community, and the security of the institution.					
11.01	The receipt of valuables, including money, is immediately documented and a chain of responsibility is established for its				
11.02	Identification processes are initiated upon admission including fingerprinting, photo, review of personal identification, and their				
11.03	Inmates are strip searched upon admission.				
11.04	All personal property is inventoried, documented, and securely stored pending disposal of property or release of the inmate.				
11.05	Written policy is established providing instructions in regard to various types of releases and the requirements of each, including				
11.06	The inmate is positively identified (picture ID) and the release documentation reviewed by a supervising security staff member at				
11.07	Written policy establishes an area inside the facility designated for inmates awaiting release, the actual point of release, release times,				
12. SEARCHES - *Objective*: To maintain proper control over persons under supervision, and ensure safety and security of the department's institutions through detection and removal of contraband (nuisance and dangerous).					
12.01	Written policy establishes responsibility for a system of searches and procedures for search of all areas of the institution, staff, visitors,				
12.02	Written policy establishes procedures for documentation of all searches to ensure that all areas of the institution are inspected				
12.03	Cell/bunk areas are searched at least monthly.				
12.04	Cell searches are documented and logged on an official search log noting:				
	Search date,				
	Cell/bunk searched,				
	Contraband discovered				

Standard No.	Standard Requirement	Comments	C	NC	NA
	Staff name				
12.05	Cell searches are thorough enough to detect all contraband.				
12.06	The officer conducting the search leaves each cell/bunk searched in a reasonably neat and orderly condition and care is taken to ensure				
12.07	The inmate, whose cell is being searched, is not present during cell search.				
12.08	The cell is secured if the staff conducting the search leaves the cell prior to completion of search. The search is completed as soon as				
12.09	Each vacated cell is searched thoroughly before occupancy by another inmate.				
12.10	Searches of common areas are conducted on a regular (once a week) unannounced basis. Areas searched routinely include:				
12.11	Staff conducts systematic, thorough searches consistent with training standards.				
12.12	Staff conducts random and routine frisk searches on inmates in all areas of the institution, on and off institution grounds.				
12.13	Routine skin searches are conducted in a place and manner that affords a degree of privacy. Emergency skin searches are				
12.14	Staff avoid touching the inmate during skin search unless the inmate is violent and behavior warrants physical intervention.				
12.15	Documentation of all routine strip searches is maintained.				
12.16	Written policy establishes conditions for authorization of, and specific procedures for, conducting a body cavity search.				
12.17	Only medical staff conducts body cavity searches.				
12.18	Strict documentation noting the probable cause for a search, the name of the authorizing official, and findings of the search is				
	13. SECURITY INSPECTIONS - *Objectives:* To ensure the integrity of devices and the physical security of the facility				
13.01	There is written policy that requires systematic inspection of all areas of the institution and procedures to ensure compliance and				
13.02	Staff assigned to conduct security inspections complete a written report of each area inspected noting weaknesses, inconsistencies, or				
13.03	Each security inspection report is reviewed by the Chief of Security and action taken as appropriate to the needs identified. Reports are				

Standard No.	Standard Requirement	Comments	C	NC	NA
13.04	All perimeter fences, buildings, walls, windows, doors, and ground steel grates are inspected at least once each day, in the evening shift				
13.05	Fences/electronic detection systems are tested and inspected at least once a month to assure no "dead zones."				
13.06	Security work areas, including housing units, offices, control rooms, etc. are inspected for cleanliness on a daily basis.				
13.07	The overall condition and of each cell is inspected on a daily basis and whenever occupancy changes.				
13.08	All control room doors and windows are inspected daily to ensure security.				
13.09	Control room windows are uncluttered to permit clear viewing of all areas.				
13.10	Control room pass-through is not used as talk-through and is not routinely open.				
13.11	Emergency Exit doors and keys are checked weekly to ensure they are in operating order and the physical check is logged.				
13.12	All housing exterior windows are inspected monthly, including security fittings such as screws, bolts, hinges, bars, window mullions				
13.13	All cross-fences are inspected at least once a month.				
13.14	All interior buildings are examined for evidence of tunneling at least once a month. Inspection methods include: looking for bent bars,				
	14. TOOL CONTROL - *Objective:* To ensure accountability of all classes of tools that are stored on the compound or in other locations				
14.01	Staff have been designated and trained as tool control officers.				
14.02	Security staff conducts tool area inspections at least monthly.				
14.03	Security staff conducts complete tool control inventory audits of all areas no less often twice a year.				
14.04	Security staff accomplishes daily tool inspections.				
14.05	Class A tools are used by inmates only under the direct supervision of staff.				
14.06	Class B tools such as light pliers, short power cords, etc., though a lower risk, are still accounted for daily and stored securely.				
14.07	Class A tools are stored separately from Class B tools under double lock and key and are kept in a locked/secure area when not in use.				

Standard No.	Standard Requirement	Comments	C	NC	NA
14.08	When Class A tools are used by inmates, they are returned to the secure tool area by the authorizing staff after use.				
14.09	All tools that can be marked without damage are etched with an ID code identifying the department, individual shop, and a separate tool				
14.10	All tools that cannot be marked without damage are kept in locked storage.				
14.11	Where tools are shadowed, only one tool is assigned to each shadow.				
14.12	All empty shadows, where tools have been reported missing, have the shadow removed and the inventory corrected immediately.				
14.13	All tools that are not adaptable to shadow boards are kept in locked drawers, cabinets, or other secure areas.				
14.14	Acetylene cutting tips and mixing chambers are checked out/in from the control room, or location outside of the perimeter, on an as-				
14.15	Hacksaw blades are issued from a secure location in the amount necessary to accommodate one day's use.				
14.16	Broken or worn hacksaw blades are turned in, and all parts are accounted for before a new blade is issued.				
14.17	All ladders, six feet and over, are secured in a location not accessible to inmates, and when in use, they are under direct employee				
14.18	The tool control officer and section supervisors sign all tool inventories.				
14.19	Each shop maintains a perpetual inventory of all tools with a sub inventory on each shadow board.				
14.20	Current tool inventories are typed, readily available for inspection, and included in tool pouches, toolboxes, and tool kits in vehicles.				
14.21	The Security Manager approves all Class A tools received from any source.				
14.22	The tool control officer ensures an up-to-date inventory of all tools, including clerical and teachers' tools.				
14.23	When new tools are drawn for replacement, the old tool is turned in and safely disposed of in accordance with written policy.				
14.24	Excess tools are inventoried and kept outside the institution in a secure location.				
14.25	Tool checkout logs include the date and time issued/returned, the issuing employee or inmate's name, the tool description or number,				
14.26	Inventories are made of all tools and equipment used by civilian contractors working inside the institution. A process shall be in place				

Standard No.	Standard Requirement	Comments	C	NC	NA
14.27	When a Class A or Class B tool is missing, the staff member supervising the tools reports this immediately to security and files a				
14.28	When a Class A tool is missing, all inmates who had access to the tool are held at the work site until a thorough search is made.				
14.29	Tools used in any hobby craft program are inventoried, stored, and handled in accordance with regular institutional tool control policies.				
14.30	All toolboxes maintained in the control room areas are inventoried by security on each shift.				
15. EMERGENCY RESPONSE PREPAREDNESS – *Objective:* To ensure effective emergency response capability to threats from within and outside the institution.					
15.01	Is there a philosophy statement or mission statement governing major emergencies?				
15.02	Is there a statement of the institution's goals or objectives in major emergencies?				
15.03	Does policy specify who is in initial command of the institution in an emergency?				
16.04	Does policy specify who is in ultimate (final) command of the institution in an emergency?				
16.05	Does policy specify the institutional chain of command in an emergency?				
15.06	Does policy state any limitations of the authority of the person in command during an emergency?				
15.07	Does policy specify how to change command in an emergency?				
15.08	Does policy specify the notifications that are to be made by the institution in a major emergency?				
15.09	Does policy include a priority level or order in which those notifications will be made?				
15.10	Does policy mandate notification of Central Office/Region in the event of a major emergency?				

Standard No.	Standard Requirement	Comments	C	NC	NA
15.11	Does policy specify the role of Central Office during an emergency and the relationship of the institution to Central Office during an emergency?				
15.12	Does policy differentiate between planned use of force and reactive use of force?				
15.13	Does policy state the conditions under which the institution may engage in the planned use of lethal force during an emergency?				
15.14	Does policy state the conditions under which the institution may engage in the planned use of sub-lethal force during an emergency?				
15.15	If planned use of lethal force is necessary, does policy state who will use such force?				
15.16	Does policy specify minimum standards (training, equipment, etc.) for individuals who may engage in planned use of lethal force?				
15.17	Does policy specify minimum standards (training, equipment, etc.) for individuals who may engage in planned use of sub lethal force?				
15.18	Is there a standard for how often the institution must run emergency tests/drills?				
15.19	If yes, has that standard been met during the last 12 months?				
15.20	Are monitors always assigned to evaluate emergency tests/drills?				
15.21	Are written evaluations of every test/drill required from those monitors?				
15.22	Are recommendations required as part of each monitor's evaluation?				
15.23	Are the monitors' evaluations and recommendations of emergency tests/drills routinely reviewed and approved by someone in authority?				
15.24	Does policy require that some emergency tests/drills be conducted on evenings and weekends?				
15.25	Is there a requirement that emergency tests/drills be based on a wide variety of emergency scenarios?				

Standard No.	Standard Requirement	Comments	C	NC	NA
15.26	Is prevention of major emergencies stressed at management meetings?				
15.27	Do managers consistently review prevention issues with subordinates?				
15.28	Does management stress early intervention in problem situations?				
15.29	Does management stress the need for frequent, open communication between staff and inmates?				
15.30	Does management monitor staff/inmate communication issues?				
15.31	Does each institution top manager visit and review all areas of the institution at least bi-weekly?				
15.32	Are visits by institution top managers to various areas of the prison documented?				
15.33	Is all staff trained to recognize the traditional signs of impending trouble (stockpiling commissary items, more racial grouping than				