STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES JUVENILE FACILITY STAFFING PLAN

DATE:	
FACILITY NAME:	
OPERATING CAPACITY:	CURRENT CAPACITY:
PREA STANDAR	D 115.313 (SUPERVISION AND MONITORING)
	ent on each juvenile correctional facility to determine and re needed to ensure youth are protected from sexual abuse. This wing;
a. A review of facility staffib. Prevailing staffing pattern	ng plan to ensure it provides adequate levels of staffing
c. A facilities video monitor abuse	ring system is deployed and used to protect youth against sexual
d. Other monitoring technole. The facility has the resouf. The facility has a policy a	ogies are available rees available to commit to ensure adherence to the staffing plan and practice to have intermediate and higher level supervisors nannounced rounds to identify and deter staff sexual abuse and
Direct care staff is required to ke youth are locked in their individu	ep line of sight supervision of youth at all time except when all rooms/cells.
At least one supervisory level pe	rson, including superintendents, must be on duty at all times.
	h correctional facility is 1:8 during awake hours and 1:16 during es are recommended at 1:10 during awake hours and 1:20 during
1. Review of Staffing Plan:	
a. Number of staff on duty:	Time of Review:
b. Number of supervisory st	eaff on duty:
c. Current staffing ratio:	

	• •	blan addresses all components of the facility's physical plant? No If no, please explain:				
e.	The staffing plan cons	siders:				
	· Youth populations					
	· Numbers and place	ement of s	supervisory staff			
	· Video monitoring	capabilitie	es			
Re	eview of Video Monitor	ring Syster	m:			
a.	Number of cameras in	n facility:_				
	Locations:	Yes	No			
	Admissions					
	Cafeteria					
	Day Area					
	Sleeping Quarters					
	Kitchen					
	Classrooms					
	Laundry					
	Outside Perimeter					
	Confinement Rooms					
	Recreation Area					
	Other					
b.	Other monitoring tech	nnologies i	used:			
b.			able and committed to staffing plan:			

SOP indicates:	Yes	No	
Identification of staff to complete this task?			
Where these visits will be documented?			
Who will review completed documentation?			
Staff interviewed?			
Youth interviewed?			
Comments/Notes:			
Commence, 1 votes.			
COORDINATOR SIGNATURE		DATE	
COORDINATOR SIGNATURE	DAIE		
		DATE	
LITY PREA COMPLIANCE MONITOR			