

Juvenile Detention and Assessment Center (JDAC) and Treatment Facilities (TF) Emergency Operating Procedures: Preparedness, Equipment, Supplies, and Response (Title 15, Section 1311, 1323, 1325, 1327, 1412; NCCHC)

513.1 PURPOSE:

To establish a guideline for the preparation of and response to emergencies, to include fire and natural disasters, within the Department's Juvenile Detention and Assessment Centers (JDACs)/Treatment Facilities (TFs) and for those staff supervising detained youth outside of the facilities. In order to ensure every employee's ability to survive a local or national disaster, the Department shall provide a process that prepares both staff and youth regarding fire safety and emergency evacuations, and provide emergency disaster preparedness equipment for all Department buildings and facilities.

In addition to this procedure, the Department has developed and implemented both the Department Emergency Operations Plan and the Emergency/Evacuation Plan which provide for a Department-wide response to emergencies.

513.2 DEFINITIONS:

Fire Suppression Pre-Plan: A plan that contains all the information that the local fire department would need if an incident were to occur at a JDAC/ TF.

Great Shake Out: California's annual statewide exercise to assess emergency operations plans, policies, and procedures for all-hazards/catastrophic incidents at the local, regional, and state levels.

Safe Zone: An area free of hazards and debris, close to, but upwind of hazard zones, accessible by transportation vehicles (ambulances, trucks, helicopters), and expandable.

Suspension of Standards or Requirements: The JDAC/TF Division Directors have the authority to suspend any or part of the Emergency Evacuation Requirements which may threaten the safety of a local juvenile facility, youth, staff, or the public. Notification to the Board of State and Community Corrections (BSCC) as required.

513.3 GUIDELINES:

- A. This procedure provides guidance on three (3) vital areas regarding natural disasters and fire evacuations. However, the Department Emergency Operations Plan, Emergency/Evacuation Plan, Emergency Situations in JDAC/TF Procedure, and Code Green Procedure provide more extensive and detailed information for escapes, disturbances, hostages, active shooter, and terrorist attacks.

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- B. All sworn staff on duty shall meet the training standards established by the BSCC for general fire and life safety as it relates to each facility. The facility shall have at least one wide-awake person on duty at all times who meets this training requirement.
- C. Mass disaster drills and youth-down drills shall be conducted annually on each shift on a rotating basis over a 3-year period. The drills must be critiqued and shared with staff and recommendations for health staff are addressed.
- D. Staff responding to disasters shall participate in evacuation plan as directed by ICC.
- E. Youth supervision and health care staff shall be trained to respond appropriately to emergencies requiring first aid, including AED, in accordance to the Code Blue Procedure.
- F. All medical equipment used during the resuscitation efforts and care of individuals shall be left intact and a copy of the patient care record shall be sealed in an envelope for the coroner's investigator.
- G. Nothing contained herein shall be construed to deny the power of any facility administrator to temporarily suspend any standard or requirement herein prescribed in the event of any emergency which threatens the safety of a local juvenile facility, youth, staff, or the public. Only such regulations directly affected by the emergency may be suspended. The facility administrator shall notify the BSCC in writing in the event that such a suspension lasts longer than three (3) days. In no event shall a suspension continue more than fifteen (15) days without the approval of the chairperson of the BSCC for a time specified by them.

513.4 RESPONSIBILITIES:

- I. Preparedness: In order to ensure every employee's ability to survive a local or national disaster, the Department shall provide a process by which each JDAC/TF prepares both staff and youth within the facility regarding fire safety and emergency evacuations:
 - A. Probation Corrections Officers (PCOs):
 - 1. In preparation of an emergency evacuation:
 - (a) Practice emergency drills in their assigned area once per week, with youth in their care, on all shifts.
 - (b) At the beginning of each shift:
 - i. Obtain the population and unit appointments sheets from Central Control.
 - ii. Complete shift inventory of emergency supplies on each living unit and Holding.
 - (c) Annually review department emergency procedures.
 - B. Central Control Staff:
 - 1. In preparation of an emergency evacuation:

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- (a) Print a facility population sheet, an appointment report, and special instruction list at the beginning of each shift and provide to Watch Commander (WC).
 - (b) Maintain accurate status of all people within the facility, via the staffing sheet and sign in/out log.
 2. Third Shift Only:
 - (a) Print a list of youth on psychotropic medication prior to the end of shift and submit to WC.
- C. Probation Corrections Supervisor I (PCSI):
 1. In preparation of an emergency evacuation:
 - (a) Ensure staff are familiar with emergency and evacuation procedures.
 - (b) Ensure staff are appropriately trained for emergencies and evacuations.
 - (c) Ensure staff conduct/participate in weekly unit emergency drills.
 2. During a drill or actual emergency situation respond to the Incident Command Center (ICC).
- D. Supervising Probation Officer (SPO) of Intake and Investigations:
 1. Ensure personnel assigned to them are familiar with emergency procedures for the specific JDAC they are assigned to and are knowledgeable regarding their roles and responsibilities during emergency situations.
- E. JDAC/TF Safety Officers:
 1. Consult with the local fire department and develop a plan for fire safety which includes both a Fire Prevention Plan and a Fire Suppression Pre-Plan.
 2. Facilitate all inspections and drills listed in the fire prevention plan which includes, but are not limited to:
 - (a) Monthly fire and life safety inspections documented on the JDAC/Treatment Facilities Safety Administrative Tour (Attachment A).
 - (b) Annual Fire Marshal inspection pursuant to Health and Safety Code Sections 13146.1(a) and (b).
 - (c) Annual fire alarm system inspection.
 - (d) Monthly inspection of fire extinguishers and Automated External Defibrillators (AED).
 - (e) Fire/disaster drills on a quarterly basis.
 - i. Document in CE on drill log.

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- ii. Facilitate a debriefing after each facility-wide drill.
 - (f) All inspections, to include copies of the JDAC/Treatment Facilities Safety Administrative Tour (Attachment A), shall be maintained for no less than five (5) years.
 - (g) Maintain updated Evacuation Manuals and Emergency Operations Manual for JDACs/TFs and review bi-annually for review.
 3. Collaborate with the Department Safety Officer to develop a plan of participation for the annual Great Shake Out.
 4. Ensure the facility is supplied with current emergency preparedness equipment pursuant to existing Disaster Preparedness procedures and the JDAC/TF Biannual Emergency Disaster Equipment Checklist (Attachment B).
 5. Shall ensure that all replacement O.C. Pepper Spray to be used by sworn personnel is secured and stored in the Safety Office for distribution as needed by the JDAC/TF Safety Officer. The Safety Officer will also maintain a small container in the WC/TFS office for replacement O.C. when the Safety Officer is not present.
- F. Facility Division Director I/II (DDI/DDII):
1. The Division Director or designee will conduct an annual review of the status of employees having acknowledged this procedure and submit a memo to the Deputy Chief Probation Officer.
- II. Emergency Equipment/Supplies/Testing: In order to ensure every employee's ability to survive a local or national disaster, the Department shall provide emergency disaster preparedness equipment for all Probation Department buildings and facilities:
- A. Department Safety Officer shall:
1. Track the pending expiration dates of supplies including disaster preparedness and medical triage bags, and AED devices.
 2. Make arrangements to order replacement supplies, for both disaster preparedness and medical triage bags, to ensure neither are maintained within any of the buildings/facilities in an expired status.
 3. Contact the vendor the equipment was purchased from and advise of the expiration date and/or running condition, and negotiate replacement or repair of item(s).
 4. Ensure Facilities Maintenance maintains an adequate supply of gasoline stabilizer to maintain the generator in proper running condition.
- B. JDAC/TF Safety Officers:
1. Ensure their assigned building/facility is supplied with current emergency preparedness equipment.
 2. Conduct an inspection of supplies bi-annually and check expiration dates.

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3. Ensure expired equipment, including disaster preparedness, medical triage bags, and AED supplies are replaced.
 4. Provide a copy of the inspection results to their Supervisor, and forward a copy to the Department Safety Officer.
 5. Ensure generators are inspected monthly or as directed by the manufacturer and gas contained within the generator is changed a minimum of once per year.
 6. Ensure that on the first Tuesday of each month the facility satellite phones are tested in conjunction with the Department testing.
 7. Complete the JDAC/Treatment Facility Safety Administrative Tour Form (Attachment A) monthly and submit to facility DDI/DDII.
 8. Maintain the JDAC/Treatment Facilities Safety Administrative Tour Forms (Attachment A) for a period no less than five (5) years.
- C. Nursing Staff:
1. Health Service Manager (HSM):
 - (a) Ensure that medical staff has received sufficient annual training in disaster response and triaging.
 - (b) Ensure recommendations for health staff from critiqued disaster drills are addressed.
 2. Supervising Correctional Nurse I/II:
 - (a) Designate nursing staff to perform quality assurance checks on first aid and emergency response equipment as outlined in the Medical Quality Assurance Plan.
 - (b) Maintain telephone numbers and procedures for contacting medical staff and the community response partners (ambulance, hospitals).
 - (c) Ensure critiqued disaster drills are shared with nursing staff. Submit critique along with verification it was shared with nursing staff to the HSM for record-keeping.
 3. Correctional Nurse I/II, Licensed Vocational Nurse, Medical Assistant, Office Assistant:
 - (a) Report to the safe zone with emergency/disaster equipment when the scene is safe to do so.
 - (b) Perform periodic testing and quality assurance checks on first aid and emergency equipment and supplies as assigned by the Supervising Correctional Nurse.
 4. Forensic Adolescent Services Team (FAST) Clinic Supervisors:
 - (a) Ensure critiqued disaster drills are shared with FAST staff. Submit critique along with verification it was shared with FAST staff to the Juvenile Justice Program Manager for record-keeping.

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5. Forensic Adolescent Services Team (FAST):

- (a) Respond to first aid and emergency incidents as directed by the WC/TFS/IC.

III. Response/Evacuation: When evacuation is ordered:

A. Probation Corrections Officers (PCOs):

1. When not in direct supervision of youth, report immediately to the WC/TFS/IC.
2. Handcuff all youth in front and maintain constant supervision.
3. Direct youth on what action to take depending on the type of emergency.
4. Ensure the unit population sheet, appointment sheet, and first aid kit is removed from the unit during the evacuation.
5. Once in a safe area, complete the Accountability Sheet (Attachment C) for collection by designated staff.
6. Once the facility is stable and youth have been moved to a safe/secure area, they will be permitted a telephone call home to speak with their parent/guardian, if possible.

B. Central Control:

1. Respond to the ICC with the following items: master key set, first aid kit, population sheet, visitor log, staffing schedule/key sheet, and handie-talkies.
2. Conduct a count of all people within the facility via the population sheet, staffing schedule sheet, sign in/out log, and the accountability sheets and report to the Operations Chief.
3. Maintain oversight of radio communications.

C. Watch Commander/Treatment Facility Supervisor/Incident Commander (WC/TFS/IC):

1. In the event of an emergency, assume the role of IC and immediately establish/activate a safe zone and the ICC. However, if not available the next ranking officer will assume duties of WC/IC.
2. Designate and communicate locations for evacuation, medical triage, supplies, etc.
3. Direct staff when to evacuate the facility.
4. Appoint Incident Command Team (ICT) members.
5. Maintain communication with the Department Operations Center (DOC), where Department-wide response and recovery actions and resources are coordinated.
6. Once the youth have been assessed, facilitate the transportation of youth to the designated evacuation facility and/or release.

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- D. Facility Division Director I/II (DDI/DDII):
 - 1. Upon the evacuation of the facility, contact the Presiding Juvenile Court Judge and inform them of the emergency evacuation.
 - 2. Ensure the guidelines set forth in this procedure and other applicable emergency plans are followed.
 - 3. Identify the level of safety and threat of the emergency and determine if regulations directly affected by the emergency should be suspended.
 - 4. Contact the BSCC in writing if the suspension last longer than three (3) days if any of part of the Emergency Operating Procedures are suspended.
 - 5. Obtain approval from BSCC if any part of the Emergency Operation Procedure is to be suspended for more than fifteen (15) days.
- E. All Other Staff Supervisors/Managers/Designees:
 - 1. All other sworn/nonsworn staff reporting for duty at the JDAC/TF who are not directly supervising youth will complete Staff Accountability Report (Attachment D).
- F. Evacuation Plans/Locations:
 - 1. In the event that Gateway RYEF must evacuate and Central Valley Juvenile Detention and Assessment Center (CVJDAC) has not been evacuated, Gateway RYEF youth will be transported and housed in a separate section of CVJDAC. During this process, youth from Gateway and CVJDAC will be assessed for the appropriateness of release to make room for all youth.
 - 2. In the event that CVJDAC must evacuate and the High Desert Juvenile Detention and Assessment Center (HDJDAC) has not been evacuated, CVJDAC youth will be transported and housed at the HDJDAC. During this process, youth will be assessed for the appropriateness of release to make room for all youth.
 - 3. In the event that the HDJDAC must evacuate, HDJDAC youth will be transported and housed at CVJDAC. During this process, youth will be assessed for the appropriateness of release to make room for all youth.
 - 4. In the event both JDACs are simultaneously in a state of disaster/emergency, youth will be sheltered in place.
- IV. Assessment of Youth for Release:
 - A. The Intake SPO, using the DR Ward Summary, will oversee and coordinate the assessment of youth for release, as per the Department Emergency Operation Plan.
 - B. When assessing youth for release during an emergency evacuation, the following criteria will be considered:
 - 1. Youth serving custody time.

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2. Review pending allegations (i.e. Violation of Court Orders, level of offense Misdemeanor/Felony, first-time non-violent felonies, or youth pending detention hearings.
3. Gateway will review feasibility of early releases.

513.5 ATTACHMENTS:

See attachment: [Admin Tour - Attachment A.pdf](#)

See attachment: [Equipment Checklist - Attachment B.pdf](#)

See attachment: [Accountability Sheet- Attachment C.pdf](#)

See attachment: [Staff Accountability Report - Attachment D.pdf](#)

Attachments

Admin Tour - Attachment A.pdf

JDAC/Treatment Facilities Safety Admin Tour

CVIDAC
HDJDAC

Date: _____

| PHYSICAL PLANT | | | | | | | | | | | | | | | |
|----------------------|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Item | Status | Unit 1A | Unit 1B | Unit 2A | Unit 2B | Unit 2C | Unit 2D | Unit 3A | Unit 3B | Unit 3C | Unit 3D | Unit 4A | Unit 4B | Unit 4C | Unit 4D |
| Washing Machine | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Staff Desk Telephone | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Staff Desk Computer | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |

| UNIT EQUIPMENT | | | | | | | | | | | | | | | |
|------------------------|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Item | Status | Unit 1A | Unit 1B | Unit 2A | Unit 2B | Unit 2C | Unit 2D | Unit 3A | Unit 3B | Unit 3C | Unit 3D | Unit 4A | Unit 4B | Unit 4C | Unit 4D |
| Laptop + Two (2) cords | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Handi Talkie | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Restraint | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Plastic Cuffs | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Handcuffs | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Gaming Console | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Collect Phones | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Video Camera | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Stereo | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |

Date Completed: _____

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Completed By: _____

JDAC/Treatment Facilities Safety Admin Tour

CVIDAC
HDIDAC

| UNIT EQUIPMENT (cont). | | | | | | | | | | | | | | | |
|-------------------------------------|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Item | Status | Unit 1A | Unit 1B | Unit 2A | Unit 2B | Unit 2C | Unit 2D | Unit 3A | Unit 3B | Unit 3C | Unit 3D | Unit 4A | Unit 4B | Unit 4C | Unit 4D |
| Sharp Levels Checked | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Labeled Spray Bottles | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Ambu Bag | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Microwave | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| TV & Equip | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Fan | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Mop Cart | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Hygiene Boxes | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| BBQ Grill Cleaned and Working | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| OC Ventilator Fans | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Refrigerator Cleaned | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |

Date Completed: _____

Completed By: _____

JDAC/Treatment Facilities Safety Admin Tour

CV/DAC
HD/DAC

| EMERGENCY SUPPLIES | | | | | | | | | | | | | | | |
|---------------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Item | Status | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit | Unit |
| | | 1A | 1B | 2A | 2B | 2C | 2D | 3A | 3B | 3C | 3D | 4A | 4B | 4C | 4D |
| Fire Extinguisher | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Fire Alarm | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| 911 Tool | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Emergency Clothing | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| First Aid Kit | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Emergency Bag | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Fans | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Decontamination Kit | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Spit Guards | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |
| Spit Shields | Quantity | | | | | | | | | | | | | | |
| | Working Status Y/N | | | | | | | | | | | | | | |
| | Condition | | | | | | | | | | | | | | |

Date Completed: _____

Completed By: _____

JDAC/Treatment Facilities Safety Admin Tour

CVIDAC
HDJDAC

| FIRST AID KIT LOG | | | | | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Item | Unit 1A | Unit 1B | Unit 2A | Unit 2B | Unit 2C | Unit 2D | Unit 3A | Unit 3B | Unit 3C | Unit 3D | Unit 4A | Unit 4B | Unit 4C | Unit 4D |
| Alcohol Prep Wipes | | | | | | | | | | | | | | |
| Ammonia Inhalant Ampule | | | | | | | | | | | | | | |
| Benzalkonium Chloride Towelettes | | | | | | | | | | | | | | |
| Cotton Swabs | | | | | | | | | | | | | | |
| Dermoplast Anesthetic Pain Relief Spray | | | | | | | | | | | | | | |
| Drain Sponges 4in. x 4in. | | | | | | | | | | | | | | |
| First Aid Guide | | | | | | | | | | | | | | |
| First Aid Supply Refill List | | | | | | | | | | | | | | |
| Gauze Sponges 2in. x 2in. | | | | | | | | | | | | | | |
| Gloves (Purple) Large | | | | | | | | | | | | | | |
| Universal Precaution Compliance Kits | | | | | | | | | | | | | | |
| Hydrogen Peroxide Solution | | | | | | | | | | | | | | |
| Instant Cold & Heat Packs | | | | | | | | | | | | | | |
| Latex Free Bandages 2in. | | | | | | | | | | | | | | |
| Medicine Swab | | | | | | | | | | | | | | |
| Medical Tape | | | | | | | | | | | | | | |
| Plastic Bandages 1in. | | | | | | | | | | | | | | |
| Protective Suits | | | | | | | | | | | | | | |
| Triples Antibiotic Ointment | | | | | | | | | | | | | | |
| CPR Micro shield | | | | | | | | | | | | | | |
| Sterile Gauze Pad 4in. x 4in. | | | | | | | | | | | | | | |
| Sterile Isotonic Buffered Solution | | | | | | | | | | | | | | |
| Triangular Bandage 40" | | | | | | | | | | | | | | |
| Stretch Bandage 2in. x 75in. | | | | | | | | | | | | | | |

Date Completed: _____

Completed By: _____

Equipment Checklist - Attachment B.pdf

SAN BERNARDINO COUNTY PROBATION DEPARTMENT
JDAC – Biannual Emergency Disaster Equipment Check List:

Completed by: _____ Month: _____

| Type of Equipment: | How Many: | Where Stored: | Date/Person Completing Check: |
|---|-----------|---------------|-------------------------------|
| Water Supply | | | |
| Generators w/ Lights | | | |
| Portable Generator | | | |
| Chain Saw | | | |
| Trash Can | | | |
| Tarp | | | |
| 65 ft. Pulley Hoist | | | |
| Hydraulic Jacks | | | |
| Adjustable Hand Saws | | | |
| The following items are stored 1st. Trash Containers: | | | |
| Dust Mask | | | |
| Emergency Survival Blankets | | | |
| Whistles | | | |
| Camper Candles | | | |
| Yellow 6" Light Sticks | | | |
| Black Grease Pens | | | |
| Yellow Lumber Crayons | | | |
| 45 count waterproof matches | | | |
| 3 in 1 Can Opener | | | |
| Jar of Potable Agua | | | |
| Rechargeable Solar Radio w/ Lights | | | |
| Workers gloves | | | |
| Tri-Fold Shovel | | | |
| Shovels | | | |
| Pic Axe | | | |
| 24" Bolt Cutters | | | |
| Crow Bars | | | |
| The following items are stored 2nd. Trash Containers: | | | |
| Survival Kit Knife | | | |
| Screw Driver Set | | | |
| Axe | | | |
| 6" Wood Board Saw | | | |
| Sledge Hammer | | | |
| Framing Hammer | | | |
| Mechanics Pliers Set | | | |
| 10" Wrench | | | |
| Earth Quake Survival Tool | | | |
| 14" Pipe Wrench | | | |
| Pick | | | |

SAN BERNARDINO COUNTY PROBATION DEPARTMENT
JDAC – Biannual Emergency Disaster Equipment Check List:

| | | | |
|---|--|--|--|
| Yellow Caution Tape | | | |
| 50 ft. Orange Utility Cords | | | |
| Yellow Emergency Blankets | | | |
| Clear Emergency Goggles | | | |
| Duct Tape | | | |
| Orange Mesh Vent | | | |
| Yellow Flashlights | | | |
| Hard Hats | | | |
| Other items stored inside the container: | | | |
| Wooden Water Stands | | | |
| Dispenser | | | |
| Emergency Shelter Tents | | | |
| Nurse's Items: | | | |
| Dry Erase Board | | | |
| Cot | | | |
| Disaster Bags | | | |
| Cardboard Splints | | | |
| Triage Tarps | | | |

Accountability Sheet- Attachment C.pdf

ACCOUNTABILITY REPORT UNIT # ____

HDJDAC

CVJDAC

1. UNIT POPULATION: _____
2. NUMBER OF YOUTH PRESENT: _____
 - A. NUMBER OF INJURIES: _____
 - B. NUMBER OF FATALITIES: _____

1. NUMBER OF YOUTH OFF-UNIT: _____

| NAME | @ | NAME | @ | NAME | @ |
|------|---|------|---|------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. TOTAL YOUTH NOT ACCOUNTED FOR: _____

| NAME | NAME | NAME |
|------|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

3. NUMBER OF STAFF ASSIGNED TO UNIT (Teachers included):

| NAME | TITLE | NAME | TITLE |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

4. NUMBER OF STAFF PRESENT: _____
 - A. NUMBER OF INJURIES: _____
 - B. NUMBER OF FATALITIES: _____

5. NUMBER OF STAFF NOT ACCOUNTED FOR: _____

| NAME | TITLE | NAME | TITLE |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

6. DAMAGE OR OTHER RELEVANT INFORMATION:

*All Units will complete this form once secured in the Safe Area. The area Supervisor will be collecting these forms. Please fill this form out as accurately as possible.

Staff Accountability Report - Attachment D.pdf

JUVENILE DETENTION AND ASSESSMENT CENTER (JDAC) ACCOUNTABILITY REPORT

(STAFF NOT IN DIRECT SUPERVISION OF YOUTH)

HDJDAC CVJDAC AREA: _____

1. NUMBER OF STAFF CURRENTLY ON DUTY IN YOUR AREA: _____

| NAME: | TITLE: | NAME: | TITLE: |
|-------|--------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. NUMBER OF STAFF ON DUTY THAT ARE INJURED: _____

| NAME: | TYPE OF INJURY: |
|-------|-----------------|
| | |
| | |
| | |
| | |

3. NUMBER OF ON DUTY STAFF FATALITIES: _____

| NAME: | NOTIFIED: | NAME: | NOTIFIED: |
|-------|-----------|-------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

4. NUMBER OF STAFF ON DUTY, BUT ARE NOT ACCOUNTED FOR: _____

| NAME: | NAME : | NAME: |
|-------|--------|-------|
| | | |
| | | |
| | | |
| | | |

5. DAMAGES OR OTHER RELEVANT INFORMATION: _____

Once secure in the Safe Area, All areas will complete this form. Please fill the form out as accurately as possible. The area supervisor or a delegate will be collecting these forms.