Ocean County Juvenile Services
Video Surveillance and Staffing Plan
2025

Security Level	**Population Gender**	**Capacity**
■ Secure Detention	□ Male □ Female ■ Coed	**Detention** Sleeping: 47 residents Awake: 47 residents

Risk Based Housing
- ■ None
- □ Sex Offense
- □ Substance Abuse
- □ Mental Health
- □ Other:

Staffing Ratios for Detention	**Beds Per Unit**
1st shift: 1:6 2nd shift: 1:6 3rd shift: 1:12	Detention: 8

24-Hour Administrative Coverage?	**Additional Staff: 1st shift**	**Additional Staff: 2nd shift**	**Additional Staff: 3rd shift**
■ YES □ NO	Monday through Friday Admin. and Admin. Support staff (7:00am-3:00pm)	Monday through Friday Various Admin. and Admin. Support staff (3:00pm-6:00pm)	None

Number of Budgeted Direct Care Staff	**Filled**	**Vacant**
33	30	2

Have there been and instances during the past 12 months where the staffing ratios fell below 1:6 during 1st shift or 2nd shift, or 1:12 during 3rd shift?
- □ YES
- ■ NO

Explain:

Corrective Action Taken:

Findings of Inadequacy Related to Surveillance or Staffing

Are there any inadequacies identified related to the video surveillance system of staff plan?
- □ YES

■ NO

Explain:

Corrective Action Taken:

Have there been any judicial findings of inadequacy?

□ YES

■ NO

Explain:

Corrective Action Taken:

Have there been any findings of inadequacy from federal investigative agencies?

□ YES

■ NO

Explain:

Corrective Action Taken:

Have there been any findings of inadequacy from internal or external oversight bodies?

□ YES

■ NO

Explain:

Corrective Action Taken:

Surveillance Requirements, Living Units, and Program Areas

("NO" answers must be explained)

Is there camera coverage of all interior doors and exits?

■ YES

□ NO

Explain:

Do interior rooms, including but not limited to bathrooms, bedrooms, closets, housekeeping closets, laundry room, storage areas, and office have functioning locks?

■ YES

□ NO

Explain:

Are these doors routinely kept locked when not in use?

■ YES
□ NO

Explain:

Is there at least 95% camera coverage of all living units?
■ YES
□ NO

Explain:

Describe any blind spots:

If any blind spot poses a protentional risk to safety, what has been done to mitigate that risk of sexual violence?

Maintenance Areas, Basements, and Roofs

Are youth permitted in maintenance areas?
□ YES
■ NO

Are cameras in the maintenance areas?
□ YES
■ NO

If youth are permitted in maintenance areas and there are no cameras, what safety measures have been put in place to mitigate the rick of sexual violence?

Are youth permitted in basement areas?
□ YES
■ NO

If youth are permitted in basement areas and there are no cameras, what safety measures have been put in place to mitigate the rick of sexual violence?

Is there any fixed access (stairs or fire escape) to the roof? (If NO, skip to next section.)
■ YES
□ NO

Is the roof off limits to staff and youth expect for necessary maintenance and emergencies?
■ YES
□ NO

Is the access to the roof secured against unauthorized access by staff and youth?
■ YES
□ NO

Is there camera surveillance of access points and/or the roof?
■ YES
□ NO

If the roof is accessible and no camera surveillance exists, what safety measures have been put in place to mitigate the rick of sexual violence?

Outdoor Areas

Does the facility have any exterior cameras?

■ YES

□ NO

Are the cameras fixed, pan-tilt-zoom (PTZ), or both?

Both

Do the cameras have programmable analytics?

□ YES

■ NO

Do the cameras cover parking lots?

■ YES

□ NO

Do the cameras cover entrance and exit roads?

■ YES

□ NO

Do the cameras cover activity areas routinely utilized by youth?

■ YES

□ NO

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

Surveillance System Details

Date System Was Installed:	**Date of Last Upgrade:**	**Operating System:**	**Design Engineering Firm:**
2016	2024	Windows 10	Integrator P2 Controls Odin Technologies
Number of Indoor Cameras:	**Number of Outdoor Cameras:**	**Number of Workstations:**	**Number of Monitors:**
49	13	6	6

Prior Incidents of Sexual Abuse

Has the facility had any substantiated or unsubstantiated incidents of sexual abuse?

YES

NO X

If YES, list date, time, specific location, and type (youth/youth, staff/youth, or youth/staff) for each incident.

Date	Time	Specific Location	Type

Describe corrective action(s) taken in response to the above incident(s) to prevent or mitigate the risk of future occurrence.

Facility Video Surveillance and Staffing Plan Approval		
Name: Edward Turnbach	**Title:** PREA Coordinator	**Date: 1/9/25**
Signature: Edward Turnbach		
Name: Jon Carman	**Title:** Director	**Date: 1/10/25**
Signature:		