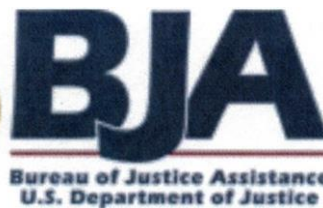


# PREA AUDIT: AUDITOR'S SUMMARY

## REPORT JUVENILE FACILITIES



**Name of Facility: Alachua Academy**

**Physical Address: 3430 NE 39<sup>th</sup> Ave., Gainesville, FL 32609**

**Date report submitted: March 30, 2015**

**Auditor information: Shirley L. Turner**

**Address: 3199 Kings Bay Circle, Decatur, GA 30034**

**Email: shirleyturner3199@comcast.net**

**Telephone number: 678-895-2829**

**Date of facility visit: March 9, 2015**

### Facility Information

**Facility Mailing Address: Same as Physical Address**

**Telephone Number: 321-264-4033**

**The Facility is:**  Military  County  Federal  
 Private for profit  Municipal  State  
 Private not for profit

**Facility Type:**  Detention  Correction  Other: Residential

**Name of PREA Compliance Manager: Vicki Donaldson** **Title: Program Director**

**Email Address: vickydonaldson@nafi.com** **Telephone Number: 352-872-5152**

### Agency Information

**Name of Agency: National American Family Institute**

**Governing Authority or Parent Agency: NA**

**Physical Address: 26 Howley Street, Peabody, MA 01960**

**Mailing Address: Same as Above**

**Telephone Number: 978-882-4850**

### Agency Chief Executive Officer:

**Name: Yitzhak Bakal** **Title: President**

**Email Address: yitzhakbakal@nafi.com** **Telephone Number: 978-882-4850**

### Agency Wide PREA Coordinator

**Name: Deb Yates** **Title: Regional Director**

**Email Address: debyates@nafi.com**  
**Telephone Number: 240-405-9904**

# AUDIT FINDINGS

## **NARRATIVE:**

The Alachua Academy is located in Gainesville, Florida and is operated by National American Family Institute, Incorporated through a contract with the Florida Department of Juvenile Justice (DJJ). It is a 24-bed moderate risk residential program that serves female juvenile offenders between the ages of 13-18. The facility serves females in need of substance abuse treatment services and the average length of stay is seven months. The psychotherapeutic services include individual, group and family counseling; cognitive skills training; and relapse prevention training.

Medical services are provided on-site by a full-time Licensed Practical Nurse, a contract physician who visits the facility once weekly, and a contract Registered Nurse who provides nursing oversight as needed. Mental health services are provided by the Clinical Director and two Therapists. The contract psychiatrist is on-site twice a month and the Case Manager and Assistant Case Manager are in the mental health unit. The education staff consists of the school principal, two teachers and a teacher's aide. The residents participate in academic subjects, GED preparation and vocational activities.

The facility has a behavior management system where residents earn points as they progress throughout the day. An accumulation of points assists the residents in achieving different levels where the privileges and responsibilities increase with each level. A Point Store exists where residents may spend their earned points on an array of items. Based on the amount of points earned, purchases can include an additional stamp and/or additional phone call.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

There is one main building that houses the program. The front of the building contains administrative offices. Beyond this area is a large dayroom space which is divided into two areas, where one area serves as the dining room. There is a long hallway where one end contains offices and two classrooms. The other end of the hall contains the residents' rooms and the medical clinic area. The residents' bathroom and laundry room are located on the housing wing. Residents are provided a reasonable amount of privacy during showers, while using the toilet, and when changing clothes. There is a large patio on the back of the building and adjacent grounds that provide ample space for various outside recreation and other activities.

There are 24 double occupancy rooms in the housing wing and they are attractively painted, decorated, and accessorized in coordinated colors. The occupants of each room have their names and pictures posted on the wall outside of their room. Direct care staff provides engaged supervision of residents in daily activities and during the residents' movement to and from activities and services.

## **SUMMARY OF AUDIT FINDINGS:**

The notifications of the on-site audit were posted in buildings of the facility prior to the site visit. Photographs were taken of the posted notices and the photographs were electronically sent to this Auditor, noting their posted locations. Telephone conversations were held with the Program Director who also serves as the PREA Compliance Manager to review the PREA audit processes. The Pre-Audit Questionnaire, facility policies and supporting documentation were uploaded to a flash drive, which was received by the Auditor prior to the on-site audit. After reviewing the information, notes were sent to the Program Director to seek clarity of information and to note the additional documents needed. In response to the issues noted, additional information was provided and discussed prior to and during the site visit and corrective actions were taken to provide clarity of procedures and practices.

The on-site audit was conducted on March 9, 2015. An entrance meeting was held with the Program Director. After the meeting, a staff member from the overnight shift was interviewed by the Auditor. Following the interview, a comprehensive tour of the facility was conducted by the Program Director. During the tour, staff members were observed to be providing direct supervision and were actively engaged with the residents. Random staff, specialized staff and residents were interviewed during the on-site audit. The interviews of both staff and residents revealed their general knowledge of PREA and the related procedures. The staff members interviewed were aware of the zero-tolerance policy against sexual assault and sexual harassment and understood their duties and responsibilities regarding PREA. The residents interviewed demonstrated their knowledge of what PREA means and how to report sexual assault and sexual harassment. At the conclusion of the audit, a summary of the findings were provided in a review with the Program Director.

Number of Standards Exceeded: 0

Number of Standards Met: 39

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

**Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The Alachua Academy has a zero-tolerance PREA Policy against sexual assault and sexual harassment which details how the facility will implement its approach to preventing, detecting, and responding to sexual abuse. The facility's PREA Policy is aligned with the Florida Department of Juvenile Justice's PREA Policy 1919 (FDJJ 1919). Both policies contain definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The Program Director, in charge of the facility, has been identified as the PREA Compliance Manager.

**Standard 115.312 Contract With Other Entities for the Confinement of Residents.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Standard Not Applicable

**Auditor Comments:**

The facility does not contract with other agencies for the confinement of residents.

**Standard 115.313 Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy requires that the facility implement an approved staffing plan and that it is documented when deviations from the staffing plan occur. The facility reports that there have been no deviations from the staffing plan. A review of documents showed a requirement for the annual review and internal requirements of staffing by the Program Director. The Shift Supervisors develop the work schedules for direct care staff; they are reviewed by the

Assistant Program Director; and a final review is conducted by the Program Director to ensure adherence to the staffing plan. Hold-over staff members are identified on the work schedule, in advance, to fill in as needed or a person is called in from the part-time work pool.

The PREA Policy and facility practice provide for unannounced rounds that are completed by management staff. The Policy also prohibits staff from alerting each other of the rounds occurring. A review of documentation and staff interviews confirmed that unannounced rounds occur.

### **Standard 115.315 Limits to Cross Gender Viewing and Searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The PREA Policy prohibits staff from searching a transgender or intersex resident to determine the resident's genital status. It further states that cross-gender strip searches, cross-gender pat-down searches, and cross-gender visual body searches are prohibited except in exigent circumstances that require immediate action. The reasons for such searches are to be documented. Staff training includes the searching of residents. The viewing of residents by opposite gender staff while they are showering, changing clothes, and performing bodily functions is not permitted, unless there are exigent circumstances.

The facility reports no cross-gender pat-down, strip or body cavity searches of residents during this audit period. All staff and residents interviewed revealed that cross-gender searches do not occur. The PREA Policy requires staff of the opposite sex to announce their presence when entering the housing area where residents may be showering, changing clothes or performing bodily functions. Interviews with staff and residents confirmed this practice.

### **Standard 115.316 Residents With Disabilities and Residents Who are Limited English Proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to the PREA Policy, the facility will not rely on resident interpreters, resident readers or any kind of resident assistance except when a delay in obtaining interpreter services would jeopardize a resident’s safety or an investigation. Language Line Solutions is an outside resource for the facility. Support will also be provided by staff members who speak Spanish, the education staff and mental health staff, as needed.

**Standard 115.317 Hiring and Promotion Decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and other facility policies provide for background checks on all employees and a process that includes the elements of the standard and FDJJ policies. According to the policies, a review of documentation and interviews with staff, applicants and employees are asked about previous misconduct. Documentation provided and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted.

**Standard 115.318 Upgrades to Facilities and Technology**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

A camera system is used for monitoring activities in conjunction with direct supervision by staff. The system enables staff to observe activities in various areas. During this audit period two cameras were replaced, as well as a recording device installed that will have real time monitoring and the ability to record up to 30 plus days before re-writing.

**Standard 115.321 Evidence Protocol and Forensic Medical Examinations**

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

Documentation was presented which shows that the Program Director is working with the Alachua County Community Support Services/Victim Services & Rape Crisis Center to finalize a Memorandum of Understanding for victim advocacy services. The facility's PREA Policy provide for the services of a Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE) or another qualified medical practitioner. The forensic examination, which will be of no cost to the victim, will be performed at Shands Jacksonville Hospital where SANE services will be available. There has not been a need for a forensic medical examination during this audit period.

According to FDJJ 1919, the facility is not responsible for conducting administrative or criminal investigations. The DJJ Office of the Inspector General (OIG) is responsible for conducting administrative investigations; the Florida Department of Children and Families (DCF) is responsible for conducting allegations of child abuse; and the Gainesville Police Department is responsible for conducting criminal investigations. The PREA Compliance Form which contains the PREA requirements regarding investigations will be provided to the investigators from the Police Department as needed.

**Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and FDJJ 1919 identify the agencies that will conduct the criminal and administrative investigations. Both documents instruct the facility staff to cooperate with the OIG investigations and provide that an administrative or criminal investigation is completed for allegations of sexual abuse and sexual harassment. During the past 12 months, there were no allegations of sexual abuse or sexual harassment. Policy regarding the referral of allegations of sexual abuse or sexual harassment for an investigation is posted on the DJJ website and posted in the facility, available to the public.

**Standard 115.331 Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy provides information regarding staff training. Employees receive training on the facility's zero-tolerance policy and through FDJJ. The staff training is comprehensive of the key areas referenced in the standard. A review of the training documents and interviews with staff confirm that training is provided in accordance with the standard and the facility and FDJJ policies.

**Standard 115. 332 Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to the PREA Policy, all volunteers and contractors who have contact with residents must be trained on their responsibilities and the FDJJ prepared course regarding sexual assault prevention, detection, and response is used. Receipt of the training is documented as confirmed through document review.

**Standard 115.333 Resident Education**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy requires that all newly admitted residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual misconduct. Residents receive comprehensive education and according to the PREA Policy, periodic review of the information. A signed acknowledgement statement by the resident of having received the training is maintained and resident and staff interviews support that the resident education occurs. PREA education will be provided through accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as needed. Support services will be provided by Language Line Solutions and facility staff.



**Standard 115.334 Specialized Training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

FDJJ 1919 states that staff in the OIG will be trained on the related policies and procedures regarding the handling of sexual misconduct incidents and reports. The investigators have been trained in conducting allegations in the FDJJ settings.

**Standard 115.335 Specialized Training: Medical and Mental Health Care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and FDJJ 1919 address this standard. Documentation shows that the medical and mental health staff members have completed on-line specialized training provided by FDJJ. Forensic medical examinations are not conducted by the facility medical staff.

**Standard 115.341 Screening for Risk of Victimization and Abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy contains a section that outlines the process of screening for risk of victimization and abusiveness and the information to be obtained. The Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) instrument is completed on each resident. Staff and resident interviews and a review of documentation confirmed that the screening is being conducted.

### **Standard 115.342 Use of Screening Information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The facility uses the information from the VSAB to assist in determining housing and other program assignments, according to the PREA Policy. Additionally, the Client Services Policy outlines the classification process, use of the VSAB and the information obtained, and guidance regarding re-classification. The PREA Policy prohibits placing gay, bisexual, transgender, or intersex residents into confinement based solely on such identification or status. Housing and program assignments require determinations on each transgender or intersex resident on a case by case basis. The facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Policy provides direction for the conditions of placing a resident in isolation, including using that measure only as a last resort. There have been no residents isolated in the last 12 months because she was at risk of sexual victimization. Staff interviews and review of VSABs supported the policies and practices. Residents confirmed through their interviews that VASBs are being administered.

### **Standard 115.351 Resident Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

There are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation(s) that lead to abuse. A resident may talk to any staff member; complete a grievance form and place it in the grievance box; complete a Request to Speak form, requesting to speak to specific staff and place it in the Request to Speak box; utilize the DJJ hotline; and third parties may report allegations to the facility or place a call to the abuse hotline. Reporting information is outlined in the PREA and Administrative Services Policies. The Resident Handbook provides information regarding the grievance system and residents' rights and PREA related information is posted within the facility. Resident interviews revealed that they are aware of the reporting methods available to them.

### **Standard 115.352 Exhaustion of Administrative Remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The PREA Policy and the Resident Handbook contain information regarding the grievance system. A locked grievance box is posted in the living area and a Request to Speak box is posted in the dayroom. Regarding a PREA related grievance, the resident is directed to fill in their name, time and date of the grievance and put it in the box where identified staff checks the box. The resident is not required to use the informal process for any situation regarding sexual abuse. When a grievance is received, it is treated as an allegation of abuse and the reporting procedures are implemented for investigation by the OIG, DCF or local law enforcement. There were no emergency grievances received, alleging substantial risk of imminent sexual abuse within this audit period.

### **Standard 115.353 Resident Access to Outside Confidential Support Services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The PREA Policy states that all of the residents will have access to outside victim advocacy services. Documentation was reviewed showing collaboration between the Program Director and the Sexual Assault Program Manager of the Alachua County Victim Services & Rape Crisis Center in anticipation of signing a Memorandum of Understanding. The PREA Policy and staff and resident interviews revealed that residents have confidential access to their attorney or other legal representative and access to their parents or legal guardians.

### **Standard 115.354 Third-Party Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility provides methods for third-party reporting of sexual abuse. Related information is posted in areas of the facility accessible to the public, such as the lobby, visitation area and other areas of the facility. PREA information is available on the DJJ website regarding the reporting of sexual abuse or sexual harassment. The PREA Policy provides that staff shall accept reports made by a third-party.

**Standard 115.361 Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and the Florida Administrative Code Rule 63F-11 address this standard. All staff members are required to immediately report any allegation of sexual misconduct; youth-on-youth sexual activity; retaliation; and situations that may have contributed to sexual misconduct or harassment. These allegations must be reported to the Central Communications Center (CCC), DCF and local law enforcement, as required by mandatory reporting laws and facility and agency policies. The PREA Policy states that staff members are prohibited from revealing any related information to anyone other than those who are involved in treatment, investigation and other security and management decisions.

**Standard 115.362 Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to the facility's PREA and Administrative Services Policies, when staff learns that a resident is subject to substantial risk of imminent sexual abuse, immediate action must be taken to protect the resident. The facility reports that there have been no incidents in the last 12 months where the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse.

**Standard 115.363 Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to the PREA Policy, upon receiving an allegation that a resident was sexually abused while confined in another facility, the Director will notify the head of that facility or the appropriate office as soon as possible but no later than 72 hours after receiving the allegation. FDJJ 1919 requires notifying the appropriate investigative agency of all allegations of sexual abuse. In the past 12 months, there has not been a report of any allegations of sexual abuse occurring to a resident while she was in another facility.

**Standard 115.364 Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The staff first responder duties are incorporated in the PREA Policy and are aligned with the requirements of FDJJ 1919. The PREA Policy outlines the first responder duties and the response for non-direct care staff members. Staff interviews confirmed that they are knowledgeable of their duties as a first responder.

**Standard 115.365 Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility's coordinated response plan is aligned with FDJJ 1919 and the requirements of the standard. Interviews with staff revealed that they are familiar with the institutional plan. The plan coordinates the actions to be taken among facility first responders and other staff in response to an incident of sexual abuse.

**Standard 115.366 Preservation of Ability to Protect Residents from Contact with Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Standard Not Applicable

**Auditor Comments:**

This standard is not applicable. The facility does not maintain any collective bargaining agreements.

**Standard 115.367 Agency Protection Against Retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy addresses this standard and it is the responsibility of the Assistant Program Director to monitor for retaliation against residents and staff members who report sexual abuse or sexual harassment. FDJJ 1919 and the PREA Policy require that if the retaliation conduct is identified, the monitoring would be conducted for at least 90 days and longer if needed. There have been no incidents of retaliation reported in the past 12 months.

**Standard 115.368 Post Allegation Protective Custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy addresses the use and conditions of segregated housing. However, the reported practice is that isolation is not used. If there is a need to separate residents for their safety, the Policy will provide guidance on how it should be handled and the services residents are required to receive.

**Standard 115.371 Criminal and Administrative Agency Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and FDJJ 1919 provide direction for this standard. Administrative investigations are conducted by the OIG and criminal investigations are conducted by the Gainesville Police Department. The DCF is also called when there is an allegation of sexual abuse and they may conduct a concurrent investigation. Both Policies direct staff to cooperate with the OIG investigations.

**Standard 115.372 Evidentiary Standards for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The OIG, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

**Standard 115.373 Reporting to Residents**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

FDJJ 1919 and the facility's PREA Policy allow for the victim to be informed that an investigation has been concluded. At the conclusion of an OIG investigation, the victim or the victim's parents or legal guardian will be notified unless the allegation is unfounded. The Policies require that all allegations be documented.

**Standard 115.376 Disciplinary Sanctions for Staff**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy provides for disciplinary sanctions for staff to be up to and including dismissal for violation of the PREA policies against sexual abuse and sexual harassment. It states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, no staff has been terminated or has resigned for violating the facility's PREA related policies.

**Standard 115.377 Corrective Action for Contractors and Volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy and FDJJ 1919 state that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement regarding criminal charges and to relevant licensing bodies. FDJJ 1919 requires that the contractor or volunteer is prohibited from having contact with residents. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative agency for allegations of sexual abuse.

**Standard 115.378 Disciplinary Sanctions for Residents**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy addresses this standard. Residents found in violation of the facility's zero tolerance policy will receive disciplinary sanctions only after a formal disciplinary process. There have been no criminal or administrative investigations of sexual abuse in the last 12 months.

**Standard 115.381 Medical and Mental Health Screenings; History of Sexual Abuse**

Exceeds Standard (substantially exceeds requirement of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to the PREA Policy, residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 24 hours of the intake screening. It also requires informed consent from residents 18 years of age and older before reporting information about prior sexual victimization that did not occur at the facility. Staff interviewed confirmed awareness of the policy and procedure.

**Standard 115.382 Access to Emergency Medical and Mental Health Services**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy requires that treatment services to every victim will be provided at no cost to the victim and whether or not the resident names the abuser or cooperates with the investigation. It also states that access to the services will be timely and unimpeded and the scope and nature of the services will be based on the professional judgment of the medical and mental health staff. Interviews with staff confirmed their knowledge of the procedures.

**Standard 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The PREA Policy addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided and that the facility will attempt to obtain a mental health evaluation within 30 days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health practitioner.

### **Standard 115.386 Sexual Abuse Incident Reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

The PREA Policy and FDJJ 1919 provide information regarding the incident review team and its role. The PREA Policy details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. Interviews with staff revealed that they understand the purpose of the incident review process.

### **Standard 115.387 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

FDJJ 1919 and interviews with staff confirmed that DJJ collects incident-based, uniform and aggregated data regarding allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Policy requires the collection of accurate, uniform data for every allegation of sexual assault. The agency provides DOJ with data as requested. The PREA Policy addresses the facility's role in data collection.

### **Standard 115.388 Data Review for Corrective Action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor Comments:**

FDJJ 1919 addresses this standard. The statewide PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared. A review of documentation confirms this practice.

**Standard 115.389 Data Storage, Publication and Destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to FDJJ 1919 and the PREA Policy, it is required that data is collected and securely retained for 10 years. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Shirley L. Turner

Auditor Signature

March 30, 2015

Date