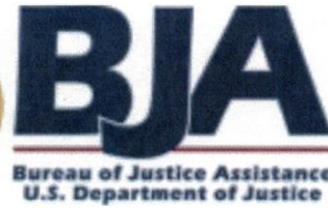


PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Brevard Regional Juvenile Detention Center			
Physical Address: 5225 DeWitt Avenue, Cocoa, FL 32927			
Date report submitted: November 10, 2014			
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: August 6-7, 2014			
Facility Information			
Facility Mailing Address: Same as Physical Address			
Telephone Number: 321-690-3400			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Vickie Dyanne Alves		Title:	Superintendent
Email Address: dyanne.alves@djj.state.fl.us		Telephone Number:	321-690-3400
Agency Information			
Name of Agency: Florida Department of Juvenile Justice (DJJ)			
Governing Authority or Parent Agency: NA			
Physical Address: 2737 Centerview Drive, Tallahassee, FL 32399			
Mailing Address: NA			
Telephone Number: 850-717-2533			
Agency Chief Executive Officer			
Name: Christy Daly		Title:	DJJ Secretary
Email Address: Christy.Daly@djj.state.fl.us		Telephone Number:	850-413-7143
Agency Wide PREA Coordinator			
Name: Gene McMahon		Title:	Program Admin./Statewide PREA Coord.
Email Address: Gene.McMahon@djj.state.fl.us		Telephone Number:	850-171-2533

AUDIT FINDINGS

NARRATIVE:

The Brevard Regional Juvenile Detention Center (BRJDC) is located in Cocoa, Florida and is operated by the Florida Department of Juvenile Justice (DJJ). It is a secure detention facility that serves female and male juvenile offenders between the ages of 12 and 19. Residents are detained by the courts pending adjudication, disposition or placement in a commitment facility. The primary length of stay is approximately 10 days. The facility capacity is 40. Eight hundred thirty-two residents have been admitted to the BRJDC in the past 12 months.

Fifty-six staff members have been employed at the facility during the past year. Medical and mental health services are provided by staff on-site. Medical services are provided by a facility Registered Nurse and other contract medical staff. The contract medical staff includes a physician, Advanced Registered Nurse Practitioner (ARNP), Licensed Practical Nurse and a medical assistant. The Physician and the ARNP visit the facility at least weekly. Mental health services are also provided through a contract and include a psychiatrist who visits the facility at least weekly, a qualified mental health professional, and a part-time mental health worker. Education services are provided at the facility by certified teachers through the Brevard County School District.

The services provided at the facility include mental health, medical, education; and substance abuse. The mental health services include counseling, screenings, and crisis intervention and stabilization. Residents participate in daily structured programming and recreation activities. Religious services are provided and residents may attend on a voluntary basis. The programs and services provided at the facility are aligned with its mission statement, "To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth."

DESCRIPTION OF FACILITY CHARACTERISTICS:

The program is located in one building and contains three living units or mods as they are called by staff. The building consists of administrative offices; control room which is located in the front of the building at the entrance; medical office; medical examination room; dining room; kitchen; conference room; classrooms; three holding rooms; intake offices; three mods; a multi-purpose room known as the Sunshine Room; and storage and utility closets.

Each mod has a day room area contained in the living unit where residents may assemble. One mod is used to provide housing for the medium size to larger males and one is used for smaller males and all females. The third mod is not currently being used as a housing unit but is used as a part of programming activity space. The rooms in the vacant mod are being painted and included with themed bedding to match the pictures painted on the walls of the room and outside of the room over the doors. The plan is that these rooms will be available to residents who earn them through identified positive behavior and by meeting additional criteria established by the facility. The facility grounds provide for outside recreation activities, when the weather permits.

SUMMARY OF AUDIT FINDINGS:

The notifications of the on-site audit were posted in various parts of the facility prior to the site visit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to this Auditor, noting their locations. A telephone conversation was held with the Superintendent who also serves as the Compliance Manager and the PREA Compliance Team to review the PREA audit processes. The Pre-Audit Questionnaire and the 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 Superintendent to seek clarity of information and to note the additional information needed. In response to the issues noted, additional information was provided and discussed during the on-site audit.

The on-site audit was conducted August 6-7, 2014. An entrance meeting was held with the Superintendent and the PREA Compliance Team and after the meeting a comprehensive tour of the facility was conducted by the Assistant Superintendent. During the tour, staff members were observed to be providing direct supervision to the residents. Random staff, specialized staff and residents were interviewed during the on-site audit process. The interviews of both staff and residents revealed how well both groups have been educated regarding PREA issues. All staff interviewed expressed awareness of their duties and responsibilities as they relate to the safety of the residents and PREA compliance. The residents interviewed demonstrated their knowledge of what PREA means and how to report sexual assault and sexual harassment.

The information for the audit process was presented in an organized manner on the flash drive and during the on-site audit. A close-out meeting was held at the conclusion of the on-site audit with the Superintendent and the PREA Compliance Team and a summary of the audit findings was provided.

Two standards, 115.315 and 115.351, were not met during the on-site audit and required a Corrective Action Plan as noted in the preliminary report dated September 2, 2014. The Corrective Action Plan to address the standards was implemented as agreed upon and the standards have been met. The details of the applied corrective actions are explained within this report under each standard.

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 Brevard Regional Juvenile Detention Center (BRJDC) PREA Policy is inclusive of the Florida Department of Juvenile Justice Policy, 1919 (FDJJ 1919) requirements and it contains the facility’s operational procedures. The policy provides guidelines for implementing the agency’s approach to complying with the requirements of the PREA standards including, zero tolerance toward all forms of sexual abuse and sexual harassment. The policy contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. Additionally, the Policy identifies the statewide PREA Coordinator; names the Superintendent as the PREA Compliance Manager; and identifies the members of the BRJDC PREA Compliance Team.

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 BRJDC does not contract with other agencies for the confinement of residents. The State of Florida does not contract with other entities for the confinement of youth in detention.

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 facility’s staffing requirements are incorporated and detailed in the PREA Policy. The Policy provides for the implementation of the described staffing plan with adequate staffing levels to protect residents against sexual abuse. A review of the Policy and interviews with staff revealed that staffing requirements are maintained on each shift. The facility reports no deviations from the staffing plan in the past 12 months. The annual assessment of the staffing

has been conducted by the Statewide PREA Coordinator to determine whether adjustments are needed in accordance with the standard. The assessment shows that the staffing plan addresses all components of the facility's physical plant.

The Superintendent and the Assistant Superintendent document unannounced rounds of the facility for the maintenance of a safe environment. A review of the Unannounced PREA Review Form and staff interviews confirmed the practice of visits conducted by the intermediate and higher level staffs.

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 provides for same gender pat-down searches absent exigent circumstances. The Policy also states that staff shall not conduct a strip search, except in exigent circumstances and that body cavity searches will be conducted by trained medical personnel in an emergency room. There have been no cross gender pat-down, strip or body cavity searches of residents during this audit period. All staff interviewed said that the facility practice is that no cross-gender searches are conducted. Interviews with residents confirm the practice. Staff and resident interviews also confirmed that staff members of the opposite gender announce themselves when entering the mod, according to policy.

The PREA Policy states that staff will not search a transgender or intersex resident to determine the resident's genital status. Security staff has received training on conducting cross-gender pat-down searches and on conducting searches of transgender and intersex residents; the training is documented. Residents are provided with a reasonable amount of privacy during shower time due to the installation of shower curtains.

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:

The facility has staff members that are bilingual and a list of those staff members is placed in the control room and the intake area. According to the PREA Policy and staff interviews,

assistance will be provided from the education and mental health units for assistance with providing or accessing support services for residents with disabilities and those who are limited English proficient so they may benefit from and participate in PREA education. The education unit has the capability to access translators and other special services, as needed. The facility may utilize a TTY system for residents who may be hearing impaired. The PREA Policy states that 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 and such cases must be documented.

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 provides for annual background checks on all employees and a process that is aligned with the standard. Applicants and employees are asked verbally or in writing regarding previous misconduct. A review of documentation 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:

In addition to direct supervision, the facility utilizes a secondary monitoring system. A camera system that enables staff to observe activities and areas on various screens is used. The primary viewing area is the control room where there is constant monitoring. The Superintendent, Assistant Superintendent and Lieutenant have access to desktop monitoring of activities from their offices. Cameras are strategically placed inside and outside of the facility. There are 54 cameras and the video monitoring system will be modified by adding color as the black and white cameras go down. A review of camera activity is conducted by the administrative staff and the Supervisors at least three hours per week. Records are maintained that document each review.

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:

The BRJDC PREA Policy addresses this standard. Victim advocacy services have been obtained with Sexual Assault Victim Services-Brevard. The services include but are not limited to crisis intervention, advocacy, accompaniment, and community referrals. The advocacy agency's rape crisis center is staffed with Sexual Assault Nurse Examiners and forensic medical examinations are provided at no cost to the victim. A representative from the Sexual Assault Victim Services was interviewed by telephone and she confirmed the availability of the provision of services. According to staff interviews and a review of documentation, residents who experience sexual abuse will also have access to forensic medical services provided by qualified medical practitioners at the local hospital that the facility currently uses for other services. There have been no forensic medical examinations conducted on a BRJDC resident in the last 12 months.

According to the facility's PREA Policy and 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 local law enforcement agency, Brevard County Sheriff's Office, is responsible for conducting criminal investigations.

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. Policy instructs the facility staff to cooperate with the OIG investigations. Facility policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, there were no allegations of sexual abuse or sexual harassment that required an administrative or criminal investigation.

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 for the PREA training. The staff training is comprehensive and covers the key areas referenced in the standard: zero tolerance policy; sexual abuse and sexual harassment prevention, detection, response, and reporting; resident's rights to be free of sexual abuse and sexual harassment; dynamics of sexual harassment and sexual assault; avoiding inappropriate relationships with residents; and detecting and responding to signs of threatened and actual sexual abuse. A review of the training documentation and the results of staff interviews confirm that training occurs.

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:

The PREA Policy contains information regarding the training of volunteers and contractors who have contact with residents. Receipt of the training is documented and it contains a review of the agency's zero tolerance policy.

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 residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility reports that in the past 12 months 347 residents received the information. During intake residents are provided a review and copy the fact sheet/brochure about the prevention of sexual abuse and sexual harassment and the facility's zero tolerance of any form of sexual abuse or sexual harassment. The discussion and the material used also contain the hotline number to the Sexual Assault Victim Services/Rape Crisis Center. Additionally, the residents are provided a brochure from the Sexual Assault Victim Services that includes general information and specific information regarding the advocacy services provided by the agency.

The residents view a comprehensive education video regarding PREA related issues and they have the opportunity to discuss the video with staff, at least two days or sooner following intake. Thereafter, the video is reviewed and discussed with the residents on a regular basis.

Staff and resident interviews and a review of documentation confirm that the residents receive the education regarding PREA during the intake process; receive additional information at least two days after intake; and regularly receive refresher information during their stay in the facility. Support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled is provided by facility staff and community resources accessible through the education or mental health units.

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. Training is provided to investigative staff regarding conducting investigations in the DJJ 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 facility provided documentation showing that medical and mental health staff members have received on-line training through the National Institute of Corrections and/or the National Commission on Correctional Health Care. The facility nurses do not conduct forensic medical examinations.

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 addresses this standard. The Screening for Vulnerability to Victimization and Sexually Aggressive Behavior instrument is completed on each resident. Staff and resident interviews and a review of documentation confirm that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents 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 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. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization.

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 led to abuse. A resident may file a written grievance and give it to a Supervisor or place it in the locked box; talk to any staff member; and third parties may report allegations to staff. The DJJ has developed a process and policy for resident reporting via the hotline number. The facility has provided training to both staff and residents regarding the policy and procedures.

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 states that a resident may request to file an emergency grievance with a Supervisor or place a completed grievance form in the locked box located in the Sunshine Room, which is a multi-purpose area accessible to the residents. The locked box is checked every two hours by the shift supervisor and the grievance is responded to within two hours of receipt of the grievance. There have been no complaints relating to sexual abuse or sexual harassment received in the past 12 months.

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 supports that the facility provides the residents with access to outside victim advocacy services. Documentation was provided by the facility that shows that advocacy and support services are provided by Sexual Assault Victim Services. A brochure is provided by the facility to each resident during the intake process regarding the advocacy services. Related PREA information, along with the advocacy service hotline number, is provided in the facility's Youth Safety Brochure. The brochures are reviewed with and given to each resident.

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's PREA Policy provides information regarding third-party reporting of sexual abuse. The Florida DJJ website contains information, available to the public, on how to report sexual abuse. Two brochures, "Prison Rape Elimination Act: Parents & Visitors Third Party Reporting" and "The Sexual Assault Victim Services" contain information on how to report sexual abuse and is available to the public in the lobby of the facility.

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:

According to the PREA Policy and the Florida Administrative Code Rule 63F-11, all staff members are required to report any allegation of sexual misconduct or youth-on-youth sexual activity to the Central Communications Center (CCC). The Policy further states that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. Policy goes on to say that staff members are to immediately report any knowledge, suspicion or information they

receive regarding sexual abuse and sexual harassment; retaliation against residents or staff who report any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information should be reported to the CCC, Department of Children and Families Abuse Registry, and local law enforcement. Staff interviews support this information.

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:

The PREA Policy addresses this standard and provides that when the facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. There have been no incidents in the last 12 months where the agency or the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse. Policy guides the response to this standard if it becomes necessary.

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:

The facility's PREA Policy addresses this standard. Upon receiving an allegation that a resident was sexually abused while confined in another facility, the Superintendent will notify the head of that facility as soon as possible but no later than 72 hours and document the notification. In the past 12 months, there have not been any allegations of sexual abuse occurring to a resident while he or 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 PREA Policy provides a detailed account of first responder duties and responses. There have been no allegations that a resident was sexually abused within the last 12 months. 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 coordinated response is incorporated in the PREA Policy and is aligned with FDJJ 1919. Interviews with staff support that an institutional plan has been developed and that they are familiar with it. 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 Brevard County Juvenile Detention Center 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 comprehensive PREA Policy addresses protection against retaliation. The Assistant Superintendent has been identified as the staff member designated with monitoring for possible retaliation. If the conduct is identified the monitoring would be conducted for no less than 90 days. There have been no incidents or allegations of sexual abuse within the last 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 provides that if post allegation protective custody is used, its use shall be subject to the requirements of PREA Standard 115.342 and that residents will not be denied the identified programs and services. Policy also states that transporting a resident to another facility may be a viable option. There have been no allegations of sexual abuse or sexual harassment during the last 12 months and not a need for post allegation protective custody.

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 facility's PREA Policy and operational procedures and FDJJ 1919 address this standard. Administrative investigations are conducted by the DJJ Office of Inspector General and criminal investigations are conducted by the local law enforcement agency. The Florida Department of Children and Families are also called when there is an allegation of sexual abuse. Both Policies direct facility staff to cooperate with the investigations.

According to FDJJ 1919, an investigation is not terminated solely because the source of the investigation recants the allegation. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

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:

The PREA Policy provides the process for notifying residents, following an investigation, of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. There has not been an allegation of sexual abuse in the past 12 months.

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 termination for violation of the PREA Policy of zero-tolerance against sexual abuse and sexual harassment. The policy requires that the violation be reported to local law enforcement. In the past 12 months, no staff has been terminated or has resigned for violating the facility PREA and 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 addresses the corrective actions regarding any contractor or volunteer engaging in sexual abuse of residents. They will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. The Policy requires the facility to prohibit the contractor or volunteer from entering the facility in the case of any violation of the facility's PREA and related policies. 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. Any resident found in violation of the facility's zero tolerance policy regarding sexual abuse, sexual assault, sexual misconduct or sexual harassment against another resident will receive disciplinary sanctions after a formal disciplinary process. If the disciplinary sanction results in the isolation of the resident, policy requires that the resident receives the required daily visits, programming and services. The Policy also states that the facility may discipline a resident for sexual contact with staff only upon finding that the staff did not consent to such contact. There has been no incident of resident-on-resident sexual abuse in the past 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:

The PREA Policy states that residents who disclose a history of sexual abuse 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. Staff interviewed confirmed awareness of the policy and the requirements of the standard.

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 timely access to emergency medical treatment, crisis intervention services, and victim advocacy services for victims of sexual abuse. Treatment services will be provided to every victim. The nature and scope of the services are determined by medical and mental health practitioners according to their professional judgment.

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 provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment in accordance with the standard. According to the Policy, the resident victim will be provided medical and mental health care that are consistent with the community level of care, which was confirmed by observations and staff interviews.

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 addresses this standard. There have not been any criminal investigations conducted at the facility in the last 12 months; however, the policies will serve as the guide for staff in conducting sexual abuse incident reviews. A process has been in place for conducting significant incidents. The incident review team has been identified.

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:

The PREA Policy, 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.

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 and the PREA Policy address 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 the PREA Policy and FDJJ 1919, 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

November 10, 2014

Auditor Signature

Date