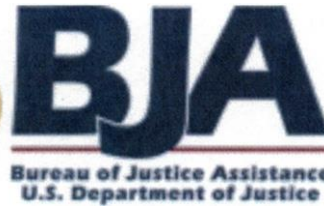


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Cypress Creek Juvenile Offender Correctional Center			
Physical Address: 2285 West Woodland Ridge Drive, Lecanto, FL 33462			
Date report submitted: May 6, 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: April 15-16, 2015			
Facility Information			
Facility Mailing Address: 2285 West Woodland Ridge Drive, Lecanto, FL 33462			
Telephone Number: 352-527-3091			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Corrections	<input type="checkbox"/> Other: Residential
Name of PREA Compliance Manager: Calvetti Pate			Title: Facility Administrator
Email Address: calvetti.pate@us.g4s.com			Telephone Number: 352-527-3091
Agency Information			
Name of Agency: G4S Youth Services, LLC			
Governing Authority or Parent Agency:			
Physical Address: 6302 Benjamin Road, Suite 400, Tampa, FL 33634			
Mailing Address: Same as Physical Address			
Telephone Number: 813-514-6275			
Agency Chief Executive Officer			
Name: Jim Hill		Title:	President
Email Address: jim.hill@us.g4s.com		Telephone Number:	813-514-6275, ext. 202
Agency Wide PREA Coordinator			
Name: Bobbi Pohlman-Rodgers		Title:	PREA Coordinator
Email Address: bobbi.pohlman@us.g4s.com		Telephone Number:	954-818-5131

AUDIT FINDINGS

NARRATIVE:

Cypress Creek Juvenile Offender Correctional Center, a 96-bed juvenile facility, is located in Lecanto, Florida. It is operated by G4S Youth Services, LLC through a contract with the Florida Department of Juvenile Justice (FDJJ) and serves male juvenile offenders. The facility has 80 beds for maximum risk residents, 16 beds for high risk and serves residents that range from 13 to 21 years of age. The average length of stay is 24 months.

Mental health and substance abuse clinical services include treatment planning and reviews; screenings; comprehensive assessments, including risk assessments; individual, group and family counseling; and transition and aftercare planning. Psychiatric services are provided at the facility and include evaluations, medication monitoring, treatment planning, and emergency consultations. All residents receive a medical screening within 24 hours of admission. Additional medical services are provided such as physical assessments; medication administration; sick call; and emergency services either at the facility or the local emergency room. The education program offers courses that include English, Mathematics, Science, Social Studies, and Reading. Vocational services are also provided within the education program.

The residents are involved in groups based on the concept of restorative justice. The Impact of Crime Services, including the groups are intended to assist residents in understanding that criminal behavior has harmful consequences. The residents also practice ways they can make amends to their victim(s) and the community and they may be required to complete community service hours.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The primary building includes administrative offices; control room; intake/medical area; kitchen; classrooms; chapel/multi-purpose room; medical area; records room; and laundry rooms. There are two housing areas, Northside and Southside, which contains three units each. Each unit contains 16 rooms, a dayroom and a laundry room. The outside grounds contain smaller buildings used for storage and a building used for educational purposes. All units have an outside fenced area used for recreation. The grounds also contain a basketball court. Additional area provides ample space for recreation and other activities.

A behavior management system exists that includes incentives for residents to demonstrate positive behavior and encourages them to fulfill the program's expectations. Residents may earn level promotions by demonstrating consistent adaptive behavior. There are five levels of the behavior management system, including Orientation. As the resident progresses to each level, the incentives increase along with increased responsibilities for the resident.

SUMMARY OF AUDIT FINDINGS:

An introductory conference call was held prior to the site visit and the audit process was discussed with the facility and agency staff and the FDJJ PREA Coordinator. The notifications of the on-site audit were posted in the facility prior to the site visit and pictures of the postings were forwarded to the Auditor. The Pre-Audit Questionnaire was uploaded to a flash drive with policies and supporting documentation and was received by the Auditor prior to the site visit. There were follow-up communication with the facility staff and additional information was provided and information was clarified as needed. Corrective actions were implemented and additional information was provided as needed.

The on-site audit was conducted April 15-16, 2015. Introductions were conducted with one of the Assistant Facility Administrators (AFA), followed by a comprehensive tour of the facility. The tour was provided by the AFA and the Chief of Security. During the tour, staff members were observed to be providing engaged supervision to the residents. Randomly selected staff, specialized staff, residents, and a contractor were interviewed. Direct care staff members were interviewed from all shifts. During the on-site audit, additional documentation was provided as requested and in a timely manner. At the conclusion of the site visit, a close-out meeting was held with the Facility Administrator, providing him with a summary of the findings.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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)

The Facility Administrator serves as the PREA Compliance Manager. Policy 10-25, Prison Rape Elimination Act (PREA), provides guidelines for implementing the agency/facility's approach to complying with the requirements of the PREA standards and zero-tolerance of all forms of sexual abuse and sexual harassment. The Policy contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The facility's PREA Policy is aligned with the over-arching Florida Department of Juvenile Justice PREA Policy (FDJJ 1919).

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

This standard is not applicable. The facility does not contract with other facilities for the confinement of their 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)

According to Policy 10-25, periodic internal reviews of the staffing plan are conducted to ensure adequate levels of staffing. A review of documents included a Staffing Plan Assessment which had been completed by the agency's PREA Coordinator based on the staffing requirements of the contract. The facility reports that there have not been any deviations from the staffing ratios. The facility uses staff holdovers, when needed, to maintain compliance with the required ratios. Policy 10-25 also requires supervisory level staff to conduct unannounced rounds. Interviews and documentation confirm that the unannounced rounds are conducted by supervisors and administrative staff.

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)

Policy 10-3 and staff and resident interviews revealed that cross-gender strip searches and cross-gender frisk searches are not conducted. Policy 10-3 addresses staff conducting searches of transgender and intersex residents. Facility policy and resident and staff interviews supported that residents are able to shower, use the toilet, and change clothes without being viewed by female staff. Policy 10-25 states and staff interviews support that transgender or intersex residents shall not be searched or physically examined for the sole purpose of determining their genital status.

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)

Policy 10-25 provides that residents may not be used as interpreters unless an extended delay in obtaining an interpreter could compromise the resident's safety, the performance of the first responder duties, or the investigation of the resident's allegation. Policy 9-2 addresses obtaining support for residents who are limited English proficient. The facility may use the Registry of Certified Court Interpreters as a resource, as well as the agency's internal list of staff who may serve as interpreters. The facility practice is to use bilingual staff members as interpreters, as needed. Interviews with staff and residents confirmed that staff members are used as interpreters and for other assistance to ensure residents' understanding of the information provided. One of the random resident interviews was conducted with the assistance of an education staff member who served as an interpreter. The PREA pamphlets are provided in other dominant languages of the facility population.

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)

Policy 3-16, Employee Recruitment and Selection, and FDJJ Policy address this standard. The Policies prohibit hiring, promoting or contracting with anyone who has been convicted of engaging in any activity prohibited by the standard and provide directions regarding background checks and screenings. Interviews with staff and a review of a sample of documentation revealed that 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)

Direct supervision of residents is supported by the use of a camera system. During this audit period, upgrades to the system have included the addition of new DVRs which increased the capacity for recording and the storage capacity. The updates also included additional monitors.

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)

Policy 10-25 provides that the facility is not responsible for conducting administrative or criminal investigations. FDJJ 1919 and Policy 10-25 support that the FDJJ 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 local law enforcement is responsible for conducting criminal investigations. The facility has written information regarding PREA related investigations, provided by FDJJ, to share with local law enforcement investigators. Documented correspondence shows that discussion occurred and that the written information has been shared with and received by the Citrus County Sheriff's Office. Documentation has been reviewed that shows the on-going collaboration for advocacy services with a victim advocacy agency. Per policy, forensic exams will be provided at no cost to the victim by a qualified medical practitioner.

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)

Policy 10-25 and FDJJ 1919 identify who is responsible for conducting the criminal and administrative investigations and instructs staff to cooperate with investigations. Related policies are published on the DJJ website. During this audit period there was one allegation that was reported. The investigation was referred to the Citrus County Sheriff's Office and was determined to be unfounded. The FDJJ Central Communications Center (CCC) conducted an administrative review of the situation. The CCC report regarding the allegation, show the findings of closed as Information Only. The CCC report did show a Violation of Policy/Rule, regarding the provision of data to the CCC, by the former Facility Administrator (FA) who was employed at the facility during the time the allegation was reported. The CCC report stated that the FA has since resigned and that the resignation was independent of the case. Interviews conducted with the current FA and the FDJJ PREA Coordinator supported that the former FA's resignation was independent of and unrelated to the case.

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)

Policy 10-25 refers to G4S FOP Chapter 5 regarding staff training. The facility maintains documentation of the receipt of PREA training. The initial staff training occurred and staff has also been provided with refresher training. FDJJ has on-line training and facility in-house training has been conducted regarding specific areas of the standards.

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)

FDJJ 1919 and the training curriculum support that volunteers and contractors be trained on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment. Documentation has been provided showing that training has been conducted with volunteers and contractors.

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)

Policy 10-25 states that all residents are provided PREA information during the intake process. Staff and resident interviews and a review of documentation confirmed that residents are provided PREA education. Staff members may assist with the PREA education for residents that are limited English proficient, visually impaired, otherwise disabled, or have limited reading skills. The document review included lists of internal and external interpreters and information regarding hearing impaired services. The PREA information is posted within the facility and there are pamphlets that are accessible and available to all residents. Pamphlets are available in languages of residents that are admitted to the facility.

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)

FDJJ 1919 state that staff in the OIG will be trained on the related policies and procedures regarding the handling of sexual misconduct incidents and reports. Appropriate 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)

FDJJ 1919 and facility Policy 5-1 address staff training. The medical and mental health staff members have received the training developed for those areas, as well as the initial PREA training. The medical staff does 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)

Policies 9-1, 9-2 and FDJJ 1919 provide information regarding classification, re-classification and risk screening. It is required that all residents are screened for risk of victimization and abusiveness within 24 hours of intake. The screening is conducted using the DJJ objective instrument, Screening for Vulnerability to Victimization and Sexuality Aggressive Behavior (VSAB). The VSAB is used to obtain the information outlined in the standard. Interviews and documentation confirm that screening instruments are used to assess risk and that the resident's risk is re-assessed periodically.

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)

Policies 8-14 and FDJJ 1919 address this standard regarding the information from the risk screening instrument and outlines how it is to be used to help determine housing and program assignments with the goal of keeping all residents safe. The Classification and Orientation Policy also addresses how the screening information is used. The facility prohibits placing gay, bisexual, transgender or intersex residents in specific housing or making other assignments solely based on how they self-identify or their status. There was no indication of any resident held in isolation or segregated housing because they were at risk for 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)

Policies 8-3, 10-25 and FDJJ 1919 address this standard. Residents may report allegations of sexual abuse or sexual harassment by telephone, using the abuse hotline. There are also additional 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 complete a grievance form; talk to any staff member; and third parties may report allegations. Resident and staff interviews support the ways a resident may report allegations and information is provided in the Youth Handbook.

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)

Policy 8-4 provides the details of how an emergency grievance should be handled. When an emergency grievance is received alleging sexual abuse, it is reported according to the procedures for reporting allegations of sexual abuse and sexual harassment. The completed grievance forms are to be placed in a locked box and are collected by the designated staff. Policy 8-4 also allows for the receipt of reports from third parties and that third parties may assist residents in filing grievances. Policy 10-25 and the Employee Handbook provide staff with the required information for reporting sexual abuse and sexual harassment of residents.

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)

Policies 8-5 and 10-25 address this standard. There is documentation of past collaboration between the Facility Administrator and a representative from a victim advocacy agency. There is also evidence of on-going collaboration with an advocacy agency. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable 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)

Policies 8-3 and 10-25 address third-party reporting. Information is provided through posters that are located in areas of the facility, accessible to the public. The FDJJ website contains information regarding third-party reporting.

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)

Policies 8-3, 10-25 and FDJJ 1919 provide that all staff report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment or incidents of retaliation. Staff interviews revealed that they are aware of the requirement regarding their reporting duties and understand that they are mandated reporters. The Employee Handbook also addresses staff reporting duties.

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)

Policy 10-25 instructs staff to take immediate action to keep residents safe when they learn that there is substantial risk of imminent threat of sexual abuse. Interviews with staff confirmed their knowledge of this policy and they were able to verbalize measures they would take to protect residents who are at substantial risk of imminent sexual abuse. Safety tips for self-protection are provided to residents during intake and are included in the Youth Handbook.

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)

Policy 19-25 and FDJJ 1919 address the requirements of this standard. It is reported that during this audit period, the facility has not received any reports from a resident about an incident of abuse occurring while they were confined 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)

Policy 10-25 contains information on the first responder duties. Initial training and a refresher was conducted with staff through a combination of online statewide training and in-house training. During this audit period, there was one allegation reported which was investigated by the OIG and the Citrus County Sheriff's Department.

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)

Policies 7-30 and 10-25 address this standard. The facility has an institutional plan, Sexual Abuse Incident Coordinated Response Plan, which outlines the coordinated actions of the various identified staff and is aligned with FDJJ 1919.

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

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)

Policy 10-25 and FDJJ 1919 are used as a guide in providing protection to residents and staff from retaliation. The retaliation monitor has been identified and charged with the duties of

observing whether or not retaliation occurs after a resident or staff reports allegations of sexual abuse or cooperates with an investigation. The Policies and practice direct staff members to report any neglect or violations of responsibilities by other staff which may have contributed to an incident of sexual abuse or retaliation.

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)
- Standard Not Applicable

This standard is not applicable. Segregated housing is not used at this facility to house residents who allege sexual abuse.

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)

According to Policy 10-25, FDJJ 1919 and facility staff, administrative investigations are conducted by the OIG and criminal investigations are conducted by local law enforcement. The Florida Department of Children and Families are also called when there is an allegation of sexual abuse and they may also conduct an investigation. The Policies direct facility staff to cooperate with 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)

FDJJ 1919 provides that the OIG, responsible for administrative investigations, impose 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)

Policy 10-25 and FDJJ 1919 allows for the victim to be informed that the investigation has been concluded. At the conclusion of an investigation, the victim or the victim's parents or legal guardian will be notified when the investigation has been completed. Documentation shows that the resident was notified of the completion and findings of the investigation that was conducted during this audit period.

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)

Policy 3-3 provides that disciplinary sanctions, up to and including termination for those staff that violate the facility's sexual abuse and sexual harassment zero-tolerance policy. Policy 3-5 and the Employee Handbook also support this standard.

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)

FDJJ 1919 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. It also provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement agencies and to relevant licensing bodies.

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)

Policy 8-1 addresses the administrative process and the measures to be taken regarding major rule violations. This information is also addressed in the Youth Handbook. A resident may also be referred to law enforcement for charges and possible removal from the facility.

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)

Policy 9-1 and FDJJ 1919 address this standard, including providing for a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual abuse whether victim or perpetrator. Policy supports that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and those staff, based on their need to know. Medical and mental health staff members maintain documentation of the services they provide to the residents.

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)

Policy 7-30 and FDJJ 1919 address this standard. Staff interviews and review of practices revealed that documentation regarding crisis intervention services will be maintained by medical and mental health staff as required.

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)

This standard is addressed in Policy 10-25. Interviews with medical and mental health staff confirmed their awareness of the Policy and how the policy would be implemented. Staff interviews and document review revealed that medical and mental health services are consistent with the community level of care and that appropriate ongoing medical and mental health services would be provided to the victim and the abuser.

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)

Policy 10-25 and FDJJ 1919 provide for an incident review to be conducted within 30 days of the completion of an investigation. The Policies outline the requirements of the standard for discussion and review by the incident review team. There is documentation, PREA Sexual Incident Review, which shows an assessment of the allegations that were investigated.

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)

FDJJ 1919 and documentation confirm that FDJJ collects incident-based, uniform and aggregated data regarding allegations of sexual abuse at facilities under its direct control using a standardized instrument. 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)

FDJJ 1919 addresses this standard on a statewide basis. The collected and aggregated data will be reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared that will provide an assessment of the agency's progress in addressing sexual misconduct.

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)

FDJJ 1919 provide that all data collected will be maintained for at least 10 years after the initial collection date. According to the Policy, the report will be approved and posted on the agency’s website, accessible to the public, as required by the standard. The practice is that the report is posted on the agency’s website.

AUDITOR CERTIFICATION:

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

Shirley L. Turner

Auditor Signature

May 6, 2015

Date