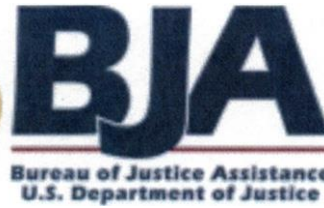


PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Dade Juvenile Residential Facility

Physical Address: 18500 SW 42nd Street, Florida City, FL 33034

Date report submitted: November 4, 2015

Auditor information: Shirley Turner

Address: 3199 Kings Bay Circle, Decatur, GA 30034

Email: shirleyturner3199@comcast.net

Telephone number: 678-895-2829

Date of facility visit: October 8-9, 2015

Facility Information

Facility Mailing Address: 18500 SW 42nd Street, Florida City, FL 33034

Telephone Number: 305-247-6492

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: Richard Barnett **Title:** Facility Admin.

Email Address: richard.barnett@us.g4s.com **Telephone Number:** 305-247-6492
Ext. 101

Agency Information

Name of Agency: G4S Youth Services, LLC

Governing Authority or

Parent Agency:

G4S Youth Services

Physical Address: 6302 Benjamin Road, Suite 400, Tampa, FL 33634

Mailing Address: Same as Above

Telephone Number: 813-514-6275

Agency Chief Executive Officer

Name: James C. Hill, Jr. **Title:** President

Email Address: jim.hill@us.G4S.com

Agency Wide PREA Coordinator

Name: Bobbi Pohlman-Rodgers **Title:** Sr. Dir. of JJDPA/PREA Compliance

Email Address: bobbi.pohlman@us.G4S.com **Telephone Number:** 954-818-5131

AUDIT FINDINGS

NARRATIVE:

The Dade Juvenile Residential Facility is a 56-bed program serving male juvenile offenders between the ages of 14 and 21. It is located in Florida City, Florida and operated by G4S Youth Services through a contract with the Florida Department of Juvenile Justice (DJJ). The facility houses residents who have been assessed as needing dual-diagnosis treatment services or intensive mental health treatment services in a residential environment. The structured program utilizes evidenced-based practices to provide secure care, treatment and supervision. Residents receive daily psychotherapeutic services including individual, family and group counseling, cognitive skills training, and relapse prevention training by qualified mental health and substance abuse professionals. The length of stay is six to nine months, depending on the resident's pace of success in completing his individualized treatment plan and goals.

A medical clinic is on-site staffed by Registered Nurses under the management of the Health Services Administrator. A contract physician visits the facility weekly. Mental health services are provided on-site by therapists, under the leadership of the Clinical Director. A contract psychiatrist is at the facility several times per week providing psychiatric evaluations; psychopharmacological services; and treatment recommendations. Additional sessions for residents include Impact of Crime Groups. The focus of these group sessions is for the resident to understand how what he has done has affected people. The subjects for the groups include victimization, making amends and stress.

Regular education and special education services are provided by the Miami-Dade County School District. The courses offered are Reading; Language Arts; Mathematics; Science; Social Studies; and Career Research. Approximately 68 staff members are employed at the facility who may have contact with residents. Eighty-one residents have been admitted to the facility during the past 12 months.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The spacious grounds contain seven buildings that house administration; three dormitories totaling 56 beds; school; medical/mental health; multi-purpose room; and dining hall. There are three dormitories with one being open-bay containing 20 beds; two other dormitories have eight rooms with two residents per room and two rooms that are single occupancy. The dormitories contain offices and dayroom space. The showers have been temporarily modified with the installation of rods that accommodates the addition of shower curtains to provide some privacy for residents while they are taking showers. A long-range plan is in development with the Florida Department of Juvenile Justice for a permanent design for updating the bathrooms. Segregation or isolation is not used at this facility. A camera system supports the direct supervision provided by the staff. Cameras are strategically located and the system has been updated to include high definition cameras.

The school building includes four classrooms; a computer lab; work space for teachers; and another room that may be used as needed for staff and students. The outside grounds provide for various recreation and large muscle activities and leisure activities. There is a handball court and space for kickball, basketball football, etc. This outside space resembles an open courtyard as it is surrounded by the other buildings.

SUMMARY OF AUDIT FINDINGS:

A conference call was held with the Facility Administrator and other G4S staff, Florida statewide PREA Coordinator and PREA Auditors to make initial introductions and to discuss the site visit and the audit process. The notifications of the on-site audit were posted in the facility prior to the on-site audit. Photographs were taken of the posts and were electronically sent to this Auditor, noting the locations. A flash drive was not sent to this auditor from the facility prior to the on-site audit. Upon arrival to the facility, the Auditor was presented with a binder that contained documentation compiled numerically to correspond with each standard as listed on the Pre-Audit Questionnaire. After reviewing the information and conducting interviews, additional documents were requested and reviewed. The requested documents were provided promptly. The Facility Administrator serves as the PREA Compliance Manager.

The on-site audit was conducted October 8-9, 2015. An entrance meeting was held with the Facility Administrator and the key staff, followed by a comprehensive tour of the facility. During the tour, staff members were observed to be interacting with residents and providing direct supervision. Eleven randomly selected direct care staffs from all shifts and 10 residents were interviewed. A total of eleven specialized interviews were conducted and included a volunteer and a contractor. The responses of staff and residents during their interviews confirmed that both groups had been involved in PREA training.

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)

Policy 10-25 provides guidelines for implementing the facility’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 prohibited behaviors regarding sexual abuse and sexual harassment. Florida DJJ Policy (FDJJ) 1919 serves as the principal guide for directions to facilities to ensure PREA compliance.

The facility’s operating procedure, Chapter 3, is aligned with DJJ policies regarding hiring and promotion decisions and contains prohibited behaviors for staff and includes sanctions for employees who have participated in the prohibited behaviors. The Facility Administrator serves 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)

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

Policy 10-25 addresses this standard. The staffing ratios are a part of the facility’s contract with DJJ. The required ratios for the awake and sleeping hours are 1:6. Policy 10-25 and practice provide that periodic internal reviews of the staffing plan are conducted to ensure adequate levels of staffing. The facility reports no deviations from the staffing ratios and uses staff holdovers, when needed, to maintain compliance with the required ratio. Policy 10-25 also identifies the staff members who are required to conduct unannounced rounds. Staff interviews and documentation confirmed that the unannounced rounds are conducted.

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)

The facility does not conduct cross-gender strip, cross-gender body cavity, or cross-gender frisk searches according to Policy 10-25 and as confirmed through staff and resident interviews. A corrective action was implemented for the provision of enhanced staff training for conducting searches of residents which includes searching transgender and intersex youth.

The residents are allowed to shower, perform bodily functions, and change clothing without being viewed by the opposite gender staff. Signs are posted as a reminder that female staff should announce their presence as they enter the housing units. Confirmation of limits of cross-gender viewing and female staff announcing their presence was confirmed through staff and resident interviews.

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 and FDJJ 1919 prohibit the use of residents as interpreters and readers 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. The facility practice is to use bilingual staff members as interpreters and additional resources are American Sign Language Interpreters and the Registry of Certified Court Interpreters. PREA information is available and accessible to residents in other dominant languages of the resident 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)

The facility adheres to the guidelines in Policies 3-16 and FDJJ 1919. The policy prohibits hiring, promoting or contracting with anyone who has been convicted of engaging in any activity prohibited within the standard. A review of the policies and procedures, interviews with staff, and a sample review of documentation revealed that measures are in place for conducting background checks.

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)

A camera system is used to support the direct supervision provided by staff. The upgrades to the system include the installation of high definition cameras.

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)

The facility does not conduct administrative or criminal investigations. Administrative investigations are conducted by the DJJ Office of the Inspector General (OIG) and criminal investigations are conducted by the Miami-Dade County Police Department. There is documentation showing that the Facility Administrator provided the DJJ PREA Compliance Form to the local law enforcement agency, which contains information regarding PREA related investigations. Additionally, the Florida Department of Children and Families are called to investigate allegations of child abuse. There have not been any incidents or allegations of sexual abuse during this audit period.

A Memorandum of Understanding exists between the facility and the Roxcy Bolton Rape Treatment Center-Jackson Health System. This advocacy agency maintains a 24/7 sexual assault hotline number and will provide confidential emotional support services; provide a Sexual Assault Nurse Examiner to conduct a forensic examination; provide directives for follow-up care; as well as other services and at no cost to the victim.

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 address this standard and identify the agencies that will conduct the criminal and administrative investigations within a facility and instructs staff to cooperate with the investigations. Related policies are published on the DJJ website. During the past 12 months, there were no allegations of sexual abuse or sexual harassment.

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)

The PREA training provided by DJJ and the facility covers the areas referenced in the standards. Policy 10-25 requires the PREA Compliance Manager to ensure that all PREA training is conducted as required and that all staff members have been properly trained on PREA prior to their interaction with residents. Staff training rosters are maintained and refresher training is provided. A review of documentation and staff interviews confirmed the initial training and refresher training. Enhanced training regarding the searching of residents was recently conducted.

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)

Contractors and volunteers are required to participate in PREA training and are given the opportunity to ask questions about the PREA information provided. Additionally, an online training course is provided by DJJ for volunteers and contractors. Interviews with a volunteer and contractor and records confirmed that the training occurs.

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 provides that all residents receive PREA information during the intake process. Staff and resident interviews and a review of documentation confirmed that a Case Manager explains the zero tolerance policy to the residents during the intake process. Information is provided in the resident handbook and on posters. Identified staff members or other resources available to the facility may be used to assist with the PREA education for residents that are limited English proficient, visually impaired, otherwise disabled, or have limited reading skills. PREA brochures are available for residents in languages other than English.

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 Policy supports 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)

FDJJ 1919 and facility Policies 5-1 and 5-2 address staff training. The medical and mental health staff members have access to the specialized training and the general PREA training. The specialized training is developed by DJJ and is accessible to medical and mental health staff online. 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 and 9-3 address initial risk screening and re-screening and provide information concerning the classification process. A screening tool that is used is the DJJ objective instrument, Screening for Vulnerability to Victimization and Sexuality Aggressive Behavior. The instrument ascertains the information prescribed in the standard. The resident is re-assessed periodically as stated in Policy 9-3.

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)

This standard is addressed in Policies 8-14, 9-1 and 10-25. The policies provide that the information used from the objective screening instrument be used to help determine housing and program assignments with the goal of keeping all residents safe. Policy prohibits placing gay, bisexual, transgender or intersex residents in specific housing or other assignments solely based on how they self-identify or their status. The facility does not use isolation.

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 and 10-25 address resident reporting. 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; complete a form requesting to see an identified staff member; and third parties may report allegations. Resident and staff interviews support the identified ways a resident may report allegations and the information is also provided in the resident 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 regarding completing and responding to a grievance, including an emergency grievance. Completed grievances may be given to the Grievance Officer or placed in the locked grievance box. When an emergency grievance is received, it is immediately provided to the Facility Administrator, per Policy 8-4. A response is provided to the resident immediately and the policies and procedures for reporting allegations of sexual abuse and sexual harassment are initiated. 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)

The facility provides residents with access to the Roxcy Bolton Rape Treatment Center, an outside victim advocacy agency that provides emotional support services related to sexual abuse. The facility was able to obtain the signed MOU prior to the writing of this report and provided education sessions to residents regarding the services provided by the advocacy agency and the limits of confidentiality. Sign-in training rosters, the detailed MOU and

general information were reviewed in the education sessions for the residents and staff. The MOU provides for and the education session included the provision of posted information to the residents, including contact information. Policies 8-4, 8-5, and 8-6 address access to attorneys or other legal representation and to parents or guardians. Interviews with residents verified access to legal representation, where applicable, and to parents or 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 10-25 and 8-3 contain information regarding third-party reporting. Information for reporting allegations is provided through posters that are located in areas of the facility, accessible to residents, staff, and visitors. The FDJJ website contains information for third-party reporting. Staff and resident interviews confirmed that allegations of sexual assault and sexual harassment can be made through third parties.

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 and 10-25 address this standard and there is the requirement that all staff members report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment or incidents of retaliation as directed. All staff members are mandated reporters. The Policies provide that staff members are required to report any retaliation against residents or other staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or to retaliation. Interviews conducted with staff confirmed that they are aware of the policies regarding their reporting duties and acknowledged that they are mandated reporters.

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 or 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 risk. The facility reports that in the past 12 months, it was not determined that any resident was subject to 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)

FDJJ 1919 addresses this standard and identifies the contacts to be made and the process. Policy 10-25 provides that any report of sexual abuse is immediately reported to the proper authorities if the abuse has not been previously reported. The Policy further directs the Facility Administrator or designee to notify the program administrator of another facility upon receiving an allegation that a resident was sexually abused while confined at that facility. During this audit period, the facility has not received a report from a resident of an incident of abuse occurring while he was 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 outlines the requirements for the first responder. Interviews with staff confirmed their awareness of their responsibilities in responding to allegations of sexual abuse. During the past 12 months there have been no allegations of a resident being sexually abused.

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)

The Sexual Abuse Incident Coordinated Response Plan is a written document that is specific and outlines the organized actions of the facility staff first responders; medical staff; mental health staff; and facility leadership, including the proper notifications and response to investigators. The Response Plan also provides the contact information of the hospital, victim advocacy agency and the SANE/SAFE facility.

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)

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 addresses the facility's efforts to provide protection to residents and staff from retaliation. The retaliation monitor has been identified as the PREA Compliance Manager and is charged with the responsibility of observing whether or not retaliation occurs after a resident or staff reports allegations of sexual abuse or cooperates with an investigation.

Policy supports staff in reporting any neglect or violations of responsibilities by other staff that may have contributed to an incident of sexual abuse or retaliation. Retaliation monitoring is conducted for at least 90 days. There have been no reports of allegations of sexual abuse at this facility during this audit period.

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)

This standard is not applicable. Segregated housing is not used.

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)

Policy 10-25 and FDJJ 1919 address this standard and provide that Florida Department of Children and Families and local law enforcement investigate child abuse allegations and that the DJJ Office of Inspector General conducts administrative investigations. Policies 10-25 and FDJJ 1919 state that staff members are expected to cooperate with the 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)

The DJJ Office of the Inspector General imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated for administrative investigations.

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)

According to Policies 10-25 and FDJJ-1919, at the conclusion of an investigation the victim/victim's parents or legal guardian will be notified that the investigation has been concluded. During this audit period, there have been no allegations of sexual abuse or sexual harassment.

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)

Policies 3-3 and 10-25 address disciplinary sanctions, up to and including termination for those staff that violate the facility's sexual abuse and sexual harassment policies. The facility reports that no staff has been disciplined, terminated, or resigned prior to termination for violation of the facility's sexual abuse or sexual assault policies during the past 12 months.

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. Policy 10-25 prohibits sexual activity between residents and volunteers and contracted personnel. The facility ensures that volunteers and contractors have a clear understanding that a sexual relationship with a resident is strictly prohibited and is a serious breach of conduct. An interview with a contractor and a volunteer confirmed the related orientation and training for volunteers and contractors. During this audit period, there have

been no allegations of sexual assault or sexual harassment regarding a contractor or volunteer.

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 resident handbook. A resident may also be referred to law enforcement for charges and possible removal from the facility. Policy 10-25 states that anyone reporting in good faith shall be immune from any civil or criminal liability. During the past 12 months, there have been no allegations of resident-on-resident sexual abuse. Isolation is not used at 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 10-25 and FDJJ 1919 address the sections of 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 they are the 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. Policy 10-25 provides that medical and mental health practitioners will obtain informed consent from a resident who is 18 years of age and older before reporting information about prior sexual victimization that did not occur at the facility. Observation of files show that medical and mental health staff members maintain documentation of the services they provide to the residents and actions taken regarding a resident.

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 addresses this standard. Documentation regarding medical and crisis intervention services, in the case of an incident or allegation of sexual abuse, would be maintained by medical and mental health staffs. Interviews and a review of related forms revealed that the documentation would include the timelines of services and other requirements of the standard.

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)

According to Policy 10-25 ongoing medical and mental health evaluations and appropriate treatment will be offered to each victim. Policy 7-30 also addresses this standard and states that the resident will be referred to the physician and mental health for follow-up care and that the resident will receive special and appropriate treatment. Staff interviews confirmed mental health and medical staff members' awareness of the policies and revealed that the medical and mental health services are consistent with the community level of care. The interviews further revealed that appropriate ongoing medical and mental health services can be provided at the facility, if needed.

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 provides for and identifies the incident review team to review all incidents within 30 days of the conclusion of an investigation. The Policy highlights the requirements of the standard for discussion and review by the team.

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 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. The agency and the facility will provide DOJ with data as requested. Policy 10-25 ensures that information is provided to DJJ as requested and in a timely manner.

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)

The FDJJ 1919 Procedures address this standard on a statewide basis and supports that the PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy provides that an annual report will be prepared. The statewide annual report was reviewed.

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 provides that all data collected will be maintained for at least 10 years after the initial collection date. The report is approved and accessible to the public, as required by the standard.

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

November 4, 2015

Date