

PREA AUDIT: Auditor's Summary Report

JUVENILE FACILITIES



Name of Facility: Duval Regional Juvenile Detention Center

Physical Address: 1214 East 8th Street, Jacksonville, Florida

Date report submitted: February 23, 2015

Auditor information: Flora Boyd

Address: 5 Rosemount Court, Blythewood, South Carolina 29016

Email: fbb4577@aol.com

Telephone number: 803-312-5199

Date of facility visit: February 2-3 , 2015

Facility Information

Facility Mailing Address:

(if different from above) Same as Above

Telephone Number: 904-798-4820

The Facility is:

Military

County

Federal

Private for profit

Municipal

State

Private not for profit

Facility Type:

Detention

Correction

Other:

Name of PREA Compliance Manager: Darrell Johnson

Title:

Superintendent

Email Address: Darrell.Johnson@djj.state.fl.us

Telephone Number:

904-798-4820

Agency Information

Name of Agency: Florida Department of Juvenile Justice

Governing Authority or Parent Agency: (if applicable)

Florida Department of Juvenile Justice

Physical Address: Knight Building, 2737 Centerview Drive, Tallahassee, Florida 32399

Mailing Address: (if different from above) Same as Above

Telephone Number: 850-488-1850

Agency Chief Executive Officer

Name: Christy Daly

Title:

DJJ Secretary

Email Address: Christy.Daly@djj.state.fl.us

Telephone Number:

850-413-7313

Agency Wide PREA Coordinator:

Name: Gene McMahon

Title: PREA Coordinator

Program Coordinator

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Telephone Number:

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AUDIT FINDINGS

NARRATIVE:

Duval Regional Juvenile Detention Center (DRJDC) is a 100 bed, hardware secure facility that serves youth between the ages of 10 and 18 years old who are detained in judicial circuits 4 (Duval, Clay and Nassau counties) and 7 (St. Johns county). Youth are detained pending adjudication, disposition or placement in commitment facilities.

The facility provides supervision of youth in a safe, secure and humane environment. Services for youth include education, mental health, substance abuse and health care. Medical and Mental Health services are contracted with Correct Care Solutions (CCS). Medical and Mental Health Services are available to youth seven days a week. The contracted staff consists of a medical doctor, an advanced registered nurse practitioner, registered nurses and licensed practical nurses as well three licensed mental health counselors.

Educational services are funded by the Florida Department of Education though the Duval County School District.

The facility operates with a total of eighty-seven full time employees including a superintendent, two assistant superintendents, two staff assistants, nine supervisors, 3 maintenance staff, a food service director, 5 food service workers, twenty-nine Juvenile Justice Detention Officer (JJDO) II positions and 35 JJDO I positions.

A typical day in secure detention involves hygiene, meals, school, structured physical activity, officer led activities, and any scheduled court appearances. Residents average length of stay is approximately 13 days.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The physical plant consists of three buildings. The main building contains administrative offices, a dining hall and food preparation area, five housing modules (4 for males, 1 for females). Each module has a community bathroom with sinks and showers. The dining hall also serves as the visitation area for families. Visitation is conducted on Wednesday, Saturdays and Sundays.

There is a separate building that contains all of the classrooms/educational offices and a building in which all admissions are conducted. All buildings are equipped with a video surveillance system which includes 123 cameras.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on December 19, more than six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the facility's PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on January 7, 2015. The Pre-Audit Questionnaire, policies and other documents were uploaded to a UBS flash drive. The initial review revealed the questionnaire was partially completed and some key documents were not provided.

After providing a listing of noted concerns and documents needed, the Compliance Manager took steps to ensure that documentation was provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies noted during the initial review are summarized in this report under the related standard.

The on-site audit was conducted February 2-3, 2015. After meeting with the facility's management staff and a regional office representative, a complete tour of the facility was conducted. During the tour, youth were observed to be under constant supervision of the staff while involved in school and other activities. The housing modules were very well maintained and observation of bathrooms revealed shower stalls and toilet stall openings have shower curtains to allow residents' privacy while taking showers and using the rest room. Observation of the surveillance system monitors in the main control room, revealed cameras capture toilets in the confinement rooms however during the on-site visit, maintenance staff were able to block out the toilet area on the monitors thereby eliminating the possibility of cross-gender viewing.

Over the two-day on-site visit, 13 staff members, including direct care staff from all three shifts, were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Eight of the 90 residents, two from each occupied housing module, were also interviewed. Residents were informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. The training records of staff interviewed and the files of residents interviewed were reviewed along with policies/procedures and other secondary documentation.

The facility was found to be in compliance with all applicable standards as indicated below and detailed throughout this report.

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; PREA Coordinator

- 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:

DRJDC Facility Operating Procedure (FOP)-PREA mandates zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The policy also provides strategies and responses for reducing and preventing sexual abuse and harassment.

DRJDC is a juvenile detention center governed and operated by the Florida Department of Juvenile Justice (FDJJ) which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. The PREA Coordinator interview revealed he has sufficient time and authority to develop, implement and oversee the agency’s efforts to comply with PREA standards in all operated and contracted facilities. The facility’s Superintendent serves as the PREA Compliance Manager. An interview with the PREA Compliance Manager revealed he has sufficient time to oversee the facility’s PREA compliance efforts and to perform his other duties.

Standard 115.312- Contracting 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)

Auditor Comments:

FDJJ has approximately 50 contracts with providers for the confinement of juveniles in residential facilities throughout the State of Florida. A review of a signed contract revealed provider’s agreement to comply with all requirements and standards of the Prison Rape Elimination Act 28 CFR Part 115 as outlined in FDJJ Policy 1919. All contracts renewed in the past 12 months include the requirement to comply with PREA standards.

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:

DRJDC FOP-PREA requires the facility to develop, implement and document an approved staffing plan. Initial documentation of the staffing plan included the shift schedules and the facility's organizational chart however the facility's staffing plan was provided shortly after the on-site visit. Although there is no mandate in policy for a 1:8 staff to resident ratio during waking hours or a 1:16 staff to resident ratio during sleeping, the staffing plan does reflect the ratios as required by this standard. The staffing plan is based upon the facility's capacity of 100 residents. DRJDC FOP PREA requires the facility to document deviations from the staffing plan on the Shift Report however due to the facility's hold-over policy; there were no deviations from the plan to review.

Documentation of the annual review of the staffing plan dated September 15, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

DRJDC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Documentation of unannounced rounds conducted by intermediate and upper level staff were reviewed and revealed unannounced rounds are being conducted on all shifts and in all areas of the facility.

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:

DRJDC FOP-PREA prohibits cross-gender strip searches, or pat down searches of youth, except in exigent circumstances. Staff and resident interviews verified that the practice is consistent with the policy. The prohibition of cross-gender visual body cavity searches is also addressed in the FOP-PREA.

DRJDC FOP-PREA states the facility must be configured to allow residents to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies. Staff and resident interviews confirm there is no cross-gender viewing by same sex staff and other residents while showering, using the toilet or while dressing. During the tour of the main control room, toilets in the confinement rooms were observed on the monitor however maintenance staff were able to block out the toilet area on the monitors thereby eliminating the possibility of cross-gender viewing.

FDJJ Policy 1919 PREA requires opposite gender staff, volunteers and contractors entering housing units to announce themselves. Resident interviews verified this is done on a consistent bases.

DRJDC FOP-PREA prohibits the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance.

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:

DRJDC FOP-PREA requires accommodations be made to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility prohibits the use of resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardizes a resident's safety. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months.

DRJDC Policy FOP-PREA describes how interpreters or other services needed to assist residents with disabilities or residents who may be limited English proficient will be provided either by qualified staff or outside resources, such as the local school district. The State of Florida has a Memorandum of Understanding (MOU) with the Language Line for interpretive services which is available to the facility as needed. The Duval County School District provided documentation that residents with disabilities will be provided with accommodations to ensure proper communication of the facility's PREA procedures and practices.

DRJDC FOP-PREA requires staff to provide PREA education in a format assessable to all residents including those who may be limited English proficient, deaf, visually impaired or otherwise with a disability, as well as to residents who have limited reading skills.

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:

DRJDC FOP-PREA requires that criminal background checks be conducted every five years. Applicants are required to sign acknowledging material omission regarding misconduct, or false information are grounds for termination.

An interview with staff responsible for human resource revealed criminal background checks are conducted and that questions regarding past conduct are asked and responded to during the interview process. Additionally, contract providers, who have contact with residents are required to have criminal background checks.

DRJDC FOP-PREA does not specifically require consulting with the child abuse registry before hiring or enlisting services of any contractor who has contact with residents. The PREA Coordinator provided documentation that Florida State law does not allow FDJJ to contact the abuse registry for the purpose of screening applicants.

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:

DRJDC has not acquired any new facilities or updated surveillance technology since August 20, 2012. The video monitoring system was assessed during the annual review of the staffing plan on September 15, 2014. No upgrades were recommended to enhance the facility’s ability to protect youth from sexual abuse and no blind spots were identified.

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:

DRJDC FOP-PREA requires staff to report allegations of sexual abuse to local law enforcement (the Jacksonville Sheriff’s Office) for criminal investigations and to the Florida Central Abuse Hotline and FDJJ’s Central Communication Center (CCC). DRJDC does not have a Memorandum of Understanding or documented attempts to obtain a MOU with the Jacksonville Sheriff’s office however the DRJDC FOP-PREA requires when the investigating agency arrives at the facility to conduct an investigation, facility staff will provide and

request the investigative agency to follow the DJJ Inspector General Directive 3-05 (uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecution).

DRJDC is in the process of obtaining an MOU with the Women's Center of Jacksonville for victims' advocacy services as verified by the email correspondence between facility staff and the Women's Center staff. Documentation was provided that the Women's Center provides SAFE certified medical examines from local hospitals to conduct forensic exams for resident victims of sexual assault.

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:

DRJDC FOP-PREA requires the immediate referral of all sexual abuse allegations to local law enforcement, the Florida Abuse Hotline and CCC. In the past 12 months, DRJDC has had two allegations of sexual abuse and received no allegation that occurred at another facility. Interviews with the Superintendent and other staff verified their knowledge of the policy's requirements.

FDJJ's website includes a PREA section which includes investigative responsibilities for conducting investigations of allegations of sexual abuse.

Standard 115.331- Employees 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:

DRJDC FOP-PREA, the training curriculum, staff training records and staff interviews indicate staff receive PREA training during initial training and annually during refresher training. Specific topics as outlined in the policy and the curriculum are consistent with this standard's requirements and is tailored to the facility's resident population. All employees are trained as new hires regardless of their previous experience. Employees training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA 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)

Auditor Comments:

DRJDC FOP-PREA requires volunteers and contract providers who have contact with residents to be trained on their responsibilities on sexual misconduct prevention, detection, reporting and responding to sexual abuse, assault or sexual harassment. FOP-PREA requires volunteers and contractors to be trained on their responsibilities using the PREA training course on the FDJJ website and completion of the training is verified by an acknowledgement form which must be signed by the volunteer/contractor and the facility's training coordinator or shift supervisor.

Interviews with two contract providers revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

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:

DRJDC FOP-PREA requires residents to receive comprehensive education regarding the facility's zero tolerance policy and how to report sexual abuse and sexual harassment. During intake, residents view the PREA video and staff explain the PREA handout and residents sign verifying they received the information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter.

Staff present the PREA information in a manner that is accessible to all residents. If needed, the facility has internal and external resources to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English proficient.

Resident interviews revealed they have limited knowledge of the victims' advocacy service even though the information is posted in each housing module. To address this issue, the facility' staff recently developed a document to be used during orientation that specifically provides information regarding the victims' advocacy service and the services they provide.

Standard 115.334- Specialized Training: Investigation

- 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 Jacksonville Sheriff's Office and the Florida Department of Children and Families conduct criminal investigations into allegations of sexual abuse. DRJDC does not conduct any investigations.

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:

DRJDC FOP-PREA requires PREA training for all employees and specialized training for medical and mental health staff. Correct Care Solutions, the medical and mental health provider, ensures that specialized training is provided for medical/mental health staff. Documentation of the specialized training was provided.

Facility nurses do not conduct forensic examinations.

Standard 115.341- Obtaining information from 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:

DRJDC FOP-PREA requires the completion of FDJJ's Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form if youth arrive from the Juvenile Assessment Center without a completed form. Documentation and resident interviews revealed that risk screenings are being conducted and resident interviews indicated they were asked if they have ever been sexually abused, whether they identify with being gay, lesbian, bi-sexual, transgender or intersex, if they have any disabilities, and whether they think they are in danger of sexual abuse at the facility. Completed VSAB forms are maintained in residents' files.

Standard 115.342- Placement of Residents in housing, bed, program, education and work Assignments.

- 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:

DRJDC FOP-PREA requires victimization screening information to be used to determine a resident's room assignment and the room's proximity to direct care staff to ensure resident's safety. The facility also utilizes the Classification Alerts to ensure that staff working directly with residents are advised if the resident is identified as being at risk for victimization or posing a risk.

DRJDC FOP-PREA precludes lesbian, gay, bi-sexual, transgender and intersex (LGBTI) residents from being placed in a particular module and states that LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his/her safety will be given serious consideration. Staff interviews also verified compliance with this standard. Transgender and intersex residents are given the opportunity to shower separately from other youth.

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:

DRJDC FOP-PREA provides multiple-ways for residents to privately report sexual abuse, sexual harassment, retaliation and staff neglect including telling a staff member, calling Florida Abuse Hotline and completing a PREA reporting form and depositing it a PREA box located in each housing module.

FOP-PREA requires youth to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office that is not a part of the agency. Residents may call the Florida Abuse Hotline. Signs are posted throughout the facility with the hotline number.

FOP- PREA requires staff to allow residents to use a telephone to call the hotline upon request, without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. Staff are to dial the hotline number and hand the phone to the resident and remain at a distance that allows the resident to privately report.

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:

DRJDC FOP-PREA states the facility is exempt from this standard because it does not have administrative procedures in place for residents to report allegations of sexual abuse and sexual harassment.

Standard 115. 353- Resident Access to Outside Support Services and Legal Representation

- 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:

DRJDC FOP-PREA ensures residents are provided access to outside confidential support services. The facility is in the process of obtaining a signed MOU with the Women's Center which was verified by emails between the facility staff and the Women's Center staff.

Signs containing the Women's Center hotline number and basic information about the service were posted throughout the facility however resident interviews revealed they had limited knowledge of these services. Since the on-site visit, the facility's staff developed a document to be used during orientation that specifically provides information regarding the victims' advocacy service and the services they provide.

Attorneys and other legal representatives are provided with reasonable and private access upon request. Residents may call their parents/legal guardians and receive visits from them twice times a week.

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:

FDJJ’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.

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:

All DRJDC staff are mandated reporters and are required by FOP-PREA and FDJJ Policy 1919 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and 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. Random staff interviews also helped to verify the facility’s compliance with this standard.

An interview with the nurse confirmed her responsibility to inform residents 18 years old of her duty to report and limitations of confidentiality.

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:

DRJDC FOP-PREA requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. There were no residents identified as being at risk for sexual abuse in the past 12 months, as revealed in interviews with the Superintendent and random staff.

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:

DRJDC FOP-PREA requires the Superintendent to notify the head of another facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility however there was one allegation of sexual abuse received by DRJDC from other facilities.

Documentation revealed that the allegation of sexual abuse was reported and investigated as required by the FOP-PREA.

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:

DRJDC FOP-PREA requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

There was one allegation of sexual abuse during the past 12 months. A review of the investigative file revealed that staff responded according to the facility's PREA operating procedure and in compliance with this standard.

Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was 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)

Auditor Comments:

DRJDC FOP- PREA requires the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership however a plan was not available. The facility's coordinated staff response plan was reviewed and is in compliance with this standard.

Interviews with the Superintendent and other staff revealed that they are knowledgeable of their duties in response to an allegation 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)
- Non-Applicable Standard

Auditor Comments:

FDJJ is not a collective bargaining agency therefore this standard is not applicable.

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:

FDJJ Policy 1919 PREA requires the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Superintendent is responsible for monitoring retaliation. There were no incidents of retaliation in the past 12 months.

Standard 115. 368- Post-Allegation Protective Custody

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

Auditor Comments:

DRJDC would only restrict a resident to his/her single room or a confinement room as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. No resident who alleged sexual abuse was placed in protective have alleged sexual abuse in the past 12 months.

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:

DRJDC FOP- PREA states that FDJJ does not conduct criminal investigations of residents' allegations of sexual abuse. Local law enforcement (Jacksonville Sheriff's Office) and the Florida Department of Children and Families conduct criminal investigations. FDJJ's Office of Inspector General (OIG) reviews allegations to identify any misconduct by staff related to FDJJ regulatory guidance.

There were two investigations of alleged resident sexual abuse at DRJDC during past 12 months. Both allegations were investigated according the facility's PREA operating procedures and in compliance with this standard.

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:

DRJDC FOP-PREA states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff is 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:

There were two criminal and administrative investigations during the past 12 months however no notices were sent because the residents were release prior to the completion of the investigations.

DRJDC FOP-PREA requires the Superintendent to notify residents who alleged sexual abuse when the facility learns that the alleged abuser has been indicted on charges or convicted on a charge related to sexual abuse within the facility. The policy also states the OIG will notify residents and parents/guardians whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

Standard 115. 376- Disciplinary 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:

DRJDC FOP-PREA mandates staff disciplinary sanctions up to and including termination for violating agency's sexual abuse or sexual harassment policies. The policy also mandates the violation be reported to local law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment 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:

DRJDC FOP- PREA requires volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents to be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. This was verified during an interview with the Superintendent. There have been no allegations of volunteers or contractors sexual abuse or sexual harassment reported in the past 12 months.

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:

DRJDC FOP-PREA states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that resident engaged in youth-on-youth sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

Standard 115. 381- Medical and Mental screening; 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:

DRJDC FOP- PREA requires residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse to be referred for medical and mental health screening services within 24 hours of the screening. Staff interviews verified compliance with this standard and documentation demonstrating the immediate notification of the medical and mental health staff was provided.

Medical/mental health staff obtain informed consent from residents 18 years of age.

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:

DRJDC FOP-PREA requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The resident victim would be transported to a local hospital for a forensic examination at no cost to the victim. Medical staff are required to document the response and timeliness of emergency medical treatment and follow-up.

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:

DRJDC FOP-PREA requires that a medical and mental health evaluation and treatment, as determined by medical/mental health staff, be offered to resident victims of sexual abuse.

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:

DRJDC FOP-PREA requires the Superintendent to conduct a sexual assault incident review team meeting within 30 days of the conclusion of each investigation. The policy mandates review team participation to include regional office staff, Assistant Superintendent, facility supervisor, medical and mental health staff, and OIG staff, if OIG investigated the incident, The FDJJ PREA Coordinator will prepare a report of the review team's findings and submit the report to the Assistant Secretary for Detention Services, regional office staff and the facility's Superintendent.

There were two criminal investigations of sexual abuse in the past 12 months. At the time of the on-site visit, documentation was provided of one review however the other review had not been completed because the investigation had just concluded.

Standard 115. 387- Data Collection

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

Auditor Comments:

FDJJ has a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. DRJDC FOP-PREA states the CCC will collect all data relating to PREA. A review of the annual report revealed it was completed according to this standard.

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's annual report for fiscal year 2013-2014 indicates 32 PREA related allegations reported by detention centers and residential facilities throughout the agency however there were no PREA related incidents indicated for DRJDC. The FDJJ PREA Coordinator reviews data to improve the effectiveness of its prevention, protection and response policies, practices and training. The annual report is made available to the public on FDJJ's website.

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:

DRJDC FOP- PREA requires that sexual abuse and sexual harassment data be collected and securely retained for 10 years according to the State of Florida's records retention schedule. The annual report is made available to the public on FDJJ's website.

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.



Auditor's Signature

Date: February 23, 2015