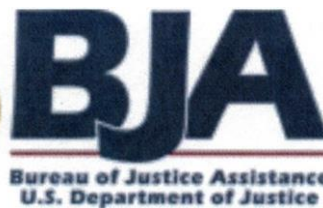


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: JoAnn Bridges Academy			
Physical Address: 950 SW Greenville Hills Rd., Greenville, FL 32331			
Date report submitted: February 24, 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: January 28, 2015			
Facility Information			
Facility Mailing Address: 950 SW Greenville, FL 32331			
Telephone Number: (850) 948-4220			
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"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Tuwollar Mobley		Title: Facility Administrator	
Email Address: Tuwollar.Mobley@youthservices.com		Telephone Number: (850) 948-4220	
Agency Information			
Name of Agency: Youth Services International, Inc.			
Governing Authority or Parent Agency: NA			
Physical Address: 6000 Cattle Ridge Dr., Suite 200, Sarasota, FL 34232			
Mailing Address: Same as Above			
Telephone Number: (941) 953-9199			
Agency Chief Executive Officer			
Name: James Slattery		Title: Chief Executive Officer	
Email Address: Jim.Slattery@ysii.com		Telephone Number: (941) 9533-9199	
Agency Wide PREA Coordinator			
Name: Jesse Williams		Title: PREA Coordinator	
Email Address: Jesse.Williams@youthservices.com		Telephone Number: (941) 704-8796	

AUDIT FINDINGS

NARRATIVE:

The JoAnn Bridges Academy, located in Greenville, Florida, is a 27-bed moderate risk residential facility that houses female juvenile offenders in the age range of 12-18. The facility is operated by Youth Services International, Inc. (YSI) through a contract with the Florida Department of Juvenile Justice (DJJ). The average length of stay is nine months. While in the facility residents participate in programming that include education/vocation services; social services; mental health/substance abuse services; and recreation. Fifty-two residents have been admitted to the facility during the past 12 months.

Fifty-nine staff members have been employed at the facility during the past year. On-site medical services are provided by a full-time Registered Nurse and a contract physician who visits the facility at least weekly. Additional medical services are provided by the Health Department. Mental health staff includes the Clinical Director, three Therapists, two Case Managers, and a consulting psychiatrist who visits the facility at least twice a month. Education/vocational services are provided on-site by contract staff. Residents also participate in group activities that address problem solving; substance abuse; victim awareness; parenting; and management of individual emotions.

A behavior management system exists that provides privileges based on positive behavior exhibited by the resident. The system contains four levels with the responsibilities and privileges increasing with each level earned; negative behavior may cause the resident to lose privileges or lose a level. In addition to basic program activities and services, the facility offers gender specific educational groups and classes. Subjects covered in these groups and classes contain various subject matter and some of them are: nutrition; study skills; seeking safety; emotions management; sex respect; and team building.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The main building contains the lobby entrance; offices; housing; medical clinic; kitchen; dining room; class rooms; two small conference/meeting rooms; large multi-purpose room area; and storage areas. There is a building that houses mental health and case management staff and another building where maintenance is located. A fourth building is used for storage. In the main building the housing areas anchor each side of the building, A Wing and B Wing. The rooms in each housing area are attractively accessorized and painted in various blending colors. Each wing has a bathroom that affords residents a reasonable amount of privacy while they shower, change clothes and perform bodily functions. The Honors Room is located on B Wing which is decorated to look and feel very comfortable and special for one occupant who has earned the privilege to be housed in the room for at least 30 days, unless the privilege is shortened due to the resident's behavior. A laundry room is also located in each housing area.

The multi-purpose area may be used for various activities, including recreation and visitation. It also serves as dayrooms for A Wing and B Wing. Within the multi-purpose room are two small rooms that have been built and called day houses. Both are furnished comfortably like small conference rooms. The intimate settings provide space for more privacy for meetings and activities for residents; one is designated for A Wing and the other for B Wing. The outside grounds contain ample space for recreation and other activities. Youth Workers provide direct supervision of residents in daily activities and during the residents' movement to and from activities and services.

SUMMARY OF AUDIT FINDINGS:

The process began with a conference call which included the Facility Administrator, PREA Auditor and other YSI and DJJ staff to discuss the audit process. The notifications of the on-site audit were later posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to this Auditor, noting their locations. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive, which was received approximately four weeks prior to the on-site audit. After reviewing the information on the flash drive, a follow-up call was made to the Facility Administrator to discuss data and for clarification of information. Additional information was provided or clarified as requested.

The on-site audit was conducted January 28, 2015. An entrance meeting was held with the Facility Administrator. After the meeting, interviews were conducted with staff from the overnight shift. At the conclusion of the interviews, a comprehensive tour of the facility was conducted jointly by the Facility Administrator and two residents of the program. The YSI PREA Coordinator and the YSI Regional Vice President for North Florida were present during the tour. Observations of program activities revealed that staff members were directly supervising and interacting with the residents. The interviews conducted included random staff, specialized staff and residents.

File folders were set up in a very neat and organized manner that contained supplementary information for this Auditor's review. A close-out meeting was held at the conclusion of the on-site audit and a summary of the audit findings was provided to the Facility Administrator, YSI PREA Coordinator and YSI Regional Vice President for North Florida.

Number of Standards Exceeded: 0

Number of Standards Met: 39

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.

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

Auditor Comments:

The facility utilizes Policy 1.28, Prison Rape Elimination Act (PREA) that provides guidelines for implementing compliance with the requirements of the PREA standards. Policy 1.28 states a zero tolerance toward all forms of sexual abuse and sexual harassment. The Policy contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The Florida Department of Juvenile Justice Policy 1919 (FDJJ 1919) is also used and adhered to for support of the PREA standards.

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

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

Auditor Comments:

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

Standard 115.313 Supervision and Monitoring

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

Auditor Comments:

Policy 1.28 provides for the implementation of a staffing plan with adequate staffing levels to protect residents against sexual abuse and refers to the current staffing assignments per the current contract. A hold-over system and schedules are in place to maintain the required staff ratios. Efforts are underway for the new contract to reflect the staffing plan required by the standard. The annual assessment of the staffing plan and other areas has been conducted to determine whether adjustments are needed. A review of the staffing has been documented through the completion of the Staffing Plan Assessment form.

Unannounced rounds of the facility for the maintenance of a safe environment are conducted and documented by appropriate staff as identified by Policy 1.28. The Policy and facility's practice prohibit staff from alerting other staff while the unannounced rounds are being conducted. Staff interviews and a review of documentation confirmed the practice of unannounced rounds being 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)

Auditor Comments:

Policy 1.28 prohibits cross-gender pat-down searches, cross-gender strip searches and cross-gender visual body cavity searches of residents, except in exigent circumstances or when performed by medical practitioners. In the event of any occurrence, documentation of the situation is required. Interviews revealed that the facility practice is no cross-gender searches and that none of these type searches have been conducted during this audit period.

Policy 1.28 has been implemented providing for residents to shower, perform bodily functions, and change clothes without being observed by staff of the opposite gender. Interviews with staff and residents confirm these practices. Policy 1.28 states that staff shall not search a transgender or intersex resident to determine the resident's genital status. The Policy also directs staff to ask a transgender or intersex resident which gender they would prefer to conduct the search.

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

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

Auditor Comments:

According to Policy 1.28, support of various services is provided for residents with disabilities and residents who are limited English proficient so that they may benefit from and participate in PREA education. Resident education materials are accessible in languages other than English. Policy 1.28 ensures that the facility will not rely on resident interpreters or resident readers. The policy contains information regarding the resources to be used and how they will be accessed. A review of the documentation provided and staff interviews confirmed that residents would not be used as interpreters or readers to assist other residents.

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:

Policy 1.28 and Florida DJJ Policy 1919 provide for background checks on all employees and contractors through a process that is aligned with the standard and used statewide. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted. Both Policies require that criminal background checks be conducted every five years on employees and on contractors who may have contact with residents.

Standard 115.318 Upgrades to Facilities and Technology

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

Auditor Comments:

A secondary monitoring system is used in addition to direct staff supervision. The camera system includes real time monitoring and it has the ability to record for over 30 days before recording over the current information. The system may be accessed from remote locations.

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:

Policy 1.28 addresses this standard and states that staff will cooperate in investigations conducted by the FDJJ Office of the Inspector General (OIG). The OIG is responsible for administrative investigations and investigations are conducted by the Florida Department of Children and Families (DCF) and local law enforcement.

Policy 1.28 provides for forensic medical examinations to be completed at no financial cost to the victim. There have been no forensic examinations conducted during this audit period. The facility has a Memorandum of Understanding (MOU) with Refuge House, Inc. which provides victim advocacy services that include training for staff and residents, counseling services and access to the rape crisis hotline.

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:

Facility Policy 1.28 provides that the appropriate investigative entity will be contacted regarding the reporting of allegations and FDJJ 1919 requires that staff report all allegations of sexual abuse and sexual harassment. There has been one allegation from a resident during this audit period. The allegation was reported as required and the OIG has not yet completed a written report of findings. The DCF was also notified and they conducted an investigation which concluded that there were No Indicators as a result of interviews and the information obtained.

The facility posts related information regarding reporting allegations in areas which are accessible to the public. The DJJ website contains information regarding the referral of allegations for investigations of sexual abuse.

Standard 115.331 Employee Training

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 provides for the PREA training of all staff. The facility staff received the DJJ training and the facility has conducted refresher training in the key areas referenced in the standards. Documentation of staff participating in training is maintained and staff interviews confirmed that training occurs.

Standard 115.332 Volunteer and Contractor Training

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

Auditor Comments:

Policy 1.28 contains information regarding the training of volunteers and contractors who have contact with residents. Receipt of the training is documented and the training contains a review of the DJJ and facility PREA Policies.

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:

Interviews with residents and staff confirm that residents receive information about the facility’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Training sessions with residents are documented. Through resources identified in Policy 1.28, a review of other documentation and staff interviews, it has been determined that the facility will provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled.

Standard 115.334 Specialized Training: Investigations

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

Auditor Comments:

FDJJ 1919 states that staff in the OIG will be trained on the related policies and procedures regarding the handling of sexual misconduct incidents and reports. Training is provided to investigative staff regarding conducting investigations in the DJJ settings.

Standard 115.335 Specialized Training: Medical and Mental Health Care

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

Auditor Comments:

Policy 1.28 addresses PREA training for medical and mental health staff. A review of documentation and staff interviews confirm the specialized training for medical and mental health staff. The facility Nurse 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)

Auditor Comments:

A review of documentation and staff and resident interviews confirm that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents is being conducted on each admission to the facility. The initial screening is done during the intake process and Policy 1.28 and staff interviews provide for residents to receive reassessments within the first 30 days and periodically after that.

Standard 115.342 Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility prohibits placing gay, bisexual, transgender, or intersex residents into confinement based solely on such identification or status. According to Policy 1.28 housing and program assignments require determinations on each transgender or intersex resident on a case by case basis. The Policy prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The facility reports that during this audit period there have been no residents placed in isolation because of being at risk for victimization. Policy 1.28 provides that residents may be separated or isolated from others only as a last resort when less restrictive measures are inadequate and until other arrangements can be made to keep the resident safe. If separation or isolation should occur, the Policy provides that residents are afforded their rights.

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:

According to Policy 1.28 and staff and resident interviews, there are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that may lead to abuse. A resident may complete a grievance form;

complete a JBA Youth Speak Out Form where a resident requests to talk to a specific staff member identified on the Form; talk to any staff member; and third parties may report allegations to staff. The grievance and other written requests or notes may be placed in the locked grievance box located on the housing wings.

PREA related information is posted in each wing and in the multi-purpose room. Residents are provided access to a telephone to report allegations of sexual abuse and sexual harassment to the abuse reporting hotline or law enforcement, depending on the age of the resident. The DJJ and Refuse House hotline numbers are accessible from any office phone and there is a designated phone located on B Wing. The designated phone connects to the hotline number once the receiver is picked up.

Interviews revealed that staff members are aware of their responsibility to report sexual abuse and sexual harassment. They are also aware that they are to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties in accordance with Policies 1.28 and FDJJ 1919. Staff members are directed to promptly document any verbal reports.

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:

Residents may put a completed grievance form or note in the locked grievance box located on each wing. Residents are not required to use an informal grievance process regarding allegations of sexual abuse and sexual harassment. The facility considers resident complaints regarding sexual abuse to be an allegation and when such a complaint is received, Policy 1.28 provides for the procedures regarding reporting allegations to be initiated.

Standard 115.353 Resident Access to Outside Confidential Support Services

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

Auditor Comments:

Policy 1.28 requires the facility to provide the residents with access to outside victim advocacy services. The documented MOU provides for services that will be delivered by Refuge House, Inc. The advocacy agency's liaison for the facility, Sexual Assault Response Trauma Team Coordinator, was interviewed while she was visiting the facility. She confirmed the services to be provided as stated in the MOU and shared that the facility would have

access to a Sexual Assault Nurse Examiner. Information about Refuge House is posted and accessible to the residents and residents are informed about the agency's reporting rules regarding privacy.

Visitation is held at the facility at least weekly where residents may see their parents and the residents are allowed to make weekly telephone calls. Attorneys or other legal representation may visit the facility and these visits may be conducted in a confidential manner.

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:

Policy 1.28 provides guidelines regarding third-party reporting. Information about reporting incidents of sexual abuse is posted in the facility, accessible to the public. Staff and resident interviews supported that the facility has a method for third party reporting. The YSI website contains a link to the DJJ website which provides information on how to report resident sexual abuse or sexual harassment.

Standard 115.361 Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

According to Policy 1.28 and Florida Statute, all staff members are mandated reporters. Staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment; retaliation against residents or staff who report any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Policy prohibits staff from sharing information regarding sexual abuse other than as needed to make treatment, investigation, and other security and management decisions. Staff interviews confirmed their knowledge of this information.

Standard 115.362 Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 1.28 states that when a staff member learns that a resident is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. Protection measures may include one-to-one supervision by staff; reassignment of a room or a wing; change in dayroom or classroom assignment; or transfer to another facility. Reportedly, there have been no incidents in the last 12 months where the agency or the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to Other Confinement Facilities

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

Auditor Comments:

According to Policy 1.28, upon receiving an allegation that a resident was sexually abused while confined in another facility, the Facility Administrator (FA) will notify the Central Communications Center (CCC) of the allegation within two hours. The Policy also provides that the FA will notify the facility of which the allegation was made, no later than 24 hours.

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:

Policy 1.28 provides an account of first responder duties and responses. There has been one allegation by a resident regarding sexual abuse within the last 12 months which was reported as required. The allegations were investigated by DCF and the report determined that there were No Indicators. The investigation is ongoing by the OIG. Initial staff training and refresher training have been provided, including the duties of the first responder.

Standard 115.365 Coordinated Response

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

Auditor Comments:

The facility has a written Coordinated Response plan. A review of training records and interviews with staff confirmed the staff's knowledge of their responsibilities. The plan coordinates the actions to be taken among staff including first responders, leadership,

medical and mental health in response to an incident of sexual abuse.

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

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

Auditor Comments:

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

Standard 115.367 Agency Protection Against Retaliation

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

Auditor Comments:

Policy 1.28 provides guidance to staff regarding protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment. Staff has been identified and given the responsibility of monitoring for possible retaliation. If the conduct is identified the practice is that the monitoring is ongoing. The facility reports that no incidents of retaliation have occurred during 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:

Policy 1.28 ensures that if there is any use of segregated housing, it is used as a last resort and that the resident is afforded access to the program and services provided by the facility. Staff interviews supported that the facility does not have isolation; however, a resident will be separated and protected from potential abusers when needed and will receive programming and services as required.

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:

Policy 1.28 and FDJJ 1919 address this standard. Administrative investigations are conducted by OIG and criminal investigations are conducted by DCF and local law enforcement. Both Policies direct facility staff to cooperate with the OIG investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Standard 115.372 Evidentiary Standards for Administrative Investigations

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

Auditor Comments:

FDJJ 1919 supports that a standard of the preponderance of the evidence is used for determining if allegations are substantiated.

Standard 115.373 Reporting to Residents

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 provide for notifying residents following an investigation of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. It is required that all notifications or attempted notifications are documented.

Standard 115.376 Disciplinary Sanctions for Staff

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 provide for disciplinary sanctions for staff to be up to and including termination for violation of the sexual abuse and sexual harassment policies. The Policies require that staff terminations or resignations by staff who would have been terminated for violating the Policies, be reported to local law enforcement and that relevant licensing bodies be contacted. No staff has been terminated or has resigned for violating PREA related policies during this audit period.

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:

According to Policy 1.28, the contractor or volunteer who engages in sexual abuse will have no contact with residents and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The Policy require that remedial measures be taken and prohibits future contact with residents in the case of any other violation of the PREA related policies. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative entity for allegations of sexual abuse.

Standard 115.378 Disciplinary Sanctions for Residents

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

Auditor Comments:

Policy 1.28 provides direction to staff regarding this standard. A resident who engages in resident-on-resident sexual abuse will be placed in a DJJ Juvenile Detention Center and receive a court hearing and a determination will be made regarding the subsequent placement.

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

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

Auditor Comments:

Policy 1.28 states that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse will be referred for a follow-up meeting with a medical or mental health practitioner within 24 hours of the screening. Staff interviewed confirmed awareness of the policy and the requirements of the standard.

Standard 115.382 Access to Emergency Medical and Mental Health Services

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

Auditor Comments:

Policy 1.28 provides for timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. According to the Policy and staff interviews, the nature and scope of the services are determined by medical and mental health practitioners based on their professional judgment. Staff interviews and Policy 1.28 state that emergency medical and mental health services will be provided at no financial cost to the victim and whether or not the abuser is named.

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:

Policy 1.28 provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment and follow-up services as referred to in the standard. According to Policy 1.28 and staff interviews, medical and mental health care are consistent with the community level of care.

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:

Policy 1.28 will serve as the guide for staff in conducting incident reviews. The incident review team has been identified and interviews revealed an understanding of the purpose of the process.

Standard 115.387 Data collection

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

Auditor Comments:

According to Policy 1.28, the facility reports data to DJJ on a monthly basis. Policy 1.28 and FDJJ 1919 state that there is the collection of accurate, uniform data for every allegation of sexual assault. The DJJ has developed a data collection instrument that includes the required data.

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:

Policy 1.28 and FDJJ 1919 address this standard. The Policies require the review of data for corrective action towards improving the effectiveness of the agencies' prevention, protection and response policies, practices, and training.

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:

Policies 1.28 and FDJJ 1919 address this standard and requires that data is collected and securely retained for 10 years. The aggregated PREA data is reviewed, all personal identifiers are removed, and the information is posted on the DJJ 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.

Shirley L. Turner

February 24, 2015

Auditor Signature

Date