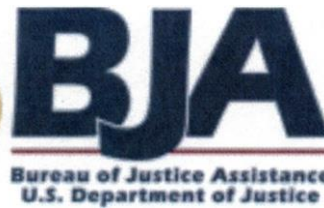


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Juvenile Unit for Specialized Treatment			
Physical Address: 29841 Liberty Wilderness Road at Highway 65 South, Sumatra, FL 32335			
Date report submitted: February 17, 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 26-27, 2015			
Facility Information			
Facility Mailing Address: 29841 Liberty Wilderness Road at Highway 65 South, Sumatra, FL 32335			
Telephone Number: (850) 379-8344			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential
Name of PREA Compliance Manager: Donald Valentine			Title: Facility Trainer
Email Address: dvalentine@twinoaksfl.org			Telephone Number: (850) 379-8344
Agency Information			
Name of Agency: Twin Oaks Juvenile Development, Inc.			
Governing Authority or Parent Agency: NA			
Physical Address of Agency: 11939 NW SR 20, Bristol, FL 32321			
Mailing Address: Same as Above			
Telephone Number: (850) 643-1090			
Agency Chief Executive Officer			
Name: Donald B. Read		Title:	Chief Executive Officer
Email Address: dread@twinoaksfl.org		Telephone Number:	(850) 643-1090
Agency Wide PREA Coordinator			
Name: Charles Chervanik		Title:	Chief Operating Officer
Email Address: cchervanik@twinoaksfl.org		Telephone Number:	(850) 643-1090

AUDIT FINDINGS

NARRATIVE:

The Juvenile Unit for Specialized Treatment (JUST) is located near Sumatra, Florida; the designed capacity is 44. The facility serves male juvenile offenders in the age range of 10-18. The facility is operated by Twin Oaks Juvenile Development, Inc. through a contract with the Florida Department of Juvenile Justice (DJJ) to provide treatment services for committed youth. The length of stay is 6-12 months and the program serves moderate risk residents. While in the facility residents participate in programming that include education and vocational services; social services; case management, mental health; medical; recreation; and transition planning.

On-site medical care is provided by one Registered Nurse and one Licensed Practical Nurse. The contract physician visits the facility weekly. Mental health services are also provided on-site and the staff under the supervision of the Clinical Director includes four Clinical Coordinators and three Case Managers. The contract psychiatrist and contract psychologist visit the facility regularly. Education and vocational services are provided by one teacher, one education assistant, and two vocational instructors. Education strategies are designed to meet the individual needs of the residents. Based on needs and interest assessments, residents are also enrolled in one of the two vocational training areas, Building Construction Technology or Welding Technology. Case Managers ensure coordinated efforts for individualized treatment. The direct care staff provides direct supervision of the residents in daily activities and during movement to and from activities and services.

The JUST is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). An overview of the facility's stated goals include: utilizing a balance of treatment and security; creating a therapeutic, restraint free environment; providing high quality medical and mental health services; maintaining adequate staffing; maintaining excellent partnerships with relevant community based agencies; and providing educational and vocational services and opportunities. The facility provides various opportunities for residents to participate in and complete community service projects. Through a partnership between Twin Oaks Juvenile Development, Inc. and the Boys and Girls Club of America, JUST operates a full service Boys and Girls Club that provide services and activities comparable to those found in the community. Transition planning for the resident's return to the community includes assisting him in maintaining membership in the Boys and Girls Club located in the local community once the resident has been released from the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The program is located on 72 acres, in a wilderness setting, surrounded by the Apalachicola National Forest. The main building contains the entrance lobby and administrative and other offices. There are five dormitories, including one honor dormitory; chow hall; medical station; education building; vocational building; and a building that houses the Boys and Girls Club. The meals for the residents are prepared in the large kitchen at another agency program facility located on adjacent property and transported and served in the JUST chow hall.

Each dormitory has a day room and full bathrooms that provide a reasonable amount of privacy for the residents. The outside grounds contain a recreation area in ample size to accommodate various recreation and other activities. The grounds also contain a large garden that is tended to by the residents under the supervision of staff.

SUMMARY OF AUDIT FINDINGS:

The notifications of the on-site audit were 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. An initial conference call was conducted with identified staff from the facility and the parent agency, the statewide PREA Coordinator, and this Auditor to discuss the audit process and data gathering. 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. During the review of the information on the flash drive, communication was maintained with the facility and agency staff and additional information was provided or clarified as requested. The Chief Operating Officer (COO) for Twin Oaks Juvenile Development, Inc. serves as the agency's PREA Coordinator.

The on-site audit was conducted January 26-27, 2015. An entrance meeting was held with the Program Director, Facility Trainer who also serves as the PREA Compliance Manager, COO/PREA Coordinator, another staff from the corporate office. After the meeting a comprehensive tour of the facility was provided by the Program Director, accompanied by the staff that was present during the entrance meeting. During the tour, staff members were observed to be directly supervising and interacting with the residents. Random staff, specialized staff and residents were interviewed during the on-site audit process.

Additional information for the audit process was provided upon request and in a timely manner while on-site. A close-out meeting was held at the conclusion of the site visit and a summary of the audit findings was provided to the facility and agency staff that were in attendance.

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)

Auditor Comments:

The facility adheres to the Twin Oaks Juvenile Development, Inc. Prison Rape Elimination Act (PREA) Policy. It affords guidelines for implementing the agency’s approach to complying with the requirements of the PREA standards. The Policy provides for a zero tolerance approach regarding all forms of sexual abuse and sexual harassment. It contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The agency’s PREA Policy and the facility procedures are aligned with the Florida Department of Juvenile Justice PREA Policy (FDJJ 1919).

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

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

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:

The PREA Policy and practices provide for the implementation of a staffing plan with adequate staffing levels to protect residents against sexual abuse and provides that the staffing ratios are per the current program contract. According to the staffing plan and staff interviews the ratios within the facility are 1:8 during the awake hours and 1:8 during the sleeping hours. The assessment of the staffing plan determines whether adjustments are needed in accordance with the standard. The staffing plan details the methodology that ensures adherence to the staffing ratios.

Unannounced rounds of the facility for the maintenance of a safe environment are conducted and documented by members of the management team. Policy and practice provide that staff members are prohibited from alerting other staff regarding unannounced rounds occurring. Interviews with staff confirmed the practice.

Standard 115.315 Limits to Cross-Gender Viewing and Searches

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

Auditor Comments:

The PREA Policy prohibits cross-gender pat-down searches and also prohibits staff from conducting cross-gender strip or cross-gender visual body cavity searches of residents. All residents are able to shower, perform bodily functions, and change clothes without being observed by staff of the opposite gender. Interviews with staff and residents confirmed this practice.

The PREA Policy supports that staff shall not search or physically examine a transgender or intersex resident to determine the resident’s genital status. Signs are posted stating that female staff should announce themselves when entering the dormitories and the PREA Policy directs that staff of the opposite gender shall announce themselves when entering an area where residents may be showering, performing bodily functions or changing clothes.

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:

Resources are available for the provision of support services for residents with disabilities and residents who are limited English proficient so that they may benefit from and participate in PREA education. Interpreter and other support services can be provided by Language Line through an agreement with the Florida Department of Health, as well as facility staff. Resident education materials are accessible in dominant languages other than English. The facility does not rely on resident interpreters. A review of documentation and staff interviews confirmed that the resources will be used as needed.

Standard 115.317 Hiring and Promotion Decisions

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

Auditor Comments:

The PREA Policy and FDJJ 1919 provide for background checks on all employees and contractors through a process that is 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 as required.

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)
- Standard Not Applicable

Auditor Comments:

This standard is not applicable; there are no cameras at the facility. Direct staff supervision is used.

Standard 115.321 Evidence Protocol and Forensic Medical Examinations

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

Auditor Comments:

The PREA Policy addresses this standard and states that staff is expected to cooperate in investigations conducted by the FDJJ Office of the Inspector General (OIG). Administrative investigations are conducted by OIG and criminal investigations are conducted by the Florida Department of Children and Families and local law enforcement. The PREA Policy states that upon the arrival of law enforcement investigators, a copy of the PREA Compliance Form will be provided to them which contain the PREA standards requirements regarding investigations.

The PREA Policy further 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 agency has a written Agreement with Panhandle Forensic Nurse Specialist, Inc. for the provision of forensic medical examinations for residents when needed. Documentation was provided showing attempts to make arrangements for advocacy services through the community resources of the Sheriff's Department and the rape crisis center. The facility has a written Professional Services Agreement with an agency staff member who is a Licensed Mental Health Counselor that will be able to provide supportive services to residents as needed.

Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations

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

Auditor Comments:

The facility's PREA Policy and FDJJ 1919 provide that staff report all allegations of sexual abuse and sexual harassment and that the appropriate investigative entity be contacted when allegations of sexual abuse are made. There was one allegation from a resident at this facility that was reported during this audit period and it was investigated according to policy. A review of the documentation and interviews revealed that the incident was reported and documented as required. The investigation was closed by both investigative agencies with no findings.

The Twin Oaks Juvenile Development, Inc. website contains information regarding the referral of allegations for investigations of sexual abuse and it has related information posted, which is accessible to the public. The website is very informative and educational to the public as well as the staff.

Standard 115.331 Employee Training

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

Auditor Comments:

The facility ensures that all staff members participate in the PREA training. The staff has received the required training and additional training has been provided or coordinated as needed. Documentation of staff participating in training is maintained. The Facility Trainer coordinates and assigns training and maintains the staff training records. Staff interviews and a review of documents confirmed that staff training occurs.

Standard 115.332 Volunteer and Contractor Training

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

Auditor Comments:

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

Standard 115.333 Resident Education

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

Auditor Comments:

A review of the PREA Policy, other documentation and interviews with residents and staff confirm that residents receive information about the contents of the Policy, including how to report incidents of sexual abuse or sexual harassment. According to the PREA Policy, the facility will provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled. PREA information is posted and readily available to residents.

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 and the PREA Policy state 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 facility 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:

A review of training documentation and staff interviews confirm that the specialized training occurs for medical and mental health staff. The facility 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)

Auditor Comments:

The PREA Policy and FDJJ 1919 address this standard. The screening for risk of sexual abuse victimization or sexual abusiveness toward other residents is being conducted on each resident. The initial screening is done during the intake process and the PREA Policy states that the treatment teams should continually review the resident's adjustment. Interviews with residents and staff and a review of documentation confirmed the practices.

Standard 115.342 Use of Screening Information

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

Auditor Comments:

The PREA Policy prohibits placing gay, bisexual, transgender, or intersex residents in particular housing based solely on such identification or status. Housing and program assignments will be made for each transgender or intersex resident on a case by case basis and the resident's view regarding safety will be seriously considered. According to the PREA Policy, the facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

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 the PREA Policy, there are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that lead to abuse. A resident may place a note or grievance form in the Sick Call/PREA Box; complete a form requesting to see a specific staff member; talk to a staff member; and third parties may report allegations to staff or through the Florida abuse hotline. Interviews with staff and residents and a review of documentation support the practices.

PREA related information is posted in each dormitory. Residents are provided access to a telephone to report allegations of sexual abuse and sexual harassment to the abuse reporting hotline. The abuse reporting hotline number is posted in the dormitories. Interviews revealed that staff members are aware of their responsibility to report sexual abuse and sexual harassment. They are also aware that they may accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Standard 115.352 Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy prohibits the use of an informal grievance process regarding allegations of sexual abuse and sexual harassment. The facility considers resident grievances regarding sexual abuse to be an allegation of sexual abuse and when such a complaint is received, the procedures regarding reporting allegations are initiated. Residents may place written allegations of sexual abuse or sexual harassment in the Sick Call/PREA Box, located on the outside of the medical building which is accessible to all residents. Residents may also give a written complaint to a staff member who is not the subject of the complaint. The PREA and Grievance Policies provide the timeline for the response to the complaints.

Standard 115.353 Resident Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy requires the facility to provide the residents with access to outside victim advocacy services. The facility has documentation showing their efforts to obtain outside victim advocacy services. A written Professional Services Agreement exists with a Licensed Mental Health Counselor who is employed with the agency but does not work within the facility.

Residents are allowed to see their parents at visitation on Sundays and may talk to them one-two times per week. Attorneys or other legal representation may visit residents 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:

The PREA Policy provides guidelines regarding third-party reporting. The agency website and the DJJ website provide the public with information regarding the reporting of abuse. Parents and other visitors are informed about reporting incidents of sexual abuse through information posted in the facility.

Standard 115.361 Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

According to the PREA Policy, all staff members are mandated reporters. Staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse, 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. All staff interviewed are aware of their reporting duties.

Standard 115.362 Agency Protection Duties

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

Auditor Comments:

The PREA Policy provides that when it is learned that a resident is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. There have been no incidents in the last 12 months where 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:

The PREA Policy and FDJJ 1919 address this standard. Upon receiving an allegation that a resident was sexually abused while confined in another facility, the Program Director will notify the Central Communications Center (CCC) and the Department of Children and Families of the allegation. Additionally, the facility head of the other facility will be notified. The notifications will be made within 72 hours of receipt of the allegation.

Standard 115.364 Staff First Responder Duties

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

Auditor Comments:

The PREA Policy and FDJJ 1919 guide the response to this standard. The Policies provide direction to staff in responding to allegations of sexual abuse. Staff training has been provided.

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 institutional plan, Coordinated Response, is detailed in its guidance to staff regarding steps to take in the event of an incident or 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)

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:

The PREA Policy supports protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment. A facility staff member has been identified to monitor for the occurrence of retaliation. The Policy identifies areas to monitor regarding possible retaliation of residents and staff.

Standard 115.368 Post Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility does not use segregated housing; however, staff interviews revealed that protective measures may be used that include one to one supervision by staff and assigning the resident to another dormitory. There is also a dormitory that houses only four residents at a time and the staff to resident ratio of 1:4 is maintained.

Standard 115.371 Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 address this standard. Administrative investigations are conducted by the DJJ Office of Inspector General and criminal investigations are conducted by the Department of Children and Families and local law enforcement. Both Policies direct facility staff to cooperate with investigations. According to FDJJ 1919, an investigation is not terminated solely because the source of the investigation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Standard 115.372 Evidentiary Standards for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The OIG, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Standard 115.373 Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 provides the process for notifying residents, following an investigation, of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides for disciplinary sanctions for staff to be up to and including termination for violation of the sexual abuse and sexual harassment policies. The Policy requires that the violation be reported to local law enforcement and provides for contacting relevant licensing bodies. In the past 12 months, no staff has been terminated or has resigned for violating PREA related policies.

Standard 115.377 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

An incident regarding sexual abuse by a contractor or volunteer will be reported as required, including to relevant licensing bodies, according to the PREA Policy. The facility will prohibit future contact with residents in the case of any violation of the facility's 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:

The PREA Policy provides that any resident found in violation of the Policy may be subject to disciplinary action, following a formal process. The resident may be transferred to another facility following an administrative or criminal finding of resident-on-resident sexual abuse. During the past 12 months there have been no incidents of resident-on-resident sexual abuse.

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:

Residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Staff interviewed confirmed awareness of the policy and the requirements of the standard. The PREA Policy addresses the elements of this 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:

According to the PREA Policy, timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse will be provided. The nature and scope of the services are determined by medical and mental health practitioners according to their professional judgment. Interviews confirmed what is stated in the PREA Policy.

Standard 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment in accordance with the standard. According to staff interviews and a review of documentation, health care is 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:

The PREA Policy will serve as the guide for staff in conducting incident reviews. The Policy details the requirements of the standard and states that the incident review will occur within 30 days of the conclusion of the investigation. The incident review team has been identified. Staff interviews indicated familiarity with the role of the incident review team regarding incidents of sexual abuse.

Standard 115.387 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The agency's PREA Policy requires the collection of accurate, uniform data for every allegation of sexual abuse. The agency uses a system called TRENDSTAT for their facilities to collect, analyze and submit monthly data to the corporate leadership team. The agency 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:

The PREA Policy and FDJJ 1919 address this standard. Part of the process in analyzing the data is to identify trends and/or problem areas and to develop corrective actions where indicated. The Policies require the review of data with the goal of improving the effectiveness of the agencies' PREA initiatives in the areas of 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:

The PREA Policy requires that data is collected and securely retained for 10 years, unless otherwise required by law. The aggregated PREA data is reviewed and all personal identifiers are removed. The agency has a report posted on its 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 17, 2015

Auditor Signature

Date