

PREA AUDIT: Auditor's Summary Report

JUVENILE FACILITIES



Name of Facility: Leon Regional Juvenile Detention Center

Physical Address: 2303 Ronellis Drive, Tallahassee, Florida 32310

Date report submitted: February 24, 2015

Auditor information: Flora Boyd

Address: 5 Rosemount Court, Blythewood, South Carolina 29016

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Telephone number: 803-312-5199

Date of facility visit: February 4-5, 2015

Facility Information

Facility Mailing Address:

(if different from above) Same as Above

Telephone Number: 850-488-7672

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: Cody Wood

Title:

Superintendent

Email Address: Cody.Wood@djj.state.fl.us

Telephone Number:

850-488-7672

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:

850-688-0550

AUDIT FINDINGS

NARRATIVE:

Leon Regional Juvenile Detention Center (LRJDC) is a 42 bed, hardware secure facility that serves youth between 9 to 18 years of age who are detained in judicial circuits 2 (Leon, Gadsden, Wakulla, Franklin, Liberty and Jefferson counties) and 3 (Taylor and Madison counties). 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 physician, an advanced registered nurse practitioner, registered nurses and licensed practical nurses as well as a licensed mental health counselor.

The educational services are funded by the Florida Department of Education though the Leon County School District.

The facility operates with a total of forty-eight full time employees including a superintendent, assistant superintendent, staff assistant, eight supervisors, maintenance staff, food service director, three food service workers, seventeen Juvenile Justice Detention Officer (JJDO) II positions and fifteen JJDO I positions.

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

DESCRIPTION OF FACILITY CHARACTERISTICS:

The physical plant consists of one building, which contains administrative offices, a dining hall with a food preparation area, and three housing modules (two for males and one 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 and Sundays. The facility is equipped with a video surveillance system which includes 64 cameras.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on December 18, 2014, 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 PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing modules and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on January 5, 2015. The Pre-Audit Questionnaire and policies and documents were uploaded to a UBS flash drive. The initial review revealed the questionnaire was not fully completed and some documents were not provided. After providing a listing of noted concerns and documents needed, the Compliance Manager took steps to ensure that most of the requested documentation was provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies identified during the review and on-site visit are summarized in this report under the related standard.

The on-site audit was conducted February 4-5, 2015. After meeting with the Superintendent 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 well maintained. Observation of community bathrooms revealed shower stall openings have shower curtains to allow residents privacy when taking showers; however, the toilets did not have curtains or partition to allow for privacy. Observation of the surveillance system monitors revealed cameras do not capture showers, toilets or inside residents' rooms.

Over the two-day on-site visit, 13 staff 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. Seven of the 25 residents 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 and other secondary documentation.

The victims' advocacy service, Refuge House was contacted to determine the scope of services provided. There were no calls received from LRJDC residents over the past year.

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:

LRJDC 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 procedure also provides strategies and responses for reducing and preventing sexual abuse and harassment.

LRJDC is a juvenile detention facility 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’s 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. The 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 were renewed in the past 12 months to 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:

LRJDC 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 hours, the staffing plan does reflect the ratios as required by this standard. The staffing plan is based upon the facility's capacity of 40 residents. LRJDC 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 assessment of the staffing plan dated August 29, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

LRJDC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Documentation was reviewed of intermediate and upper level staff conducting unannounced rounds 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:

LRJDC 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 FOP-PREA.

LRJDC 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. During the facility tour, it was observed that the toilet in the community restroom in each housing module could be observed from the dayroom area. To alleviate this concern, toilets were removed from each module's community restroom. Each resident room is equipped with a toilet.

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.

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

LRJDC 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:

LRJDC 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 jeopardies 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.

LRJDC 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. 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 Leon County School District provided documentation that residents identified with special needs will be provided with accommodations to ensure proper communication of the facility's procedures and practices regarding PREA.

LRJDC 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:

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

An interview with staff responsible for human resources 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 had documented criminal background checks.

LRJDC 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:

LRJDC has not acquired any new facilities or updated surveillance technology since August 20, 2012. The video monitoring system was assessed during the annual assessment of the staffing plan to determine if upgrades were needed to enhance the facility's ability to protect youth from sexual abuse. At the time of the annual assessment, two cameras were not working however during the on-site the cameras had been repaired. A new DVR and a camera for the new greenhouse are on order. No blind spots were identified during the annual assessment; however, it was recommended that rooms such as storage closets without cameras be identified in FOP and by posting signs on the doors stating residents are not permitted.

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:

LRJDC FOP-PREA requires staff to report allegations of sexual abuse to local law enforcement (the Leon County Sheriff's Department) for criminal investigations and to the Florida Central Abuse Hotline and FDJJ's Central Communication Center (CCC). LRJDC does not have a Memorandum of Understanding or documented attempts to obtain a MOU with the Leon County Sheriff's Department however the Superintendent has provided the agency with the DJJ Inspector General Directive 3-05 (uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecution).

LRJDC is in the process of obtaining an MOU with the Refuge House Youth Services for victim advocacy services as verified by the draft MOU and email correspondence between facility staff and the Refuge House staff. Documentation was provided that the Refuge House provides Sexual Assault Nurse Examiners (SANE) to conduct forensic exams.

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:

LRJDC 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, LRJDC has had one allegation of sexual abuse however there were no allegations 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:

LRJDC FOP-PREA, the training curriculum, staff training records and staff interviews indicates 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:

LRJDC FOP-PREA requires volunteers and contract providers who have contact with residents to be trained on their responsibilities regarding sexual misconduct prevention, detection, reporting and responding to sexual abuse, assault or sexual harassment. FO- 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:

LRJDC 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 had limited knowledge of the victims' advocacy service although information is posted in each housing module. The facility recently revised its Resident's Orientation Brochure to include an explanation of the advocacy services. Documentation of youth receiving this information during orientation was provided.

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 Leon County Sheriff's Department and the Florida Department of Children and Families conduct criminal investigations into allegations of sexual abuse. LRJDC 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:

LRJDC 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:

LRJDC FOP-PREA requires completion of the FDJJ 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:

LRJDC 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.

LRJDC 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:

LRJDC FOP-PREA provides multi-ways for residents to privately report sexual abuse, sexual harassment, retaliation and staff neglect including telling a staff member, calling the Florida Abuse Hotline and by completing a PREA reporting form and depositing it in 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:

LRJDC 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:

LRJDC 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 Refuge House which was verified by emails between the facility staff and the Refuge House staff.

Signs containing the Refuge House 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, additional information regarding services offered by the victims' advocacy organization has been included the orientation brochure.

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 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 LRJDC 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:

LRJDC 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:

LRJDC 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 nor were there allegations of sexual abuse received by LRJDC from other facilities.

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:

LRJDC 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 physical 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 procedures 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:

LRJDC 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. 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 has the responsibility of 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:

LRJDC would only restrict a resident to his/her 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 custody 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:

LRJDC FOP- PREA states that FDJJ does not conduct criminal investigations of residents' allegations of sexual abuse. Local law enforcement (Leon County Sheriff's Department) 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 was one investigations of alleged resident sexual abuse at LRJDC during past 12 months. A review of the file revealed the investigation was conducted according to 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:

LRJDC 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 was one criminal and administrative investigation during the past 12 months; however, no notices were sent to the resident because he was released prior to the completion of the investigation.

LRJDC 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:

LRJDC 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:

LRJDC 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:

LRJDC FOP-PREA states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a 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:

LRJDC 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:

LRJDC FOP-PREA requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The resident victim will 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:

LRJDC 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. There was one sexual assault allegation in the past 12 months. Documentation indicated the victim was provided on-going medical and mental health services until his release from the facility.

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:

LRJDC FOP-PREA requires the Superintendent to schedule 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.

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. LRJDC 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. There was one PREA related incidents indicated for LRJDC.

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:

LRJDC FOP- PREA requires that sexual abuse and sexual harassment data to be collected and securely retained for 10 years in accordance 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 24, 2015