

# PREA AUDIT: Auditor's Summary Report

## JUVENILE FACILITIES



<b>Name of Facility: Pinellas Regional Juvenile Detention Center</b>			
<b>Physical Address: 5255 140 Avenue North, Clearwater, Florida 33760</b>			
<b>Date report submitted: December 8, 2014</b>			
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<b>Date of facility visit: June 25-26, 2014</b>			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> (if different from above) Same as Above			
<b>Telephone Number: 727-538-7101</b>			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager: Monica Gray</b>		<b>Title:</b>	<b>Superintendent</b>
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<b>Agency Information</b>			
<b>Name of Agency: Florida Department of Juvenile Justice</b>			
<b>Governing Authority or Parent Agency: (if applicable)</b> <b>Florida Department of Juvenile Justice</b>			
<b>Physical Address: Knight Building, 2737 Centerview Drive, Tallahassee, Florida 32399</b>			
<b>Mailing Address: (if different from above) Same as Above</b>			
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# AUDIT FINDINGS

## **NARRATIVE:**

Pinellas Regional Juvenile Detention Center is a 96 bed, hardware secure facility that provides short-term care and custody for male and female juveniles as ordered by the courts pending adjudication, disposition and/or placement in a residential confinement facility. Located in Clearwater, the facility is operated by the Florida Department of Juvenile Justice (FDJJ) and serves Hardee, Highlands, Pinellas and Polk Counties. Pinellas processes approximately 4, 224 youth annually. The average daily population is 63 and the average length of stay for residents is 21 days.

The facility employs 99 full-time staff including 75 direct care staff and nine supervisors. Medical staff including a pediatrician, a nurse practitioner, a registered nurse, a licensed practical nurse and a medical records clerk are contracted through Maxim Healthcare Services. Mental health services are provided by Camelot Community Care and educational services are provided by the Pinellas County School Board. Pinellas has a total of 62 volunteers and contractors authorized to enter the facility.

Pinellas utilizes a behavioral management system to encourage residents through positive reinforcement to comply with facility rules and to ensure a safe and secure environment. The program involves a three tier level system which allows residents to progress through each level based upon good behavior and compliance with facility rules. Each week day, residents receive 300 minutes of instructions in reading, English, math, social studies, science, health, physical education, health and life management.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The facility's administration building consists of intake, medical, central control, administrative offices, and the dining hall/kitchen area. There are five housing modules with 100 single rooms and 10 double rooms; however, two of the modules are not occupied. Two modules house male residents and one houses female residents. Each module has educational classrooms, an interview room and a central bathroom with sinks and open showers. The facility is equipped with a video surveillance system which includes 106 cameras.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on May 14, 2014, 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 unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on June 2, 2014. The Pre-Audit Questionnaire and policies and documents were uploaded to a UBS flash drive. After providing a listing of noted concerns and documents needed, steps were taken by the Compliance Manager to ensure that available documentation was provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies are summarized in this report under the related standard.

The on-site audit was conducted June 25-26, 2014. Dorothy Xanos, Certified PREA Auditor served as my assistant. After meeting with the facility's management staff, 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 classroom instruction and other activities. Bathrooms in each housing module was observed to have open shower stalls with no partitions or shower curtains to allow residents to take shower without being directly observed nude by same sex staff and other residents. 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. The eight residents interviewed included residents from each of the three housing modules. Residents were informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. Policies and secondary documentation were thoroughly reviewed.

A corrective action plan was developed, with input from the FDJJ PREA Coordinator, and provided to the facility's Compliance Manager on July 2, 2014, to specify the minimum remedial steps to be taken to comply with PREA standards. The facility's Compliance Manager and the FDJJ PREA Coordinator have provided documentation for corrective action that has already been taken to comply with the standards as indicated in the auditor's comment section under the related standard. Remaining non-compliance issues were addressed during the corrective action period as indicated in the comments section of this report.

Number of standards exceeded: **0**

Number of standards met:**40**

Number of standards not met: **0**

Number of standards Not Applicable: **1**

**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:**

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

Pinellas is a juvenile detention facility governed and operated by the FDJJ which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. The PREA Coordinator interview revealed he has sufficient time and authority to develop, implement and oversee the agency’s efforts to comply with PREA standards in all operated and contracted facilities. The facility’s Superintendent serves as the PREA Compliance Manager. An interview with the PREA Compliance Manager revealed she has sufficient time to oversee the facility’s PREA compliance efforts and to perform her 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. A signed contract review 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:

Pinellas PREA FOP requires the facility to develop, implement and document an approved staffing plan. My initial review indicated the facility did not have a staffing plan; however, the staffing plan is outlined in Policy 5.01 Active Supervision. 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; however, the plan does reflect the required ratios. The staffing plan is based upon the facility's current capacity of 65 residents. Pinellas PREA FOP requires the facility document deviations from the staffing plan on the Shift Report; however, there were no deviations from the plan because of the facility's "holdover" requirement for direct care staff to be assigned up to one holdover day per week to cover for staff who may not be able to come to work.

Documentation of the annual review of the staffing plan dated April 23, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

The facility utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Although intermediate and upper level staff conduct unannounced rounds, documentation for was not available. During the corrective action period the facility implemented and provided documentation that unannounced rounds are being conducted on all shifts and in all areas of the facility.

### Standard 115.315- Limits to Cross-Gender Viewing and Searches

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

#### Auditor Comments:

Pinellas PREA FOP prohibits cross-gender strip searches, or pat down searches of youth, except in exigent circumstances; however, FOP Room, Youth and Program Searches does not prohibit cross-gender pat searches. During the corrective action period the policy was revised and is now consistent with this standard and the PREA FOP.

The prohibition of cross-gender visual body cavity searches is not addressed in the PREA FOP; however, the policy revision is required in the corrective action plan.

Pinellas PREA FOP states the facility must be configured to allow residents to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies. Staff and resident interviews confirm there is no cross-gender viewing; however, the open shower stalls with no partitions or shower curtains allow residents to be viewed naked by same sex staff and other residents while taking showers. Corrective action was taken by installing shower curtains to eliminate the possibility of voyeurism by staff and/or residents.

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

Pinellas PREA FOP 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)
- X 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:**

Pinellas PREA FOP requires that 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 jeopardize 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.

The PREA FOP describes how interpreters or other services needed to assist residents with disabilities or residents who may be limited English proficient will be provided either by qualified staff or outside resources, such as the local school district.

Pinellas PREA FOP 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. Samples of educational material was provided.

### **Standard 115.317- Hiring and Promotion Decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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:**

Initial review of Pinellas PREA FOP revealed the policy did 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.

A review of staff files revealed documented criminal background checks and that questions regarding past conduct were asked and responded to during the interview process. Additionally, contract providers, who have contact with residents had documented criminal background checks. Pinellas FOP PREA FOP requires criminal background checks to be conducted every five years. Applicants are required to sign acknowledging material omission regarding misconduct, or false information is grounds for termination.

### **Standard 115.318- Upgrades to Facilities and Technology**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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:**

Pinellas has not acquired any new facilities or updated surveillance technology since August 20, 2012. The video monitoring system was assessed during the annual review of the staffing plan to determine if upgrades were needed to enhance the facility's ability to protect youth from sexual abuse. No blind spots were identified at that time.

### **Standard 115.321- Evidence Protocol and Forensic Medical Examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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:**

Pinellas PREA FOP requires staff to report allegations of sexual abuse to the Pinellas County Sheriff’s Department for criminal investigations and to the Florida Central Abuse Hotline and FDJJ’s Central Communication Center (CCC). Pinellas does not have a Memorandum of Understanding or documented attempts to obtain a MOU with the Pinellas County Sheriff’s Department. The corrective action plan requires that a MOU or documentation of attempts to obtain an MOU be provided.

Pinellas is in the process of obtaining an MOU with the Suncoast Center, Inc. for victims’ advocacy services. A draft MOU describing the available services was reviewed. Forensic examinations will be conducted at the Northside Hospital by SAFE or SANE medical examiners. During the corrective action period, it was discovered that County does not have a certified SANE/SAFE medical examiner; however, Suncoast does complete forensic exams and all other related services. Documentation of the facility’s attempts to have forensic exams conducted by a SANE/SAFE certified medical examiner was provided.

**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:**

Pinellas PREA FOP requires the immediate referral of all sexual abuse allegations to the Pinellas County Sheriff’s Department, the Florida Abuse Hotline and CCC. In the past 12 months, Pinellas has had no allegations of sexual abuse and has not received any 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:**

Pinellas PREA FOP, the training curriculum, staff training records and staff interviews indicate staff receive PREA training during initial training and annually during refresher training. Specific topics as outlined in the policy and the curriculum are consistent with this standard's requirements and is tailored to the facility's resident population. All employees are trained as new hires regardless of their previous experience. Employee's 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:**

Pinellas PREA FOP requires volunteers and contracted providers who have contact with residents to be trained on their responsibilities on sexual misconduct prevention, detection, reporting and responding to sexual abuse, assault or sexual harassment. Staff interviews and review of volunteer training records revealed volunteers were given a downloaded version of the staff on-line PREA training, asked to read and to sign acknowledging they understand the contents of the documents regarding PREA. During the corrective action period, documentation was provided that volunteers and contractors are provided with an interactive form of training and the appropriate supervisor reviews the training material with the person to give the volunteer/contractor an opportunity to ask questions as needed. An interview 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:**

Pinellas PREA FOP requires residents to receive comprehensive education regarding the facility's zero tolerance policy and how to report sexual abuse and sexual harassment. Intake staff explain the PREA handout to residents 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.

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 youth have no knowledge of the victims' advocacy service that was recently posted in each housing module. During the corrective action period documentation of residents' education sessions were provided indicating that residents were provided education regarding the Suncoast Center and the services they provide to victims of sexual abuse.

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

Pinellas PREA FOP requires that PREA training for all employees and specialized training for medical and mental health staff. There was no documentation of specialized training for medical and mental health staff. During the corrective action period documentation of the medical and mental health staff's participation in specialized PREA training for medical and mental health staff was provided as required by this standard. Forensic examinations are conducted at a local hospital.

#### **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:**

Pinellas PREA FOP requires staff to complete the FDJJ's Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form if youth arrive from the Juvenile Assessment Center without a completed form. Documentation and resident interviews revealed that risk screenings are being conducted; however, Intake staff and resident interviews indicated residents were not asked whether they identify with being gay, bi-sexual, transgender or intersex. Corrective action was taken to revise the form to require the interviewer to ask the question so the response is not solely based upon the interviewer's perception. Documentation confirming use of the revised screening form has been verified. Completed VSAB forms are maintained in residents' medical 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:**

Pinellas PREA FOP 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.

Pinellas PREA FOP precludes lesbian, gay, bi-sexual, transgender and intersex 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:**

Pinellas PREA FOP provides multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation and staff neglect including telling a staff member and calling Florida Abuse Hotline. The FOP further 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 through the grievance procedure while FDJJ Policy 1919 PREA allows for the use of the grievance process to report allegations of sexual abuse and sexual harassment. During the corrective action period, FOP 10-25 was revised to allow

residents to use a PREA reporting procedure to privately report allegations of sexual abuse and sexual harassment in a secure drop box for residents to deposit their allegation.

The PREA FOP 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; however, residents must ask staff's permission to make a call and may be questioned by staff as to the reason for the call. Since the on-site audit, a procedure has been implemented that allows residents to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not question residents about the reason for the call. The PREA FOP was revised to reflect these changes.

### **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:**

Pinellas PREA FOP 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 through the grievance procedure while FDJJ Policy 1919 PREA allows for the use of the grievance process to report allegations of sexual abuse and sexual harassment. During the corrective action period, FDJJ Policy 1919 was revised to be consistent with FOP 10-2. The facility does not have administrative procedures 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:**

Pinellas PREA FOP ensures residents are provided access to outside confidential support services. The facility is in the process of obtaining a signed MOU with the Suncoast Center, Inc.

Signs containing the Suncoast hotline number and basic information about the service were posted throughout the facility; however, resident interviews revealed they had no knowledge of these services. During the corrective action period documentation was provided of resident education regarding services offered by the victims' advocacy organization.

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

### Standard 115. 354- Third Party Reporting

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

#### Auditor Comments:

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

### Standard 115. 361- Staff and Agency Reporting Duties

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

#### Auditor Comments:

All Pinellas staff are mandated reporters and are required by the PREA FOP 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.

While conducting resident interviews, a resident who was processed in the night before, informed the interviewer he was constantly watched by a male staff member while taking a shower in intake and that the staff member ran his hand across the resident's penis while conducting a pat-search after he dressed out following the shower. Upon receiving the report, the Superintendent took appropriate action and called CCC to report the allegation and notified the resident's parents.

### 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:

Pinellas PREA FOP 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:**

Pinellas PREA FOP 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 Pinellas 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:**

Pinellas PREA FOP 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. 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:**

Pinellas PREA FOP requires the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility

leadership; however, a plan was not available. During the corrective action period, a coordinated staff response plan was developed and provided for review.

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. 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:**

Pinellas would only restrict a resident to his/her single 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 residents have alleged sexual abuse in the past 12 months.

#### **Standard 115. 371- Criminal and Administrative Agency Investigations**

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

**Auditor Comments:**

Pinellas PREA FOP states that FDJJ does not conduct criminal investigations of residents’ allegations of sexual abuse. Local law enforcement (Pinellas County Sheriff’s Department) and the Florida Department of Children and Families handle 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 allegation of resident-on-resident sexual harassment reported by a resident. The Pinellas County Sheriff’s Department, CCC and the Florida Abuse Hotline was called in accordance with the PREA FOP. Although there was no investigation, the Sheriff’s Department forwarded the allegation to the Florida Attorney General’s Office for review; however, one employee received a reprimand for failing to report the allegation within two hours of receiving the report.

**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:**

Pinellas PREA FOP states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff is substantiated.

**Standard 115. 373- Reporting to Residents**

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

**Auditor Comments:**

There were no criminal or administrative investigations during the past 12 months. Therefore, no notices have been sent to residents. Pinellas PREA FOP 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 OIG will notify residents whether the 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:

Pinellas PREA FOP 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. During the past 12 months, no employees were terminated for violating the facility's sexual abuse or harassment policies; however, one employee received a reprimand for failing to report an allegation of sexual harassment within two hours of receiving the report.

### 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:

Pinellas PREA FOP 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:

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

### Standard 115. 381- Medical and Mental screening; History of Sexual Abuse

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

#### Auditor Comments:

Pinellas PREA FOP 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; however, documentation demonstrating the immediate notification of the medical and mental health staff was not available. During the corrective action period, documentation of referrals 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:

Pinellas PREA FOP requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The resident victim would be transported to the Northside 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. There have been no victims of sexual abuse in the past 12 months.

### 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:

Pinellas PREA FOP 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 have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during staff interviews.

### 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:**

Pinellas PREA FOP 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. There were no criminal or administrative investigations of sexual abuse in the past 12 months.

### 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:**

Since the on-site visit, FDJJ has developed 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. Pinellas PREA FOP requires CCC to 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 which include one reported incident for Pinellas. 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:**

Pinellas PREA FOP requires that sexual abuse and sexual harassment data to be collected and securely retained for 10 years in accordance with 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: December 8, 2014