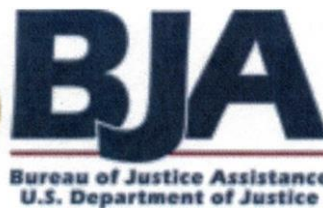


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Pompano Youth Treatment Center

Physical Address: 3090 North Powerline Rd., Pompano, FL 33069

Date report submitted: October 25, 2015

Auditor information: Shirley L. Turner

Address: 3199 Kings Bay Circle, Decatur, GA 30034

Email: shirleyturner3199@comcast.net

Telephone number: 678-895-2829

Date of facility visit: October 12, 2015

Facility Information

Facility Mailing Address: 3090 North Powerline Rd., Pompano, FL 33069

Telephone Number: (954) 984-4545

The Facility is: Military County Federal

Private for profit Municipal State

Private not for profit

Facility Type: Detention Correction Other: Residential

Name of PREA Compliance Manager: Tameko Gore **Title: Program Director**

Email Address: Tomeko.Gore@youthservices.com **Telephone Number: (954) 984-4545**

Agency Information

Name of Agency: Youth Services International

Governing Authority or Parent Agency: NA

Physical Address: 6000 Cattleridge Dr., Suite 200, Sarasota, FL 34232

Mailing Address: Same as Above

Telephone Number: (941) 953-9199

Agency Chief Executive Officer

Name: Jim Slattery **Title: Chief Executive Officer**

Email Address: Jim.Slattery@ysii.com **Telephone Number: (941) 953-9199**

Agency Wide PREA Coordinator

Name: Jesse Williams **Title: PREA Coordinator**

Email Address: Jesse.Williams@ysii.com **Telephone Number: (941) 953-9199**

AUDIT FINDINGS

NARRATIVE:

The Pompano Youth Treatment Center is a 24-bed residential program for male juvenile offenders who have been committed to the Florida Department of Juvenile Justice (DJJ). The facility is located in Pompano Beach, Florida and is operated through a contract between DJJ and Youth Services International (YSI). Residents participate in daily substance abuse groups. Individual, family and mental health sessions are provided based on the resident's treatment needs. The age range of the population served is 13-19 and the residents have been assessed as moderate risk.

The program places an emphasis on the cognitive behavioral model where the focus is on changing thinking patterns, which will help change behavior. Successfully completing the cognitive behavioral program requires the resident to progress through a series of four levels. The four levels consist of Level 1: Learning Past Patterns of Delinquent Thinking and Behavior; Level 2: Learning Victim Impact and Interpersonal Responsibilities; Level 3: Learning Past Delinquent Thinking and Behavior; Level 4: Relapse Prevention and Community Transition. The program also incorporates the DJJ's Restorative Justice Practices

On-site medical services are provided by a full-time Registered Nurse who serves as the Nurse Manager and a contract physician who visits the facility weekly. Mental health staff consists of the Clinical Director; two Therapists; Recreation Therapist; contract psychiatrist who visits the facility weekly; and a contract psychologist as needed. Education/vocational services are provided on-site through the Broward County School District. The vocational training includes the Horticulture Program and Computing for College and Careers. Youth Counselors provide direct care and supervision to residents during their movement throughout the facility's programs and services. Supervisors provide oversight to the general operations of each shift. Social services and other activities and services are also provided.

The facility hosts a Career and Resource Day where representatives from various occupations agree to participate and speak with residents about the career they represent and the career options of the residents. The career representatives are encouraged to bring posters, pictures, models, or other displays, and handouts. Residents are prepared for the activity and are responsible for completion of a worksheet that has questions they will seek the answers to regarding the careers represented. The Companies in attendance for the upcoming Career and Resource Day are: Florida Barber Academy; Florida Youth Automotive Center; Urban League of Broward County; ITT Tech; McFatter Technical School; Florida Career Center; and the Florida Art Institute.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The program is housed in one main building, contains 12 rooms on the housing unit with two residents assigned to each room. The entrance lobby contains a reception area and seating for visitors. The building contains offices; medical clinic, conference room; laundry room; kitchen; and a

large room where a section of it is used as the dining room and visitation and the other section is used as the dayroom. A small area of the dayroom, known as the Knowledge Center, is used by the residents to store small projects or items and an area where they can choose reading materials. A soft/quiet room, where therapy occurs, is located in the facility and has been accessorized to convey a serene environment. Two of the rooms on the housing unit have been designated as honor rooms. Facility staff votes on who is assigned to these rooms based on criteria that consider the overall positive behavior of the resident. One room on the living unit is used as a game room and for group sessions. The bathrooms provide the residents with a reasonable amount of privacy for changing clothes, using the toilet and taking showers. Isolation is not used at this facility.

Located in the back of the building on the outside is a large patio and the grounds provide for sports and other recreation activities. There are four portable buildings on the outside that are used for education services. The grounds also contain a garden area that is maintained by the residents under staff supervision.

SUMMARY OF AUDIT FINDINGS:

The process began with a conference call which included the facility and other YSI staff, DJJ statewide PREA Coordinator, and the PREA Auditor to discuss the audit process. The notifications of the on-site audit were later posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to this Auditor, noting their locations. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive which was mailed to the Auditor. After reviewing the information on the flash drive, follow-up telephone conversations were held with the Program Director to discuss the data and for clarification of information.

The on-site audit was conducted on October 12, 2015. An entrance meeting was held with the Program Director and a comprehensive tour was provided. Interviews were conducted with staff that covered all three shifts. Six random staff and six residents were interviewed. Twelve specialized interviews were conducted and included a contractor and a volunteer. Observations of program activities revealed that staff members were engaged with the residents.

File folders were set up in a very neat and organized manner and supplementary information was provided. A close-out meeting was held at the conclusion of the on-site audit and a summary of the audit findings was provided to the Program Director, Assistant Program Director, Clinical Director, YSI Program Director from another residential facility, and the YSI PREA Coordinator who participated by telephone.

Number of Standards Exceeded: 0

Number of Standards Met: 39

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.

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

Auditor Comments:

The facility has a zero-tolerance policy, Prison Rape Elimination Act (PREA), that provides strategies and guidelines for achieving the requirements of the PREA standards. Policy 1.28 contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The Florida Department of Juvenile Justice Policy 1919 (FDJJ 1919) is also used and adhered to for support of the PREA standards. FDJJ 1919 Policy and Procedures serve as the overarching guide to the facility for ensuring PREA compliance.

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

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

Auditor Comments:

This standard is Not Applicable; the facility does not contract with other facilities for the confinement of its residents.

Standard 115.313 Supervision and Monitoring

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

Auditor Comments:

Policy 1.28 provides for the implementation of a staffing plan to protect residents against sexual abuse and refers to the current staffing assignments of a minimum of 1: 8 during the resident waking hours and 1:10 during the resident sleeping hours. A hold-over system and schedules are in place to maintain the required staff ratios for the current contract. Policy 1.28 provides details regarding scheduling requirements. The annual assessment of the staffing plan and other related areas have been conducted to determine whether adjustments are needed. A review of the staffing and other areas has been documented through the completion of the Staffing Plan Assessment form by the Program Director who also serves as the PREA Compliance Manager.

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

Standard 115.315 Limits to Cross-Gender Viewing and Searches

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

Auditor Comments:

Policy 1.28 prohibits cross-gender pat-down searches, cross-gender strip searches and cross-gender visual body cavity searches of residents, except in exigent circumstances or when performed by medical practitioners. Additionally, Policy 1.28 further provides that in the event of any occurrence, documentation of the situation is required. Staff interviews, as well as resident interviews, supported that the facility practice is that no type of cross-gender searches are conducted.

Policy 1.28 states that staff shall not search a transgender or intersex resident to determine the resident's genital status. The Policy also directs staff to ask a transgender or intersex resident which gender of employee they would prefer to conduct the search. Training documents were reviewed regarding staff training.

Policy 1.28 has been implemented providing for residents to shower, perform bodily functions, and change clothes without being observed by staff of the opposite gender and female staff members are directed to announce their presence when entering the housing area. Staff and resident interviews confirmed the practices.

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:

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

Standard 115.317 Hiring and Promotion Decisions

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 provide for background checks on all employees and contractors through a process that is aligned with the standard and used statewide. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted. Both Policies require that criminal background checks be conducted every five years on employees and on contractors who may have contact with residents. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor.

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:

The camera system supplements direct supervision provided by staff. Upgrades to the system during this audit period involved the installation of a new DVR and six additional cameras to cover identified blind spots.

Standard 115.321 Evidence Protocol and Forensic Medical Examinations

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

Auditor Comments:

Policy 1.28 states that staff will cooperate in investigations conducted by the FDJJ Office of the Inspector General (OIG). The OIG is responsible for administrative investigations and investigations are conducted by the Florida Department of Children and Families (DCF). The Broward County Sheriff's Office is responsible for conducting criminal investigations. The Program Director is aware of how the DJJ PREA Compliance form regarding investigations that may be criminal in nature is to be used by the Sheriff's Office.

Policy 1.28 provides for forensic medical examinations to be completed at no financial cost to the victim. There have been no forensic examinations conducted during this audit period. The facility does not have a signed Memorandum of Understanding (MOU) with an advocacy agency at this time; however, The Nancy J. Cotterman Center (NJCC) is reviewing a draft MOU. The NJCC is Broward County's children's advocacy center and certified rape

crisis center and there is documentation of collaboration between NJCC and the facility. The personnel of NJCC indicate and correspondence shows that the advocacy services are available to everyone in the community and flyers convey that there is no cost to the victim. Services also include crisis/intake and sexual assault/child abuse counseling.

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:

Policy 1.28 provides that the appropriate investigative entity will be contacted regarding the reporting of allegations. Additionally, Policy FDJJ 1919 requires that staff report all allegations of sexual abuse and sexual harassment. There has been no allegation from a resident during this audit period.

Information about reporting allegations of sexual assault or sexual harassment is posted in areas of the facility which are accessible to residents, staff and the public. The DJJ website also contains information regarding the referral of allegations for investigations of sexual abuse.

Standard 115.331 Employee Training

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

Auditor Comments:

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

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:

Volunteers and contractors who have contact with residents are provided training according to the standard and Policy 1.28. Receipt of the training is documented on the Prison Rape Elimination Act Acknowledgement information sheet, which is signed by the participant. An interview with a contractor and a volunteer and a review of training documents

confirmed the training.

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:

Policy 1.28 addresses resident education. Interviews with residents and staff and a review of documentation confirmed that residents receive information about the facility’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Training sessions with residents are documented. Policy 1.28 identifies training resources that are used for resident education. The facility will provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled.

Standard 115.334 Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

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

Standard 115.335 Specialized Training: Medical and Mental Health Care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 1.28 addresses PREA training for medical and mental health staff. A review of documentation and staff interviews confirmed the specialized training for medical and mental health staff. Forensic medical examinations are not conducted at the facility.

Standard 115.341 Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 1.28 and practice document that each resident is screened for vulnerability to victimization and sexually aggressive behavior. A review of documentation and staff and resident interviews confirmed that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents is being conducted on each admission to the facility. The initial screening is done during the intake process. Policy 1.28 provide that residents receive reassessments periodically throughout their stay at the facility.

Standard 115.342 Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 1.28 and FDJJ 1919 prohibits placing gay, bisexual, transgender, or intersex residents into particular housing, bed or other assignments solely on such identification or status. According to Policy 1.28 housing and program assignments require determinations on each transgender or intersex resident on a case by case basis. The Policies also prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Isolation is not used at the facility.

Policy 1.28 provides that residents may be separated or isolated from others only as a last resort when less restrictive measures are inadequate and until other arrangements can be made to keep the resident safe. The Policy also provides that if separation or isolation should occur, residents must be afforded their rights as required.

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:

Policy 1.28 and staff and resident interviews confirmed that there are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that may lead to abuse. A resident may report allegations of abuse or sexual harassment by completing a grievance form; requesting to talk to a specific staff member; talking to any staff member; and third parties may report allegations to staff. PREA related information is posted within the facility, accessible to the residents, staff and visitors. Residents are provided access to a telephone to report allegations of sexual abuse and sexual harassment to the abuse reporting hotline or law enforcement, depending on the age of the

resident.

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

Standard 115.352 Exhaustion of Administrative Remedies

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

Auditor Comments:

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

Standard 115.353 Resident Access to Outside Confidential Support Services

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

Auditor Comments:

Policy 1.28 requires the facility to provide the residents with access to outside victim advocacy services by the Nancy J. Cotterman Center (NJCC). The MOU drafted by the facility is currently in the review process of the NJCC. There is documented collaboration with the NJCC, a certified rape crisis center for Broward County. Information about the NJCC is provided to the residents. Visitation is allowed at the facility three days a week and residents may make weekly telephone calls. Attorneys or other legal representation may visit the facility and these visits are conducted in a confidential manner.

Standard 115.354 Third-Party Reporting

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

Auditor Comments:

Policy 1.28 provides guidelines regarding third-party reporting. Information about reporting incidents of sexual abuse is posted in the facility, accessible to the public. Staff and resident

interviews supported that the facility has a method for third-party reporting. The YSI website contains a link to DJJ's website which provides information on how to report resident sexual abuse or sexual harassment.

Standard 115.361 Staff and Agency Reporting Duties

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

Auditor Comments:

Policy 1.28, FDJJ 1919 and Florida Statute address this standard and provide that all staff members are mandated reporters. Staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment; retaliation against residents or staff who report any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from sharing information regarding sexual abuse other than as needed to make treatment, investigation, and other security and management decisions.

Standard 115.362 Agency Protection Duties

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

Auditor Comments:

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

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:

Policy 1.28 provides that upon receiving an allegation that a resident was sexually abused while confined in another facility, the Program Director will notify the Central Communications Center of the allegation within two hours. The Policy also provides that the Program Director will notify the facility of which the allegation was made, no later than 24

hours.

Standard 115.364 Staff First Responder Duties

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

Auditor Comments:

Policy 1.28 provides a detailed account of first responder duties and responses. There has not been an allegation by a resident regarding sexual abuse within the last 12 months. Initial PREA training and refresher training have been provided to all staff as confirmed through staff interviews and training records.

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:

There is a written Facility Coordinated Response Plan for Reports of Sexual Abuse. A review of training records and interviews with staff confirmed staff members' knowledge of their responsibilities. The Plan coordinates the actions to be taken among staff including first responders, leadership, medical and mental health in response to an incident of sexual abuse.

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

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

Auditor Comments:

This standard is Not Applicable; the facility does not maintain any collective bargaining agreements.

Standard 115.367 Agency Protection Against Retaliation

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

Auditor Comments:

Policy 1.28 provides for protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment and identifies the staff that has the responsibility of retaliation monitoring which is the Program Director or the Assistant Program Director. If the conduct is identified the practice is that the monitoring is ongoing during the length of stay for the resident and the duration of the staff member’s employment. There have been no allegations of sexual assault or sexual harassment during the past 12 months.

Standard 115.368 Post Allegation Protective Custody

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

Auditor Comments:

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

Standard 115.371 Criminal and Administrative Agency Investigations

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 address this standard. Administrative investigations are conducted by OIG and DCF is called for all allegations of sexual assault. The Broward County Sheriff’s Office conducts criminal investigations. Both Policies direct facility staff to cooperate with the OIG investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Standard 115.372 Evidentiary Standards for Administrative Investigations

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

Auditor Comments:

According to FDJJ 1919 and Policy 1.28, a standard of the preponderance of the evidence is used for determining if allegations are substantiated.

Standard 115.373 Reporting to Residents

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

Auditor Comments:

Policy 1.28 and FDJJ 1919 provide for notifying residents following an investigation of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. It is required that all notifications or attempted notifications are documented. There has not been an allegation of sexual assault or sexual harassment during this audit period; however, the Program Director is aware of the requirements of the Policies.

Standard 115.376 Disciplinary Sanctions for Staff

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

Auditor Comments:

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

Standard 115.377 Corrective Action for Contractors and Volunteers

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

Auditor Comments:

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

Standard 115.378 Disciplinary Sanctions for Residents

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

Auditor Comments:

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

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

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

Auditor Comments:

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

Standard 115.382 Access to Emergency Medical and Mental Health Services

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

Auditor Comments:

Policy 1.28 provides for timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. According to the Policy and staff interviews, the nature and scope of the services are determined by medical and mental health practitioners' professional judgment. Policy 1.28 states that emergency medical and mental health services will be provided to the victim whether or not the abuser is named or whether the victim cooperates with any investigation arising out of the incident. Interviews with medical and mental health staff confirmed access to emergency medical and mental health services.

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

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

Auditor Comments:

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

Standard 115.386 Sexual Abuse Incident Reviews

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

Auditor Comments:

Policy 1.28, FDJJ 1919 and a DJJ Interoffice Memorandum serve to provide the guidelines for staff in conducting incident reviews. The incident review team members are identified in Policy and the Memorandum. Interviews revealed an understanding of the purpose of the process and how it operates. The PREA Sexual Abuse Incident Review form will be used to document the meeting and the process.

Standard 115.387 Data collection

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

Auditor Comments:

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

Standard 115.388 Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 1.28 and FDJJ 1919 address this standard and require the review of data for corrective action towards improving the effectiveness of the agencies' prevention, protection and response policies, practices, and training. The annual report prepared by DJJ is made available to the public and has been reviewed.

Standard 115.389 Data Storage, Publication and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

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

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Shirley L. Turner

October 25, 2015

Auditor Signature

Date