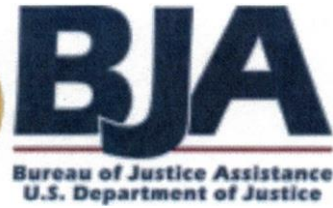


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



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**Name of Facility: Union Juvenile Residential Facility**

**Physical Address: 14692 NE County Rd., 199, Raiford, FL 32083**

**Date report submitted: April 8, 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: March 10, 2015**

**Facility Information**

**Facility Mailing Address: Same as Physical Address**

**Telephone Number: 386-431-1997**

<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		

<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential
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**Name of PREA Compliance Manager: Kristine Harshaw** **Title: Unit Director**

**Email Address: kristine.harshaw@sequelyouthservices.com** **Telephone Number: 386-431-1997**

**Agency Information**

**Name of Agency: Sequel Youth & Family Services**

**Governing Authority or Parent Agency: NA**

**Physical Address: 1131 Eagletree Lane, Huntsville, AL 35801**

**Mailing Address: Same as Above**

**Telephone Number: 256-880-3339**

**Agency Chief Executive Officer:**

**Name: John Stupak** **Title: Chief Executive Officer**

**Email Address: [jstupak@sequelyouthservices.com](mailto:jstupak@sequelyouthservices.com)** **Telephone Number: 215-284-5043**

**Agency Wide PREA Coordinator**

**Name: Sonja Schierling** **Title: Quality Manager/Sequel PREA Coord.**

**Email Address: [sonyaschierling@sequelyouthservices.com](mailto:sonyaschierling@sequelyouthservices.com)**

**Telephone Number: 941-526-8763**

# AUDIT FINDINGS

## **NARRATIVE:**

The Union Juvenile Residential Facility is located in Raiford, Florida and is operated by Sequel Youth and Family Services through a contract with the Florida Department of Juvenile Justice (DJJ). It is a 24-bed moderate risk residential program that serves male juvenile offenders between the ages of 12-19. Each resident is assigned a staff mentor during their first treatment team meeting. The staff mentor is expected to meet with their assigned resident at least one hour each week. The mentor/direct care staff, assists the resident in the implementation of their treatment assignments, discuss issues affecting the resident's program, and serve as a role model to the resident.

Mental health services are provided by the Clinical Director and two Therapists; the contract psychiatrist is at the facility twice a month. The mental health staff members conduct individual and group therapy with residents and coordinates and facilitate therapeutic sessions with the family. Medical services are provided on-site by two full-time Registered Nurses, with one serving as the Director of Nursing. The contract physician visits the facility once a week. The school is operated by education staff through the Union County School Board where residents may receive GED, secondary, post-secondary, and career and technical education courses.

A treatment plan is developed for each resident with input received from his Case Manager, Therapist, education staff, administration, community worker, and parents. The Case Manager discusses the plan with the resident and his family and the plan is reviewed with the resident on a monthly basis with the treatment team, facilitated by the Case Manager. Residents who demonstrate consistently positive behavior may become eligible for home passes within 90 days of their anticipated release date. Home passes may range from eight to 72 hours.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The front of the main building primarily contains the entrance lobby, administrative offices and a conference room. Beyond this area are a large classroom and the medical clinic area. The walls located just outside of the clinic contain bits of interesting medical facts that have been painted on the wall. There is a hallway that leads to a large space where a control room is located, along with separate entrances to Dorms A, B and C. Two additional classrooms are located in Dorm C. The Dorms contain bathrooms where a reasonable amount of privacy is provided for the residents.

The Union Juvenile Residential Facility's outside grounds are spacious and include a mobile unit that serves as the administration building for the education unit and a maintenance shed that also houses the tool room. Included in the education mobile unit are offices and an area used for testing. The grounds also contain a basketball court, an area for running, obstacle course, and a gazebo. Direct care staff supervises residents in daily activities and during the residents' movement to and from activities and services.

## **SUMMARY OF AUDIT FINDINGS:**

The notifications of the on-site audit were posted in various areas of the facility prior to the site visit. Photographs were taken of the posted notices and the photographs were electronically sent to this Auditor, noting their posted locations. Telephone conversations to review the audit processes were held with the Unit Director who serves as the PREA Compliance Manager. The Pre-Audit Questionnaire, facility policies and supporting documentation were uploaded to a flash drive, which was received by the Auditor prior to the on-site audit. After reviewing the Questionnaire, written notes were provided to the Compliance Manager seeking clarity and additional information. Clarification and other documents were provided and corrective actions have been implemented as needed during the audit process.

The on-site audit was conducted on March 10, 2015. An entrance meeting was held with the PREA Compliance Manager. After the meeting, a staff member from the overnight shift was interviewed by the Auditor. Following the interview, a comprehensive tour of the facility was conducted, beginning with the Clinical Director and concluded by the Case Manager. During the tour, staff members were observed to be providing direct supervision to the residents. Random staff, specialized staff and residents were interviewed during the on-site audit which revealed their general knowledge of PREA and the related procedures. The staff members interviewed were aware of the PREA Policy against sexual assault and sexual harassment and related their duties and responsibilities regarding PREA. The residents interviewed were aware of how to report sexual assault and sexual harassment. A summary of the findings was provided to the PREA Compliance Manager and the Executive Director.

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 PREA Policy. Policy 5.29 details how the facility will implement its approach to preventing, detecting, and responding to sexual abuse. The facility’s PREA Policy is used in conjunction with Florida’s Department of Juvenile Justice’s PREA Policy 1919 (FDJJ 1919). Both policies contain definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. A staff member has been identified as the PREA Compliance Manager; she also serves the facility in the capacity of Unit Director.

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

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

**Auditor Comments:**

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

**Standard 115.313 Supervision and Monitoring**

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

**Auditor Comments:**

Policy 5.29 refers to the facility staffing plan and its requirements. The Policy states that documentation is required when deviations from the staffing plan occur. The facility reports that there have been no deviations from the staffing plan. The documented staffing plan shows the staff assignments and Policy 5.29 states that staffing is continuously monitored and that adjustments are made as needed, which was also supported by staff interviews. Hold-over staff members are identified on the work schedule, in advance, to fill in as needed.

Policy 5.29 and facility practice provide for unannounced rounds that are completed by administrative staff. The Policy has been revised to include that staff will not alert other staff when unannounced rounds are occurring. Documentation has been reviewed showing where staff has received training regarding the revised Policy. A review of documentation and staff interviews confirmed that unannounced rounds occur.

### **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 5.29 addresses staff not searching a transgender or intersex resident to determine the resident's genital status. It further provides that cross-gender strip searches, cross-gender pat-down searches, and cross-gender visual body searches are prohibited. Staff training includes the searching of residents. The viewing of residents by opposite gender staff while they are showering, changing clothes, and performing bodily functions is not permitted.

The facility reports no cross-gender pat-down, strip or body cavity searches of residents during this audit period. All staff and residents interviewed revealed that cross-gender searches do not occur. Policy 5.29 requires female staff to announce their presence when entering the housing area where residents may be showering, changing clothes or performing bodily functions. Interviews with staff and residents confirmed this practice.

### **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 5.29 addresses the facility not relying on resident interpreters or resident readers. The facility will utilize support services through Language Line Solutions in partnership with the Florida Department of Health. Employees from another Sequel Youth and Family Services' facility may also provide assistance in Spanish. Staff interviews confirmed that residents are not used as interpreters.

### **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 5.29 addresses the elements of the standard, providing information on background checks on all employees. FDJJ 1919 provides the process that also includes the elements of the standard. A review of documentation and interviews with staff show that applicants and employees are asked about previous misconduct. Documentation provided and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted.

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

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

**Auditor Comments:**

This standard is not applicable because there have not been any substantial expansions or modifications and no technology updates since August 20, 2012.

### **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:**

Documentation was presented which shows collaboration between the facility and a victim advocacy agency for the provision of victim services; a draft MOU has been developed. Policy 5.29 addresses the availability of victim advocacy services to residents and services provided to the victim at no cost. The provision of victim advocacy services was addressed in interviews. There has not been a need for a forensic medical examination during this audit period.

According to Policy 5.29 and FDJJ 1919, the facility is not responsible for conducting administrative or criminal investigations. The DJJ Office of the Inspector General (OIG) is responsible for conducting administrative investigations; the Florida Department of Children and Families (DCF) is responsible for conducting allegations of child abuse; and local law enforcement is responsible for conducting criminal investigations. The PREA Compliance Form which contains the PREA requirements regarding investigations will be provided to law enforcement investigators as needed.

**Standard 115. 322 Policies to Ensure Referrals of Allegations for Investigations**

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

**Auditor Comments:**

Policy 5.29 and FDJJ 1919 identify the agencies that will conduct the criminal and administrative investigations. According to FDJJ 1919 facility staff is to cooperate with the OIG investigations. During the past 12 months, there were no allegations of sexual abuse or sexual harassment. Policy regarding the referral of allegations of sexual abuse or sexual harassment for an investigation is posted on the Sequel Youth and Family Services and DJJ websites. PREA related information is also posted in the facility, accessible to the public.

**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 5.29 provides information regarding staff training. Employees receive training and updates as needed on the facility’s zero-tolerance policy and through DJJ for additional and specific training. The staff training includes the key areas referenced in the standard. A review of training documents and interviews with staff confirm that training is provided in accordance with the standard and the Policy.

**Standard 115. 332 Volunteer and Contractor Training**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

Policy 5.29 requires volunteers and contractors who have contact with residents to be trained on their responsibilities and the FDJJ prepared course regarding sexual assault prevention, detection, and response is used. Receipt of the training is documented.

**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 5.29 requires that all residents receive age-appropriate training about PREA and how to report incidents or suspicions of sexual misconduct, the facility response, and non-retaliation for reporting. Residents receive education as supported by document review and resident interviews. PREA education will be provided through accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as needed. Support services will be provided by Language Line Solutions and agency staff.

**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. The investigators have been trained in conducting allegations in the FDJJ 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 5.29 and FDJJ 1919 address this standard. Documentation shows that the medical and mental health staff members have completed on-line specialized training provided by FDJJ. Forensic medical examinations will not be conducted by the facility medical staff.

**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 5.29 addresses the use of the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) instrument. It is administered to determine the resident's risk of victimization and abusiveness and other related information. The instrument is completed on each resident. Staff and resident interviews and a review of documentation confirmed that the screening is being conducted.

**Standard 115.342 Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility uses the information from the VSAB to assist in determining housing and other program assignments, according to Policy 5.29. Staff interviews and review of VSABs supported the policies and practices. Residents confirmed through their interviews that VASBs are being administered.

Policy 5.29 and facility practice do not provide for the use of isolation. The Policy prohibits placing gay, bisexual, transgender, or intersex residents into separate housing or any other assignment based solely on such identification or status. The facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

### **Standard 115.351 Resident Reporting**

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

#### **Auditor Comments:**

Policy 5.29 provide for internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation that lead to abuse. A resident may talk to any staff member; complete a grievance form and place it in the grievance box; utilize the DJJ hotline; and third parties may report allegations. Reporting information is also provided in FDJJ 1919. PREA related information is posted within the facility, accessible to all residents. Resident interviews revealed that they are aware of the reporting methods.

### **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:**

Policy 5.29 addresses resident grievances. If the grievance is PREA related, the resident is instructed to fill in their name and date on the form and put it in the box which is checked daily by the Clinical Director or his designee. The resident is not required to use the informal process for any situation regarding sexual abuse. When a grievance is received, it is treated as an allegation of abuse and the reporting procedures are implemented for investigation by the OIG, DCF or local law enforcement. There were no emergency grievances received, alleging risk of sexual abuse during this audit period.

### **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 5.29 provide for residents to have access to outside victim advocacy services. Documentation was reviewed showing collaboration with a victim advocacy agency in anticipation of signing a Memorandum of Understanding. Staff and resident interviews confirmed that residents have confidential access to their attorney or other legal representative and access to their parents or legal guardians.

**Standard 115.354 Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility provides methods for third-party reporting of sexual abuse as supported by Policies 5.29 and FDJJ 1919. Related information is posted in areas of the facility accessible to the public. PREA information is available on the DJJ and the Sequel Youth and Family Services websites regarding the reporting of 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 5.29 addresses this standard. All staff members are required to report any allegation of sexual misconduct. Allegations must be reported to the Central Communications Center (CCC), DCF and local law enforcement, as required by mandatory reporting laws and facility and DJJ policies. FDJJ 1919 instruct staff members not to reveal any related information to anyone other than those who are involved in 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:**

According to Policy 5.29, when staff learns that a resident is subject to substantial risk of imminent sexual abuse, actions will be taken to protect the resident. The facility reports that there have been no incidents in the last 12 months where the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse.

**Standard 115.363 Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

According to Policy 5.29, upon receiving an allegation that a resident was sexually abused while confined in another facility, the Director will notify the head of that facility or the appropriate office as soon as possible but no later than 72 hours and the contact will be documented. FDJJ 1919 require notifying the appropriate investigative agency of all allegations of sexual abuse. In the past 12 months, there has not been a report of any allegations of sexual abuse occurring to a resident while in another facility.

**Standard 115.364 Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The staff first responder duties are incorporated in Policy 5.29 and are aligned with the requirements of FDJJ 1919. The facility Policy also addresses the requirements of non-security staff. Interviews confirmed that staff members are knowledgeable of their duties.

**Standard 115.365 Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility's coordinated response plan is aligned with FDJJ 1919 and the requirements of the standard. Interviews with staff revealed that they are familiar with the institutional plan. The plan coordinates the actions to be taken among facility first responders and other staff in response to an incident of sexual abuse.

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

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

**Auditor Comments:**

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

**Standard 115.367 Agency Protection Against Retaliation**

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

**Auditor Comments:**

Policy 5.29 addresses this standard and it is the responsibility of the Unit Director, who is also the PREA Compliance Manager, to monitor for retaliation. The Policy requires that if the retaliation conduct is identified, the monitoring would be conducted for at least 90 days and longer if needed, regarding staff. The retaliation monitoring for a resident will be for the duration of his stay. There have been no incidents of retaliation reported 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)
- Standard Not Applicable

**Auditor Comments:**

This standard is not applicable because segregated housing or isolation is not used at the facility.

**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 5.29 and FDJJ 1919 provide direction for this standard. Administrative investigations are conducted by the OIG and criminal investigations are conducted by local law enforcement and DCF. FDJJ 1919 directs staff to cooperate with the OIG investigations.

**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:**

Policies 5.29 and FDJJ 1919 address this standard. The OIG, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

**Standard 115.373 Reporting to Residents**

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

**Auditor Comments:**

Policy 5.29 and FDJJ 1919 allow for the victim to be informed that an investigation has been concluded. At the conclusion of an OIG investigation, the victim or the victim's parents or legal guardian will be notified unless the allegation is unfounded.

### **Standard 115.376 Disciplinary Sanctions for Staff**

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

#### **Auditor Comments:**

Policy 5.29 and FDJJ 1919 support this standard. Policy 5.29 provides for disciplinary sanctions for staff including immediate termination for violation of the PREA policies regarding sexual abuse and sexual harassment. In the past 12 months, no staff has been terminated or has resigned for violating the facility's PREA related policies.

### **Standard 115.377 Corrective Action for Contractors and Volunteers**

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

#### **Auditor Comments:**

Policy 5.29 and FDJJ 1919 state that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement regarding criminal charges and to relevant licensing bodies. Both Policies require that the contractor or volunteer be prohibited from having contact with residents. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative agency 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 5.29 and FDJJ 1919 address this standard. Residents found in violation of the facility's zero-tolerance policy will receive disciplinary sanctions after a formal disciplinary process. There have been no criminal or administrative investigations of sexual abuse in the last 12 months.

### **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 5.29 addresses this standard. Residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be provided a follow-up meeting with a medical or mental health practitioner. This meeting is available from the first day of admission to the facility; all of the Therapists are trained in this area. Staff interviewed confirmed awareness of the procedures.

### **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 5.29 addresses this standard. The Policy requires that treatment services to every victim will be provided at no cost to the victim. The Policy further states that victims will be provided on-going medical and mental health treatment that include testing for sexually transmitted infections and counseling. Interviews with staff confirmed their knowledge of the procedures and that the scope and nature of the services will be based on the professional judgment of the medical and mental health staff.

### **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:**

According to Policy 5.29 all residents have access to mental health evaluations and treatment due to the type of program that is implemented within the facility. Evaluations and appropriate treatment will be provided to victims and abusers. Policy 5.29 and FDJJ 1919 address ongoing medical and mental health care for sexual abuse victims and abusers. Therapists at the facility are trained to counsel sexual abuse victims and abusers.



### **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 5.29 and FDJJ 1919 provide information regarding the incident review team and its role. The Policies detail the make-up of the sexual abuse incident review team and the general purpose. Interviews with staff and a review of the After Action Review form support Policy 5.29 and FDJJ 1919.

### **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:**

Policy 5.29, FDJJ 1919 and interviews with staff confirmed that DJJ and the facility collect incident-based, uniform and aggregated data regarding allegations of sexual abuse using a standardized instrument. The Policies require the collection of accurate, uniform data for every allegation of sexual assault. The facility and DJJ will provide DOJ with data as requested.

### **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 5.29 and FDJJ 1919 address this standard. A review will be conducted of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policies state that annual reports will be prepared.

### **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:**

According to Policy 5.29 and FDJJ 1919, it is required that data is collected and securely retained for 10 years. The aggregated PREA data is reviewed and all personal identifiers are removed.

**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

April 8, 2015

Auditor Signature

Date