

JUVENILE FACILITIES



Auditor Information			
Auditor name: Flora Brooks Boyd			
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Telephone number: (803) 312-5199			
Date of facility visit: March 11-12, 2015			
Facility Information			
Facility name: Volusia Regional Juvenile Detention Center			
Facility physical address: 3840 Old Deland Road, Daytona Beach, Florida			
Facility mailing address: (if different from above) Same			
Facility telephone number: (386) 238-4780			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Paul Finn			
Number of staff assigned to the facility in the last 12 months: 77			
Designed facility capacity: 64			
Current population of facility: 50			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 8-18			
Name of PREA Compliance Manager: Paul Finn		Title:	Superintendent
Email address: paul.finn@djj.state.fl.us		Telephone number:	(386) 254-3740
Agency Information			
Name of agency: Florida Department of Juvenile Justice			
Governing authority or parent agency: (if applicable) Same			
Physical address: 2737 Centerview Drive, Tallahassee, Florida 32399			
Mailing address: (if different from above) Same			
Telephone number: (850) 717-2533			
Agency Chief Executive Officer			
Name: Christina K. Daly		Title:	DJJ Secretary
Email address: christy.daly@djj.state.fl.us		Telephone number:	(850) 413-7143
Agency-Wide PREA Coordinator			
Name: Gene McMahon		Title:	Statewide PREA
Email address: gene.mcmahon@djj.state.fl.us		Telephone number:	850-688-0550

AUDIT FINDINGS

NARRATIVE

Volusia Regional Juvenile Detention Center (VRJDC) is a hardware secure facility operated by the Florida Department of Juvenile Justice (FDJJ) that serves youth detained in Circuit 7 counties of Volusia, Flagler, and St. Johns, between the ages of 8 and 18 years old who are pending adjudication, disposition or placement in commitment facilities. The facility was originally built in 1981 as a 60 bed facility and 60 more beds were added in 1999. Today, VRJDC is a 64 bed facility. The average daily population is 51 youth with an average length of stay of approximately 14 days.

The facility operates with a total of seventy-seven full-time employees including a Superintendent, two Assistant Superintendents, a Fiscal Assistant, a Maintenance Mechanic, a Food Service Supervisor, and four Food Service Workers, eight Juvenile Justice Detention Officer Supervisors (JJDOS), thirty-three Juvenile Justice Detention Officers II (JJDO) and twenty-six JJDO I's.

The facility provides supervision of youth in a safe, secure and humane environment. Services for youth include education, mental health, substance abuse and health care. Medical and Mental Health services are contracted with Correct Care Solutions (CCS). Medical and mental health services are available to youth seven days a week. The contracted staff consists of seven medical and four mental health staff.

Educational services are funded by the Florida Department of Education through the Volusia County School District. There are ten staff to provide education programming to the residents. The education incentive program is based on a positive reinforcement point system. Each day youth have the opportunity to earn points in the (3) school day blocks for participation and pro-social behavior. At the end of the week, youth who have earned 80% or more of their points will participate in the student of the week celebration with administration and educational staff, as well as receive a certificate for student of the week. All point sheets are sent to the youth's Juvenile Probation Officer as a behavioral report. A typical day in secure detention would involve hygiene, meals, school, structured physical and educational activities, and scheduled court appearances. Special programs include Very Special Arts and Choices Scenario Groups. The facility also has strong volunteer support in faith based programs with a program scheduled most days for youth.

DESCRIPTION OF FACILITY CHARACTERISTICS

VRJDC consists of one main building and four school portables. The main building contains the administrative offices, kitchen and dining area, a conference room two multi-purpose rooms, a screening call center, medical clinic, supervisor and mental health offices, an interview room, a staff computer lab, master control area and a lobby. There are four housing areas (three for male residents and one for female residents). Each unit has a community bathroom for showering. The dining hall also serves as the family visitation area. Visitation is conducted on Tuesday, Thursday and Sunday.

The four school portables serve as three classrooms and one portable for education administration and guidance. Physical education takes place in the secure recreation yard. All buildings are equipped with a video surveillance system that includes 46 cameras. Rooms/offices without cameras are designated by a "Red Dot" over the doorway to indicate youth are not allowed access to that room/office.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted on January 22, 2015 more than six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the facility's 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 February 11, 2015 uploaded to a UBS flash drive. The initial review revealed some missing information however after providing a listing of noted concerns and documents needed, the Compliance Manager took immediate steps to provide the additional documentation.

The on-site visit was conducted March 11-12, 2015. After meeting with the facility's management staff and a regional office representative, a complete tour of the facility was conducted. During the tour, youth were observed to be under constant supervision of the staff while involved in school and other activities. Academic testing was in the process and some youth were observed to be waiting for their testing to begin. The housing modules were well maintained and observation of bathrooms revealed shower stalls and toilet stall openings had shower curtains to allow residents' privacy while taking showers and using the rest room. Observation of the surveillance system monitors in the main control room, revealed toilet, showers and residents rooms are not visible on the monitors eliminating the possibility of cross-gender viewing.

Over the two-day on-site visit, 15 staff members, 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. Eight of the 50 residents, were also interviewed. Residents were informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. The training records of staff interviewed and the files of residents interviewed were reviewed along with policies/procedures and other secondary documentation.

The facility was found to be in compliance with all applicable standards as indicated below and detailed throughout this report.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

VRJDC is a juvenile detention center 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 he has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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FDJJ has approximately 50 contracts with providers for the confinement of juveniles in residential facilities throughout the State of Florida. A review of a signed contract revealed provider's agreement to comply with all requirements and standards of the Prison Rape Elimination Act 28 CFR Part 115 as outlined in FDJJ Policy 1919. All contracts renewed in the past 12 months 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)

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VRJDC FOP-PREA requires the facility to develop, implement and document an approved staffing plan. Although there is no mandate in policy for a 1:8 staff to resident ratio during waking hours or a 1:16 staff to resident ratio during sleeping hours, the staffing plan does reflect the ratios as required by this standard. The staffing plan is based upon the facility's capacity of 64 residents. VRJDC FOP PREA requires the facility to document deviations from the staffing plan on the Shift Report however due to the facility's hold-over policy; there were no deviations from the plan to review.

Documentation of the annual review of the staffing plan dated September 17, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

VRJDC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Documentation of unannounced rounds conducted by intermediate and upper level staff were reviewed and revealed 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA prohibits cross-gender strip searches, or pat down searches of youth, except in exigent circumstances. Staff and resident interviews verified that the practice is consistent with the policy. The prohibition of cross-gender visual body cavity searches is addressed in VRJDC FOP-PREA. Staff and resident interviews verified that the practice is consistent with the policy. The prohibition of cross-gender visual body cavity searches is also addressed in the FOP-PREA.

VRJDC FOP-PREA states the facility must be configured to allow residents to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies. Staff and resident interviews confirm there is no cross-gender viewing by same sex staff and other residents while showering, using the toilet or while dressing. During the tour of the main control room, toilets, showers and youth rooms were not visible on the monitors thereby eliminating the possibility of cross-gender viewing. The Annual Review of the Staffing Plan dated September 17, 2014 noted the camera in one of the sleeping rooms in the girls module needed to be addressed however by the time of the on-site visit the camera had been removed.

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

VRJDC FOP-PREA prohibits the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires accommodations be made to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility prohibits the use of resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardizes 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.

VRJDC Policy FOP-PREA describes how interpreters or other services needed to assist residents with disabilities or residents who may be limited English proficient will be provided either by qualified staff or outside resources, such as the local school district. The State of Florida has a Memorandum of Understanding (MOU) with the Language Line for interpretive services which is available to the facility as needed. The Volusia County School District provided documentation that residents with disabilities will be provided with accommodations to ensure proper communication of the facility's PREA procedures and practices.

VRJDC FOP-PREA requires staff to provide PREA information in a format assessable to all residents including those who may be limited English proficient, deaf, visually impaired or otherwise with a disability, as well as to residents who have limited reading skills.

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

An interview with staff responsible for human resource revealed criminal background checks are conducted and that questions regarding past conduct are asked and responded to during the interview process. Additionally, contract providers and volunteers who have contact with residents are required to have criminal background checks. Results of staff background screenings were reviewed.

VRJDC FOP-PREA does not require consulting with the child abuse registry before hiring or enlisting services of any contractor who has contact with residents. The PREA Coordinator provided documentation that Florida State law does not allow FDJJ to contact the abuse registry for the purpose of screening applicants.

Standard 115.318 Upgrades to facilities and technologies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC 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 on September 23, 2014. One camera was identified as disabled at that time however it was operational during the on-site visit. Although blind spots were identified in modules near the exit doors, staff are always present when youth are in the modules. The installation of mirrors may eliminate the blind spots.

No upgrades were recommended to enhance the facility's ability to protect youth from sexual abuse and no blind spots were identified.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires staff to report allegations of sexual abuse to local law enforcement, the Volusia County Sheriff's Office (VCSO) for criminal investigations and to the Florida Central Abuse Hot Line and FDJJ's Central Communication Center (CCC). VRJDC does not have a MOU with the VCSO however the Superintendent has provided them with the FDJJ Inspector General Directive 3-05 (uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecution).

VRJDC provided documentation that the VCSO has teamed up with the Florida State Attorney's Office and the University of Florida's First Coast Child Protection Team (UF-CPT) to conduct forensic medical examinations at most local hospitals. The forensic examines will be conducted by a Sexual Assault Nurse Examiner.

VRJDC has a signed MOU with UF-CPT) for victims' advocacy services including forensic medical examinations, rape crisis hot line, support services and 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires the immediate referral of all sexual abuse allegations to local law enforcement (VCSO), the Florida Abuse Hot Line and CCC. In the past 12 months, VRJDC has had no allegations of sexual abuse and received no allegations that occurred at another facility. Interviews with the Superintendent and other staff verified their knowledge of the policy's requirements.

FDJJ's website includes a PREA section which includes investigative responsibilities for conducting investigations of allegations of sexual abuse.

Standard 115.331 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA, 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. Employees training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA standards.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires volunteers and contract 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. FOP-PREA requires volunteers and contractors to be trained on their responsibilities using the PREA training course on the FDJJ website and completion of the training is verified by an acknowledgment form which must be signed by the volunteer/contractor and the facility's training coordinator or shift supervisor.

Interviews with two contract providers and a volunteer 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)

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VRJDC FOP-PREA requires residents to receive comprehensive education regarding the facility's zero tolerance policy and how to report sexual abuse and sexual harassment. During intake, residents view the agency's PREA video, staff explain the PREA handout and residents sign verifying they received the information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter.

Staff present the PREA information in a manner that is accessible to all residents. If needed, the facility has internal and external resources to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English proficient.

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)

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The VCSO and the Florida Department of Children and Families conduct criminal investigations into allegations of sexual abuse. VRJDC does not conduct any investigations therefore this standard does not apply.

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)

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VRJDC FOP-PREA requires PREA training for all employees and specialized training for medical and mental health staff. Correct Care Solutions, the medical and mental health provider, ensures that specialized training is provided for medical/mental health staff. Documentation of the specialized training was provided.

Facility nurses do not conduct forensic examinations.

Standard 115.341 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ's Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) forms are completed by the agency's probation staff; however, VRJDC FOP-PREA requires the completion of VSAB if youth arrive at the facility without a completed form. Documentation and resident interviews revealed that risk screenings are being conducted and resident interviews indicated they were asked if they have ever been sexually abused, whether they identify with being gay, lesbian, bi-sexual, transgender or intersex, if they have any disabilities, and whether they think they are in danger of sexual abuse at the facility.

Completed VSAB forms are maintained in residents' files.

Standard 115.342 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)

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VRJDC FOP-PREA requires victimization screening information to be reviewed and signed by staff who 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.

VRJDC FOP-PREA precludes lesbian, gay, bi-sexual, transgender and intersex (LGBTI) residents from being placed in a particular module and states that LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his/her safety will be given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other youth. Staff interviews also verified compliance with this standard.

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)

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VRJDC FOP-PREA provides multiple-ways for residents to privately report sexual abuse, sexual harassment, retaliation and staff neglect including telling a staff member, calling Florida Abuse Hot Line and completing a PREA reporting form and depositing it a PREA box located in each housing module.

VRJDC FOP-PREA requires youth to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office that is not a part of the agency. Residents may call the Florida Abuse Hot Line. Signs are posted throughout the facility with the hot line number.

VRJDC FOP- PREA requires staff to allow residents to use a telephone to call the hot line upon request, without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. Staff are to dial the hot line number and hand the phone to the resident and remain at a distance that allows the resident to privately report.

Standard 115.352 Exhaustion of administrative remedies

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

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VRJDC FOP-PREA states the facility is exempt from this standard because it does not have administrative procedures in place for residents to report allegations of sexual abuse and sexual harassment.

Standard 115.353 Resident access to outside 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA ensures residents are provided access to outside confidential support services. The facility has obtained a signed MOU with the UF-CPT for victim advocacy services. Posters containing the hot line number, mailing address and basic information about the service were posted throughout the facility and resident interviews revealed they are fairly knowledgeable about the services.

Attorneys and other legal representatives are provided with reasonable and private access upon request. Residents may call their parents/legal guardians and receive visits from them twice 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)

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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)

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All VRJDC staff are mandated reporters and are required by FOP-PREA and FDJJ Policy 1919 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also helped to verify the facility's compliance with this standard.

An interview with the nurse confirmed her responsibility to inform residents 18 years old of her duty to report and limitations of confidentiality.

Standard 115.362 Agency protection duties

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

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VRJDC FOP-PREA requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. There were no residents identified as being at risk for sexual abuse in the past 12 months, as revealed in interviews with the Superintendent and random staff.

Standard 115.363 Reporting to other confinement facilities

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

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VRJDC FOP-PREA requires the Superintendent to notify the head of another facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility and there were no allegation of sexual abuse received by MRJDC 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy 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.

There were no allegation of sexual abuse during the past 12 months.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP- PREA requires the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. The facility's coordinated staff response plan was reviewed and is in compliance with this standard.

Interviews with the Superintendent and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ Policy 1919 PREA requires the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Training Coordinator is responsible for monitoring retaliation. There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC would only restrict a resident to his/her single room or a confinement room as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. No resident 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP- PREA states that FDJJ does not conduct criminal investigations of residents' allegations of sexual abuse. Local law enforcement (VCSO) and the Florida Department of Children and Families conduct criminal investigations. FDJJ's Office of Inspector General (OIG) reviews allegations to identify any misconduct by staff related to FDJJ regulatory guidance.

There were no investigations of alleged resident sexual abuse at VRJDC during past 12 months.

Standard 115.372 Evidentiary standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were no criminal and administrative investigations during the past 12 months.

VRJDC FOP-PREA requires the Superintendent to notify residents who alleged sexual abuse when the facility learns that the alleged abuser has been indicted on charges or convicted on a charge related to sexual abuse within the facility. The policy also states the OIG will notify residents and parents/guardians whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

Standard 115.376 Disciplinary 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VJDC FOP-PREA mandates staff disciplinary sanctions up to and including termination for violating agency's sexual abuse or sexual harassment policies. The policy also mandates the violation be reported to local law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP- PREA requires volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents to be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. This was verified during an interview with the Superintendent. There have been no allegations of volunteers or contractors sexual abuse or sexual harassment reported in the past 12 months.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VJDC FOP-PREA 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 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP- PREA requires residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse to be referred for medical and mental health screening services within 24 hours of the screening. Staff interviews verified compliance with this standard and documentation demonstrating the immediate notification of the medical and mental health staff was provided. Medical/mental health staff obtain informed consent from residents 18 years of age.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. A resident victim would be transported to a local medical center and the UF-CPT will conduct forensic medical examination at no cost to the victim. Medical staff are required to document the response and timeliness of emergency medical treatment and follow-up.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP-PREA requires that a medical and mental health evaluation and treatment, as determined by medical/mental health staff, be offered to resident victims of sexual abuse. Interviews with medical and mental health staff revealed their awareness of the policy's requirements.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VJDC FOP-PREA requires the Superintendent to conduct 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 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ has a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. VJDC FOP-PREA states the CCC will collect all data relating to PREA. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ's annual report for fiscal year 2013-2014 indicates 32 PREA related allegations reported by detention centers and residential facilities throughout the agency however there were no PREA related incidents indicated for VRJDC. 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VRJDC FOP- PREA requires that sexual abuse and sexual harassment data be collected and securely retained for 10 years according to the State of Florida’s records retention schedule. The annual report is made available to the public on FDJJ’s website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



April 8, 2015

Auditor Signature

Date